FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081893 83 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Cynthia Marie NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Chapa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Linda NAME NICKNAME LAST **SUFFIX** Hardberger **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 382-8203 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 288th Bexar District Judge District 288th

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	C/OH NAME Chapa, Cynthia Marie (The Honorable) 14 Filer ID 00081893					mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditi s may have been made without equired to report this informatio	the candidate's or off	ficeholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ИЕ			
Ш	GENERAL					
		COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAI CONTRIBUTIONS MADE ELE		\$	273.72
		ICAL CONTRIBU PLEDGES, LOANS	JTIONS , OR GUARANTEES OF LOAN	S)	\$	155,613.64
EXPENDITURE TOTALS						0.00
	4. TOTAL POLIT		\$	17,261.07		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	200,590.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the a Ill information require	accompanyin d to be repor	g report is ted by me
			The Honora	ble Cynthia Marie	Chapa	
			Signature of	f Candidate or Officel	holder	
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subsc	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	er administering oath	Printed name	of officer administering oath	Title of office	cer administe	ering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

<u> </u>				3 of 83
18 FILER NA Chapa, C	ME : Cynthia Marie (The Honorable)	19 Filer ID 00081893	(Ethics Com	mission Filers)
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	155,613.64
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	17,261.07
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	84.03
			•	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J) 1/29 Rpt: 4/83	L:
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3 Filer I 0008	D (Ethics Commissi 1893	on Filers)
4	Date 06/27/2025	5 Full name of contributorAdler , Jim6 Contributor address; City;	out-of-state PAC (ID#:		7 Amou	int of Contribution (\$)	\$5,000.00
		Houston , TX 77027					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Owner			
10	O Contributor's of Jim Adler &	employer/law firm Associates		11 Law firm of contributor's sp	oouse (if a	ny)	
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	ınt of Contribution (\$)	
	06/16/2025	Arce , Chris Contributor address; City;	State; Zip Code				\$1,000.00
	0	San Antonio, TX 78216		I 0			
	Owner	Principal Occupation		Contributor's Job Title Attorney			
		employer/law firm		Law firm of contributor's sp	nouso (if a	21/1	
		ice of Chris Arce, P.C.		Law iiiii oi continutoi 3 3	ouse (ii ai	iy)	
		s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	06/19/2025	Bage, Scott Contributor address; City;	State; Zip Code				\$1,041.98
		San Antonio, TX 78209					
Г	Contributor's F	Principal Occupation		Contributor's Job Title	1		
	Lawyer			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if a	ny)	
	Scott M Bag	e P.C.					
	If contributor is	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 2/29 Rpt: 5/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/23/2025	5 Full name of contributorBonilla and Chapa, P.C.6 Contributor address; City; \$	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$2,500.00
		Corpus Christi , TX 7846	55			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date 06/25/2025	Full name of contributor Bozada , John Contributor address; City; \$	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$250.00
		San Antonio, TX 78212				
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney Law firm of contributor's sp		o (if on)
	Bozada PC	етпрюуетлам шти		Law IIIII of Continution's Sp	Jous	e (II ally)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025 Calfas, Neil		State; Zip Code		•	\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	e (if any)
	Calfas Law (ਤroup s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains hov	v to complete this f	form.	1	Total pages Schedule A(J)1 Sch: 3/29 Rpt: 6/83	:
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission 00081893	on Filers)
4	Date 06/30/2025	5 Full name of contributor Canales , David6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$400.00
		SAN ANTONIO, TX 7825	9				
8		Principal Occupation		9 Contributor's Job Title	_		
	Attorney			Attorney/ Former State			
10	Contributor's e David Canal	employer/law firm es PLLC		11 Law firm of contributor's sp	ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2025	Cano , Emma Contributor address; City; S	tate; Zip Code		•		\$1,000.00
		SAN ANTONIO, TX 7820	5				
		Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	Jefferson Ca		· · ·				
	ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/19/2025	Chapa Law Group, P,C, Contributor address; City; S	tate; Zip Code		•		\$1,000.00
		San Antonio, TX 78212		T			
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/29 Rpt: 7/83	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Chapa, Cyn	thia Marie (The Honorable)		00081893	
4	Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	06/30/2025	Chiscano , Steve	\$500.00		
		6 Contributor address; City; State; Zip Code			
		San Antonio , TX 78212			
8		Principal Occupation	9 Contributor's Job Title		
	Attorney		Attorney		
10		employer/law firm	11 Law firm of contributor's s	pouse (if any)	
	GCAK PC				
12	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/30/2025	Clark , Will		\$5,000.00	
		Contributor address; City; State; Zip Code		·· ·	
		SAN ANTONIO, TX 78212			
	Contributor's	T Principal Occupation	Contributor's Job Title		
	Attorney		Owner		
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)	
	Clark Trial L	aw PLLC dba Mission Injury Law			
	If contributor	s a child, law firm of parent(s) (if any)			
H	Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of Contribution (\$)	
	06/21/2025	Colemere, Connor		\$521.15	
		Contributor address; City; State; Zip Code			
		Continuator address, Only, State, 2.p Code			
		San Antonio, TX 78216			
	Contributor's	I Principal Occupation	Contributor's Job Title		
	Lawyer		Lawyer		
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)	
	Colemere La	aw Firm			
	If contributor	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J): 5/29 Rpt: 8/83	1:
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3 Filer I 0008	D (Ethics Commiss 1893	ion Filers)
4	Date 06/19/2025	5 Full name of contributor Cotrell, Charlie6 Contributor address; City;	out-of-state PAC (ID#:			int of Contribution (\$)	\$52.40
		San Antonio , TX 78212					
8	Contributor's Retired	Principal Occupation		9 Contributor's Job Title Retired			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if ar	ny)	
12		s a child, law firm of parent(s) (if	f any)				
	Date 06/19/2025	Full name of contributor Davis Law Firm Contributor address; City;	out-of-state PAC (ID#:		Amou	int of Contribution (\$)	\$2,500.00
		SAN ANTONIO, TX 782	16				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
	If contributor is	s a child, law firm of parent(s) (if	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	ınt of Contribution (\$)	
	06/30/2025	DeSouza, Jason Contributor address; City; San Antonio, TX 78217	State; Zip Code				\$2,604.48
-	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney	o.par o ocapano		Attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
	DeSouza La	w PC					
	If contributor is	s a child, law firm of parent(s) (if	fany)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/29 Rpt: 9/83
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/18/2025	5 Full name of contributorDiaz , Reynaldo6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		SAN ANTONIO, TX 782	12			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm az Accident Injury Attorney F	PC	11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I.		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/26/2025	Duarte & Molina, P.C. Contributor address; City;	<u> </u>			\$250.00
		San Antonio , TX 78201				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/26/2025 Espinoza , Javier					\$2,000.00
		SAN ANTONIO, TX 782	16			
	Contributor's F Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Espinoza & I					,
	If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 7/29 Rpt: 10/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/11/2025	5 Full name of contributor Farrimond Castillo & Bre 6 Contributor address; City;			7	Amount of Contribution (\$) \$500.00
		San Antonio, TX 78205				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/25/2025	Garcia , Carlo Contributor address; City;	<u> </u>			\$2,500.00
		SAN ANTONIO, TX 782	49			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Oliva Saks C	Sarcia & Curiel, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Garcia, Israel	_			\$521.15
	Contributor address; City; State; Zip Code				•	
	Contributor's I	SAN ANTONIO, TX 782 Principal Occupation		Contributor's Job Title		
	Lawyer	incipal occupation		Attorney		
-		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
		of Israel Garcia		· ·		
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/29 Rpt: 11/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/23/2025	5 Full name of contributor Garza, P Mae6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,500.00
		SAN ANTONIO, TX 782	29			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's Garza & Ass	employer/law firm sociates		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/19/2025	Garza-Vale, Anthony Contributor address; City;	State; Zip Code			\$1,000.00
		San Antonio , TX 78249				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm ury Law, PLLC		Law firm of contributor's sp	oous	se (IT any)
		s a child, law firm of parent(s) (if	· any)			
	ii contributor i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/24/2025	Glander , Troy				\$500.00
		Contributor address; City; San Antonio, TX 78260	State; Zip Code			
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Nava & Glar	nder PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/29 Rpt: 12/83
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/18/2025	5 Full name of contributor Gomez, Joe6 Contributor address; City;	out-of-state PAC (ID#:		7 /	Amount of Contribution (\$) \$5,000.00
		San Antonio , TX 78230				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e	employer/law firm e A Gamez		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	I.		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)
	06/28/2025	Gonzales , Roland Contributor address; City;				\$1,000.00
	-	San Antonio , TX 78249		T		
		Principal Occupation		Contributor's Job Title		
	Lawyer			Equity Owner		Ct - m A
	Germer PLL	employer/law firm		Law firm of contributor's sp	ouse	e (II ariy)
_		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T /	Amount of Contribution (\$)
	06/22/2025 Guerra , John		State; Zip Code			\$521.15
		San Antonio, TX 78247				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ouse	(if any)
	Brock Guerr		5 a.a. A			
	if contributor is	s a child, law firm of parent(s) (i	r any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	al pages Schedule A(J)1 1: 10/29 Rpt: 13/83	L:
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)				r ID (Ethics Commissi 81893	on Filers)
4	Date 06/19/2025	5 Full name of contributor Guerra LLP6 Contributor address; City;	out-of-state PAC (ID#:		7 Amo	ount of Contribution (\$)	\$5,000.00
		SAN ANTONIO, TX 782	12				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if	any)	
12	! If contributor i	s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	06/19/2025	Hardberger , Linda Contributor address; City;	<u> </u>			.,,	\$1,000.00
	-	San Antonio, TX 78212		T			
		Principal Occupation		Contributor's Job Title			
	Retired			Retired			
	none	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor i	s a child, law firm of parent(s) (i	fany)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	06/16/2025	Herrera , Jorge	–	,		,	\$5,000.00
l ' "		State; Zip Code					
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if	any)	
	The Herrera	Law Firm					
	If contributor i	s a child, law firm of parent(s) (i	f any)	1			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/29 Rpt: 14/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/17/2025			7	Amount of Contribution (\$) \$500.00	
		San Antonio, TX 78230				
8		Principal Occupation		9 Contributor's Job Title		
	Office Manager Office Manager					
10	O Contributor's employer/law firm Bandoske & Butler, PLLC 11 Law firm of contributor's sp				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/13/2025	Hill, Justin Contributor address; City; \$	<u> </u>			\$2,000.00
		SAN ANTONIO, TX 782	16			
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hill Law Firn					
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	Kemmy , Thomas	_			\$2,500.00
		Contributor address; City; 9 SAN ANTONIO, TX 782.				
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kemmy Law	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how t	o complete this f	orm.		ges Schedule A(J)1: 2/29 Rpt: 15/83	
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3 Filer ID 000818	(Ethics Commissio	n Filers)
4	Date 06/26/2025	 5 Full name of contributor out-of-state PAC (ID#:) Knapp, Kristian 6 Contributor address; City; State; Zip Code San Antonio, TX 78216 		7 Amount	of Contribution (\$)	\$750.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
٠	Lawyer						
10	O Contributor's employer/law firm True Law Firm 11 Law firm of contributor's spo		ouse (if any)	1			
12	If contributor i	s a child, law firm of parent(s) (if any	/)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	06/27/2025	Langley & Banack Contributor address; City; State San Antonio, TX 78212	_			ζ,	\$750.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Continuator S i	Filicipal Occupation		Contributor's Job Title			
	Contributor's employer/law firm			Law firm of contributor's sp	ouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any	/)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	06/25/2025	Law Offices of Fidel Rodrigu Contributor address; City; State SAN ANTONIO, TX 78212					\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	l		
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	,	
	If contributor i	s a child, law firm of parent(s) (if any	()				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/29 Rpt: 16/83
2	FILER NAME Chapa, Cynt	ME Cynthia Marie (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081893	
4	Date 06/19/2025			7	Amount of Contribution (\$) \$1,000.00	
		San Antonio, TX 78209				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Attorney		
10		employer/law firm of Ralph Lopez		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/12/2025	Lopez , Steven Contributor address; City;	State; Zip Code			\$1,000.00
		San Antonio, TX 78209				
		Principal Occupation		Contributor's Job Title		
	Attorney Attorney					
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	e (if any)
	•	s a child, law firm of parent(s) (if	f any)			
	ii continuator i	s a crilid, law littii or parerii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/25/2025	Lubel , Lance Contributor address; City; Houston, TX 77019	State; Zip Code			\$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	- ппстрат Оссирацоп		Attorney		
H		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Lubel Voyles			· ·		,
	If contributor is	s a child, law firm of parent(s) (if	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/29 Rpt: 17/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/30/2025			7	Amount of Contribution (\$) \$1,562.81	
		Helotes , TX 78203				
8		Principal Occupation		9 Contributor's Job Title		
10	Lawyer Lawyer O Contributor's employer/law firm 11 Law firm of contributor's sp			2011	an (if any)	
10	Luchnick La			11 Law firm of contributor's sp	Jou	se (II ally)
12		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	Lyons , Sean Contributor address; City; 9 SAN ANTONIO, TX 782				\$1,041.98
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Lyons & Lyo	ns				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/16/2025	Maloney , Erica Contributor address; City; \$ San Antonio, TX 78210	State; Zip Code			\$2,604.48
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
		v Group, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 15/29 Rpt: 18/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/30/2025			7	Amount of Contribution (\$) \$2,500.00	
		San Antonio, TX 78210				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Ioney Law Firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	f any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	06/30/2025	Maloney , Tim Contributor address; City;	<u> </u>			\$3,000.00
		San Antonio , TX 78205				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Maloney and	d Campolo				
	If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	06/17/2025	Maloney Jr., Pat	_			\$2,500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78205					
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Offices	of Pat Maloney				
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 16/29 Rpt: 19/83
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/17/2025			7	Amount of Contribution (\$) \$2,604.48	
		San Antonio, TX 78249				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm11 Law firm of contributor's spMaltos Law Firm, PLLC				oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/20/2025	Marco Bass Law Firm Contributor address; City;	State; Zip Code			\$3,500.00
		San Antonio , TX 78212				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm Law firm of co			Law firm of contributor's sp	oous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/24/2025	Mares , Jorge	_			\$521.15
		Contributor address; City; Helotes , TX 78023	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Mares Law F	PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 17/29 Rpt: 20/83
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/19/2025	5 Full name of contributor Martinez , Abel			7	Amount of Contribution (\$) \$312.81
		SAN ANTONIO, TX 782	13			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney					
10	10 Contributor's employer/law firm H.E.B.				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	D and of state BAC (ID)()	\	Т	Amount of Contribution (\$)
	06/30/2025	Martinez , Diane Contributor address; City;	out-of-state PAC (ID#:		•	\$250.00
		San Antonio, TX 78212		I		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
		nez Law Office		Law min or contributor 5 of	Jour	se (ii diiy)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)
	06/26/2025	Martinez , Jessica	_			\$3,000.00
		Contributor address; City; San Antonio, TX 78263	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Office Mana	ger		Office Manager		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Martinez & A	Associates		Martinez & Associates		
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/29 Rpt: 21/83
2	FILER NAME	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/19/2025	5 Full name of contributor Mazaheri , Rashin			7	Amount of Contribution (\$) \$500.00
		SAN ANTONIO, TX 782	05			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney					
10	O Contributor's employer/law firmSelf Employed11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	I .		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	06/26/2025	Mechler , Shawn Contributor address; City;			•	\$500.00
_	Contributorio	San Antonio , TX 78218 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
	Crosley Law					
	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	Mireles, Margaret	_			\$250.00
		Contributor address; City; San Antonio , TX 78201				
\vdash	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	none					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 19/29 Rpt: 22/83
2	FILER NAME	ibia Marsia (Tha Harranalala)			3	Filer ID (Ethics Commission Filers)
	Chapa, Cyni	thia Marie (The Honorable)			<u> </u>	00081893
4	Date 06/27/2025	5 Full name of contributor Morales II, Lawrence6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$521.15
		San Antonio, TX 78201				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm			oous	se (if any)	
_	The Morales					
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	ī	Amount of Contribution (\$)
	06/19/2025 Narvaez , Gabriel			\$104.48		
	Contributor address; City; State; Zip Code			ł		
		San Antonio, TX 78216				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hill Law Firm	ı				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/18/2025	Nava, Alex	— ` `			\$1,000.00
		Contributor address; City;	State: Zip Code		1	
			·			
		Shavano Park , TX 7823	30	_		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	ANG PLLC					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 20/29 Rpt: 23/83
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081893
4	Date 06/20/2025	Neal , Jennifer Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$260.73
	Contributor's I	San Antonio, TX 78209	9 Contributor's Job Title	
0	Attorney			
10	O Contributor's employer/law firm Guerra LLP 11 Law firm of contributor's spo		ouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/16/2025 O.G. Alavarez & Associates, P.C. Contributor address; City; State; Zip Code San Antonio , TX 78260			\$5,000.00
Contributor's Principal Occupation Contributor's Job Title				
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	O6/26/2025 Ortiz , Miguel Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216			\$750.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Attorney		Owner	
		employer/law firm 	Law firm of contributor's sp	ouse (if any)
	Ortiz Law Of			
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 21/29 Rpt: 24/83	
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			1	Filer ID (Ethics Commission 00081893	Filers)
4	Date 06/11/2025	Full name of contributor Patel, Samir (Dr.) Contributor address; City; s	out-of-state PAC (ID#:		7 /	Amount of Contribution (\$)	\$1,562.81
		San Antonio, TX 78255					
8		Principal Occupation		9 Contributor's Job Title			
	Physician			Physician			
10		employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)	
_	Self Employe			none			
12	none	s a child, law firm of parent(s) (if	any)	none			
	Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
	06/19/2025	Pelaez Law Firm PLLC Contributor address; City; \$ San Antonio, TX 78201	State; Zip Code			\$	\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
		inisipai decapation					
Contributor's employer/law firm Law firm of con			Law firm of contributor's sp	oouse	(if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
	06/25/2025	Pena , Joseph Contributor address; City; s San Antonio , TX 78216	State; Zip Code			\$	\$2,500.00
	Contributor's I	I		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's employer/law firm Law firm of contributor's s			oouse	(if any)		
	Ray Pena McChristian, P.C.						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 22/29 Rpt: 25/83
2	FILER NAME Chapa, Cynt	ME Cynthia Marie (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/16/2025			↓	Amount of Contribution (\$) \$1,000.00	
		SAN ANTONIO, TX 782	216			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oouse	e (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 06/19/2025	Full name of contributor Ramirez , Alfred Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
		San Antonio, TX 78260				
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
	Contributor's e	employer/law firm v Firm s a child, law firm of parent(s) (i	f any)	Law firm of contributor's sp	oouse	e (if any)
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/30/2025	Ramos, Donato Contributor address; City; Laredo , TX 78045				\$1,562.81
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oouse	e (if any)
		of Donato Ramos s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 23/29 Rpt: 26/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			1	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/22/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$2,500.00	
		SAN ANTONIO, TX 782	09			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Meritz Redd	employer/law firm Y		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/19/2025 Reilly , Marion Contributor address; City; State; Zip Code				\$1,000.00	
San Antonio , TX 78260 Contributor's Principal Occupation Contributor's Job Title						
Attorney Attorney						
Contributor's employer/law firm Law firm of contributor's s			าดบร	e (if any)		
	Martinez Re	, ,				- (<i>)</i> ,
	If contributor is	s a child, law firm of parent(s) (if	any)	I.		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/18/2025 Reyna , Ricardo Contributor address; City; State; Zip Code			\$1,041.98		
		San Antonio, TX 78258				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney					
	Contributor's employer/law firm Law firm of contributor's sp			oous	e (if any)	
Reyna Law Firm						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 24/29 Rpt: 27/83	=
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893	
4	Date 06/12/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$500.0	– Э	
		SAN ANTONIO, TX 782	30				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's 6 Self employ6	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				_
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	06/06/2025 Salinas , George Contributor address; City; State; Zip Code			•	\$5,000.0	Э	
San Antonio , TX 78230 Contributor's Principal Occupation Contributor's Job Title						_	
Contributor's Principal Occupation Contributor's Job Title Attorney Owner							
	Contributor's employer/law firm Law firm of contributor's sp			OUS	se (if any)	_	
		nas Trial Law		none		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If contributor is	s a child, law firm of parent(s) (if	any)	1			_
	none			none			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	=
	06/11/2025 Salkinder, Daniel Contributor address; City; State; Zip Code		•	\$5,000.0	Э		
		San Antonio, TX 78258					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		_
	Chief Marketing Officer Chief Marketing Officer						
Contributor's employer/law firm Law firm of contributor's sp			ous	se (if any)			
Open MRI of San Antonio none							
If contributor is a child, law firm of parent(s) (if any)							
	none			none			_
none							

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 25/29 Rpt: 28/83
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Chapa, Cyn	thia Marie (The Honorable)		00081893
4	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
	06/13/2025 Sciano , Daniel		\$2,500.00	
		6 Contributor address; City; State; Zip Code		
		San Antonio , TX 78216		
8		Principal Occupation	9 Contributor's Job Title	
	Partner		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Tinsman & S			
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	06/30/2025	Shaw , James		\$1,041.98
		Contributor address; City; State; Zip Code		·· ·
	, , , , , , , , , , , , , , , , , , ,			
		San Antonio, TX 78209		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Attorney		Attorney	
-		employer/law firm	Law firm of contributor's s	spouse (if any)
	Carabin Sha			
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	06/17/2025	Sloan , Jeremy		\$1,041.98
		Contributor address; City; State; Zip Code		
		, , , ,		
		Shavano Park , TX 78231		
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
	Attorney	· · ·	Attorney	
-	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	Self Employ			
-		s a child, law firm of parent(s) (if any)		
		, a , a , a , a , a , a , a , a , a , a		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 26/29 Rpt: 29/83		
2	FILER NAME Chapa, Cynt	thia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893		
4	Date 06/23/2025 5 Full name of contributor out-of-state PAC (ID#:) Taylor , Paul 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$250.00			
8	Contributor's I	San Antonio , TX 78209 Principal Occupation		9 Contributor's Job Title	<u> </u>			
	Attorney	· po		Attorney				
10		employer/law firm of Paul G. Taylor	- 1	11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)		
	06/16/2025 The Aguirre Law Firm PLLC Contributor address; City; State; Zip Code				\$2,500.00			
San Antonio, TX 78231 Contributor's Principal Occupation Contributor's Job Title								
	Continuator 3 i	Tillopal Gecapation		Contributor 3 dob Title				
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)			
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)		
	06/26/2025 The Crosley Law Firm Contributor address; City; State; Zip Code SAN ANTONIO, TX 78218			\$2,500.00				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>			
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)			
If contributor is a child, law firm of parent(s) (if any)								

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 27/29 Rpt: 30/83
2	FILER NAME	this Maria (The Hanerahla)			3	Filer ID (Ethics Commission Filers) 00081893
Ļ		thia Marie (The Honorable)			╄	
4	1 Date 06/25/2025 5 Full name of contributor out-of-state PAC (ID#:		7 -	Amount of Contribution (\$) \$2,500.00		
	Cantributaria	SAN ANTONIO, TX 782	01	O Cantributaria lab Titla		
°	Contributors	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/29/2025 Toscano , Andrew Contributor address; City; State; Zip Code				\$2,500.00	
	O antributanta la	San Antonio, TX 78201		Contibuted Adv Till		
Contributor's Principal Occupation Contributor's Job Title						
Attorney Attorney						
	Gene Tosca	employer/law firm		Law firm of contributor's sp	oous	se (IT any)
_		·	: a.m. A			
	ii contributor ii	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	Trevino, Andrew				\$1,041.98
	Contributor address; City; State; Zip Code					
		San Antonio, TX 78209				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney					
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
Law Office of Andrew J Trevino						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 28/29 Rpt: 31/83
2	FILER NAME Chapa, Cynt	hia Marie (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081893
4	Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$250.00	
		Fair Oaks Ranch , TX 78	3015			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10		employer/law firm Rudy Vasquez		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	06/17/2025 Villarreal & Begum, PLLC Contributor address; City; State; Zip Code				\$5,000.00	
Brownsville , TX 78526						
Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title			
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	06/21/2025	Watts, Mikal	_			\$2,500.00
Contributor address; City; State; Zip Code Dorado , AA 00646						
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Lawyer			Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
Watts Law Firm LLP						
	If contributor is	s a child, law firm of parent(s) (if	any)			

MON	ETARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Ins	struction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 29/29 Rpt: 32/83	
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
Chapa,	Cynthia Marie (The Honorable)		00081893
4 Date 06/17/20	4 Date 06/17/2025 5 Full name of contributor out-of-state PAC (ID#:) Wayne Wright Lawyers 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$5,000.00
	SAN ANTONIO, TX 78201		
8 Contribut	or's Principal Occupation	9 Contributor's Job Title	
10 Contribut	or's employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contrib	utor is a child, law firm of parent(s) (if any)	. I	
Date	Full name of contributor	:)	Amount of Contribution (\$)
06/19/2	025 Wyatt, Wright		\$5,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78201		
Contribut	or's Principal Occupation	Contributor's Job Title	<u> </u>
Attorney Owner			
	or's employer/law firm	Law firm of contributor's sp	oouse (if any)
Self Em			
II CONTID	utor is a child, law firm of parent(s) (if any)		

PLEDGED CONTRIBUTIONS (JUDICI	AL)		SCHE	DULE B(J)
The Instruction Guide explains how to comple	te this form.	1 Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME Chapa, Cynthia Marie (The Honorable)		3 Filer ID (I	Ethics Commis	sion Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kin (If a	d description applicable)
	Tag Division in	Check if travel of	l I outside of Texa	s. Complete Schedule T.
10 Pledgor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)	I			

	LOANS (J	IUDICIAL)			SCHEDUL	E E(J)
	The Instruction Guide explains how to complete this form.				ages Schedule E(J /1 Rpt: 34/83):
2	FILER NAME Chapa, Cynthia	Marie (The Honorable)			(Ethics Commiss	sion Filers)
4	TOTAL OF UN	NITEMIZED LOANS		·	\$	0.00
5	Date of loan	7 Name of lender out-	of-state PAC (ID#:		9 Loan Amount	: (\$)
6	Is lender a financial institution?	8 Lender address; City;	State; Zip Code		10 Interest Rate	
					11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's sp	oouse (if any)		
16	If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Collateral 18 Check if p			18 Check if personal fund	s were deposite	ed into political acco (See Instructi	
19	19 GUARANTOR INFORMATION 20 Name of guarantor			22 Amount Guar	anteed (\$)	
23	not applicable Guarantor's Princi	21 Guarantor address; City; pal Occupation	State; Zip Code 24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any					')	
27	If guarantor is chil	d, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/46 Rpt: 35/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/18/2025	4imprint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$995.51	101 Commerce Street
		Oshkosh , WI 54901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Stress ball and lip balm for marketing and advertising, Swag for events
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	'
	Date	Payee name
	01/27/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
		San Jose , CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Adobe Subscription
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/25/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	345 Park Ave
		San Jose , CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly subscription for Adobe
		Monthly Subscription for Adobe
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)				
	Credit Card F dyment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/46 Rpt: 36/83	Chapa, Cynthia Marie (The Honorable)	00081893				
4	Date	5 Payee name					
	03/25/2025	Adobe					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
-	\$21.34	345 Park Ave					
	¥==.5 .						
		San Jaco, CA 0E110					
		San Jose , CA 95110					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
			e subscription				
			,				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
٠	expenditure to benefit C/OI		Cinice field				
	5.						
	Date	Payee name					
	04/28/2025	Adobe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$21.34	345 Park Ave					
		San Jose , CA 95110					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		outside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Subscription f	for Adobe				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	1					
	Date	Payee name					
	06/23/2025	Anedot, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.30	1340 Poydras St.					
		Ste 1770					
		New Orleans , LA 70112					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the control of the contr	outside of Texas. Complete Schedule T.				
	EXPENDITURE	Solicitation/i unutaising Expense	TX, officeholder living expense				
			e for the platform				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI	4					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 3/46 Rpt: 37/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/13/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee for the platform
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.81	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		processing fee for platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.81	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Processing fee for platform
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- paramate to bottom of of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			g Expen s/Wage	se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Credit Card Payment	The Instru	uction Guide explains how to	compl	ete this form.				
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers	;)
	Sch: 4/46 Rpt: 38/83	Chapa, Cynthia Mar	ie (The Honorable)				00081893		
4	Date	Payee name			•				
	06/30/2025	Anedot, Inc.							
6	Amount (\$)	Payee address; Ci	ty; State; Zip (Code					
	\$41.98	1340 Poydras St.							
		Ste 1770							
		New Orleans , LA 70	0112						
8	PURPOSE	Category (Soc Categories	s listed at the top of this schedule)	(b)	Description				
	OF	Solicitation/Fundrais		()		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		3 1		_		officeholder living	expense	
					Processing fe	e f	or platform		
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder ı	name Office s	ought			Office he	eld	
	experience to benefit Gree								
	Date	Payee name							
	06/30/2025	Anedot, Inc.							
	Amount (\$)	Payee address; Ci	ty; State; Zip (Code					
	\$41.98	1340 Poydras St.							
		Ste 1770							
		New Orleans , LA 70)112						
	PURPOSE	Category (See Categories	s listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Solicitation/Fundraising Expense					de of Texas. Com		
LAI LIIDII OKL					ш		officeholder living	expense	
					Processing fe	e i	or plationii		
	Complete ONLY if direct	andidate/Officeholder ı	name Office s	ought			Office he	ald	
	expenditure to benefit C/OI	andidate/Officeriolder i	Tarrie Office S	ougiit			Office fic	iu .	
	Date	Davisa nama							
	06/30/2025	Payee name Anedot, Inc.							
			tu. Ctata Zia (Cada					
	Amount (\$) \$16.30	Payee address;	ty; State; Zip (Code					
	Φ10.30	-							
		Ste 1770	2440						
		New Orleans , LA 70)112	1					
	PURPOSE OF		s listed at the top of this schedule)	(b)	Description	outoi	de of Texas. Com	ploto Sabadulo T	
	EXPENDITURE	Solicitation/Fundrais	ing Expense				officeholder living		
					processing fe			•	
					-				
	Complete ONLY if direct	andidate/Officeholder ı	name Office s	ought			Office he	eld	
	expenditure to benefit C/OI								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 5/46 Rpt: 39/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/30/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		processing fee for platform
		processing ree for platform
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St.
	Ψ20.00	•
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		processing fee for platform
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St.
	720.00	-
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		processing fee for platform
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/46 Rpt: 40/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/30/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	-	Check if Austin, TX, officeholder living expense
		processing fee for platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for planorin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.48	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		processing fee for platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/46 Rpt: 41/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/30/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		processing fee for platform
		processing fee for planorin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (extense extenses and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/46 Rpt: 42/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/30/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.81	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for planorin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		processing fee for platform
		processing for its planetin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/29/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		processing fee for platform
		processing fee for piation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/46 Rpt: 43/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/28/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/28/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense processing fee for platform
		processing fee for platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		processing fee for platform
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/46 Rpt: 44/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/27/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.15	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		processing fee for platform
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	06/26/2025	Anedot, Inc.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		processing fee for platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/26/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	1340 Poydras St.
	Ψ00.00	Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		processing platform fee
		, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/46 Rpt: 45/83	Chapa, Cyr	thia Marie (The Ho	norable)				00081893		
4	Date	5 Payee name								
	06/26/2025	Anedot, Inc								
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode					
	\$20.30	1340 Poydr	as St.							
		Ste 1770								
		New Orlean	ıs , LA 70112							
8	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE	Solicitation/	Fundraising Expen	se		_		de of Texas. Com officeholder living	plete Schedule T.	
						processing fe			у схрензе	
						p		-		
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld	
	experialiture to benefit C/OI									
	Date	Payee name								
	06/26/2025	Anedot, Inc	•							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$120.30	1340 Poydr	as St.							
		Ste 1770								
		New Orlear	s , LA 70112							
	PURPOSE OF	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Solicitation/	Fundraising Expen	se				de of Texas. Com officeholder living	plete Schedule T.	
						platform proc			y expense	
						piationii proo	-00	onig ioo		
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
L	06/26/2025	Anedot, Inc								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$30.30	1340 Poydr	as St.							
		Ste 1770								
		New Orlean	s , LA 70112							
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		Fundraising Expen						plete Schedule T.	
						ш		officeholder living	j expense	
						platform proc	೮১೪	sing iee		
	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/OI	H								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 12/46 Rpt: 46/83	Chapa, Cynthia Marie (The Honorable) Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/25/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		platform processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
	4200.00	Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		platform processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
		<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		planta p. coossing too
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	norials Expense on Guide explains		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abov	re)
1	Total pages Schodule F1:	2		- •		-	· ·	,	Eilor ID	(Ethics Commissis:	n Eilere)
1	Total pages Schedule F1: Sch: 13/46 Rpt: 47/83	l	Chapa, Cynthia Marie	The Honorable)			3	Filer ID 00081893	(Ethics Commission	i File(S)
4	Date	5	Payee name								
	06/25/2025		Anedot, Inc.								
6	Amount (\$)	l	Payee address; City;	State	; Zip Co	de					
	\$100.30	:	1340 Poydras St.								
		:	Ste 1770								
			New Orleans , LA 7011	.2							
8	PURPOSE	(a)	Category (See Categories lis	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Solicitation/Fundraising				=		de of Texas. Com		
	ZA ZHOHOKZ						—		officeholder living	expense	
							platform proce	esS	ing iee		
_	Commission ONE V. C. C.	<u> </u>	on distanta (Offi h. 1.1		O#:	au le v			O#: 1	ılal	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder nar	ne (Office sou	ynt			Office he	eiu 	
	Date		Payee name								
	06/24/2025	,	Anedot, Inc.								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$20.30	:	1340 Poydras St.								
		;	Ste 1770								
		ı	New Orleans , LA 7011	2							
	PURPOSE OF		Category (See Categories list		nedule)	(b)	Description				
	EXPENDITURE	;	Solicitation/Fundraising	Expense			=		de of Texas. Comp officeholder living		
							platform proce			схрензе	
							F.00.51111 P1000				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder nar	ne (Office souç	ght			Office he	eld	
\vdash	Date	Ι.	Payoo namo								
	06/24/2025	ı	Payee name Anedot, Inc.								
_				Ote+-	Jin O	da					
	Amount (\$)	l	Payee address; City;	State	; Zip Co	ue					
	\$21.15	l	1340 Poydras St.								
		l	Ste 1770	_							
			New Orleans , LA 7011	.2							
	PURPOSE OF		Category (See Categories lis		nedule)	(b)	Description	_			
	EXPENDITURE	:	Solicitation/Fundraising	Expense			ш		de of Texas. Comp officeholder living		
							platform proce			evhelipe	
							p.aaomi proot		9 100		
	Complete ONLY if direct	C	andidate/Officeholder nar	ne (Office sou	aht			Office he	eld	
	expenditure to benefit C/O			·	500(. ··			200		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/46 Rpt: 48/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/23/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		platform processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	06/23/2025	Anedot, Inc.
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		p.m.s.m.p.ssssmg.ss
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	06/22/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
	+200.00	Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Platform processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·	oro)				
1	Total pages Schedule F1: Sch: 15/46 Rpt: 49/83	2 FILER NAME Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission File 00081893	ers)				
4	Date	5 Payee name					
~	06/22/2025	Anedot, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$21.15	1340 Poydras St.					
	+ 10	Ste 1770					
		New Orleans , LA 70112					
<u> </u>	DUDD00-						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		platform processing fee					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Or	VIT					
	Date	Payee name					
	06/21/2025	Anedot, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$21.15	1340 Poydras St.					
		Ste 1770					
		New Orleans , LA 70112					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		platform processing fee					
		piano proceeding too					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
L	expenditure to benefit C/OI	// I					
	Date	Payee name					
L	06/21/2025	Anedot, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.30	1340 Poydras St.					
		Ste 1770					
		New Orleans , LA 70112					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense					
		Check if Austin, TX, officeholder living expense					
		platform processing fee					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/46 Rpt: 50/83		Chapa, Cynthia Marie (The Honorable)		00081893
4	Date	5	Payee name		
	06/20/2025		Anedot, Inc.		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	r.
	\$10.73		1340 Poydras St.		
			Ste 1770		
			New Orleans , LA 70112		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense platform processing fee
					platform processing fee
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l Jaht	t Office held
ľ	expenditure to benefit C/O		January 6 1100 1101 1141 116	-g	560
_	Date	Т	Payee name		
	06/19/2025		Anedot, Inc.		
_	Amount (\$)	┝	Payee address; City; State; Zip Co	ahe	
	\$2.40		1340 Poydras St.	Juc	
	Ψ2.40		Ste 1770		
		<u> </u>	New Orleans , LA 70112	Las	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Solicitation/Fundraising Expense		Check if Austin, TX, officeholder living expense
					platform processing fee
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OI	н			
	Date		Payee name		
	06/19/2025		Anedot, Inc.		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$20.30		1340 Poydras St.		
			Ste 1770		
			New Orleans , LA 70112		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					platform processing fee
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	ıabt	t Office held
	expenditure to benefit C/O		Januluale/Onicerioluer name Office sol	agrit	Cilice Helu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 17/46 Rpt: 51/83	Chapa, Cynthia Marie (The Honorable) Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/19/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.48	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter in the complete Categories and Cate
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		plation processing too
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/19/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
	Ţ.0.00	Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAI LIIDITORE	X Check if Austin, TX, officeholder living expense
		platform processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/19/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St.
	Ψ4.00	•
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		platform processing fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/46 Rpt: 52/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/19/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.98	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		platform processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payee name
	06/19/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.81	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		practice processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/19/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		platform processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Gard F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/46 Rpt: 53/83	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date	5 Payee name	
	06/19/2025	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$208.65	1340 Poydras St.	
	!	Ste 1770	
		New Orleans , LA 70112	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Collectation in analysing Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		l U	ocessing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	н	
	Date	Payee name	
	06/19/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras St.	
	!	Ste 1770	
	!	New Orleans , LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	tin, TX, officeholder living expense
	!	platform pro	ocessing fee
	Complete ONLY if direct	Office country	Office hald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
_		T	
	Date	Payee name	
	06/19/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras St.	
	!	Ste 1770	
		New Orleans , LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	J Solicitation in analysing Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!		Ocessing fee
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	Salaries	/Wage	s/Contract Labor		OTHER (enter a	a category not listed above)	
		_			ide explains how to o	ompi	ete triis iorm.	_			\perp
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 20/46 Rpt: 54/83		Chapa, Cyn	thia Marie (The	Honorable)				00081893		
4	Date	5	Payee name								
	06/18/2025		Anedot, Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					_
	\$200.30		1340 Poydra	as St.	·						
			Ste 1770								
				c I A 70112							
		_		s , LA 70112							
8	PURPOSE OF	(a)		ee Categories listed at th		(b)	Description				
	EXPENDITURE		Solicitation/I	Fundraising Exp	ense				de of Texas. Con officeholder livin	nplete Schedule T.	
							platform proc			g expense	
							plationii proo		omig 100		
9	Complete ONLY if direct	<u> </u>	Candidata/Offi	acholder name	Office	ught			Office h	old	_
9	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	ceholder name	Office so	ugni			Office fi	eiu	
		_									_
	Date		Payee name								
	06/18/2025		Anedot, Inc.								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$40.30		1340 Poydra	as St.							
			Ste 1770								
			New Orlean	s , LA 70112							
	PURPOSE	(2)				T _(b)	Description				_
	OF	(۳)		ee Categories listed at th Fundraising Exp		(5)	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Sulcitation	runuraising Exp	ense				officeholder livin		
							platform proc	ess	sing fee		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	_
	expenditure to benefit C/OI	Н									
	Date		Payee name								=
	06/18/2025		Anedot, Inc.								
	Amount (\$)	H	Payee addres		State; Zip C	ode.					_
	\$41.98		1340 Poydra	•	Oldie, Zip e	ouc					
	Ψ41.30		•	u3 3t.							
			Ste 1770								
			New Orlean	s , LA 70112							
	PURPOSE OF	(a)		ee Categories listed at th		(b)	Description				
	EXPENDITURE		Solicitation/	Fundraising Exp	ense					nplete Schedule T.	
							platform proc		officeholder livin	g expense	
							ριατιστη μισσ		mig ice		
_	Complete ONLY if direct	Щ	Candidata/Offi	coholdor nama	Office	ught			Office h	old	4
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/UIII	ceholder name	Office so	uynl			Onice n	ciu	
_											_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/46 Rpt: 55/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/18/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense platform processing fee
		plation processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/17/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		practice processing rec
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/17/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		platform processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
	·			The Instruction Gu	ide explains how to c	ompi	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filer	s)
	Sch: 22/46 Rpt: 56/83	(Chapa, Cynt	hia Marie (The	Honorable)				00081893		
4	Date	5	Payee name								
	06/17/2025	/	Anedot, Inc.								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip C	ode					
	\$100.30] :	1340 Poydra	ıs St.							
		;	Ste 1770								
		Ι,	New Orlean	s , LA 70112							
8	PURPOSE	-				(h)	Description				
ľ	OF			e Categories listed at th		(6)	Description Check if travel	nutsi	de of Texas, Cor	mplete Schedule T.	
	EXPENDITURE	`	5011CItation/F	Fundraising Exp	ense				officeholder livin	•	
							platform proc	ess	sing fee		
9	Complete ONLY if direct		andidate/Offic	eholder name	Office so	ught			Office h	ield	
	expenditure to benefit C/OI	Η									
	Date	ı	Payee name								
	06/17/2025	/	Anedot, Inc.								
	Amount (\$)		Payee addres	s; City;	State; Zip C	ode					
	\$104.48	:	1340 Poydra	ıs St.							
		;	Ste 1770								
			New Orleans	s , LA 70112							
	PURPOSE	(a) (Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	;	Solicitation/F	undraising Exp	ense					mplete Schedule T.	
							ш		officeholder livin	ig expense	
							platform proc	COS	sing iee		
	Complete ONLY if direct	C	andidate/Offic	eholder name	Office so	uaht			Office h	neld	
	expenditure to benefit C/O		2.10.00.07	onorder name	255 55	g					
	Date		Payee name								
	06/16/2025	ı	Anedot, Inc.								
		-		c: City:	State: 7in C	odo					
	Amount (\$)	l	Payee addres		State; Zip C	oue					
	\$200.30	l	1340 Poydra	IS SI.							
		l	Ste 1770								
			New Orleans	s , LA 70112							
	PURPOSE	(a) (Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	:	Solicitation/F	undraising Exp	ense		ш			mplete Schedule T.	
							_		officeholder livin	ig expense	
							platform proc	ess	sing iee		
	Complete ONLY if direct		andidate/Offic	eholder name	Office so	uaht			Office h		
	expenditure to benefit C/O		andidate/Offic	CHOIDEI HAIHE	Office Su	ugnt			Office I	iciu	
_											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/46 Rpt: 57/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/16/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense platform processing fee
		plation processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/16/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.48	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
		plationin processing too
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		platform processing fee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 24/46 Rpt: 58/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/12/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		platform processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	06/12/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.15	
	Φ21.13	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		platform processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/12/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St.
		Ste 1770
		New Orleans , LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		platform processing fee
	Operation Chilly III	Operation (Office health and a second
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 25/46 Rpt: 59/83	Chapa, Cyr	nthia Marie (The Ho	norable)				00081893	
4	Date	5 Payee name							
	06/11/2025	Anedot, Inc							
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$200.30	1340 Poydi	as St.						
		Ste 1770							
		New Orlear	ıs , LA 70112						
8	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Solicitation	Fundraising Expen	se		=		de of Texas. Com officeholder living	plete Schedule T.
						platform proc			j experise
						piacionii proo	000	onig ioo	
9	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/11/2025	Anedot, Inc							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$62.81	1340 Poydı	as St.						
		Ste 1770							
		New Orlear	ns , LA 70112						
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Solicitation	Fundraising Expen	se		=		de of Texas. Com officeholder living	plete Schedule T.
						platform proc			у схрепас
						processor proc		g .ee	
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	06/11/2025	Anedot, Inc							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$200.30	1340 Poydı	as St.						
		Ste 1770							
		New Orlear	ns , LA 70112						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation	Fundraising Expen	se					plete Schedule T.
						ш		officeholder living	g expense
						platform proc	ರಶೀ	my iee	
	Complete ONLY if direct	L Candidate/Off	ceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLER (outer a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/46 Rpt: 60/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	04/04/2025	Catholic Charities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	202 W Frech PI
		SAN ANTONIO, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Senior Fiesta Table Sponsorship
		Serior resta rable Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	02/04/2025	Cricket Wireless LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Monthly Fees Wifi Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Wireless Hot Spot monthly fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/04/2025	Payee name Cricket Wireless LLC
		5.00.01.10.000
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	21 Peachtree St
		Atlanta, GA 30303
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Wifi monthly fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wifi hotspot monthly fee
		vviii notspot monthly lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

e Travel in Distriction

Travel Out of D

Contract Labor OTHER (enterse

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/46 Rpt: 61/83 00081893 Chapa, Cynthia Marie (The Honorable) 4 Date Payee name 04/04/2025 Cricket Wireless LLC 6 Amount (\$) Payee address; State; Zip Code \$35.00 21 Peachtree St Atlanta, GA 30303 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Wifi Hotspot **EXPENDITURE** Check if Austin, TX, officeholder living expense Wifi Hotspot monthly fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2025 Cricket Wireless LLC Amount (\$) Payee address; City; State; Zip Code \$35.00 21 Peachtree St Atlanta, GA 30303 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Wifi hotspot **EXPENDITURE** Check if Austin, TX, officeholder living expense Wifi hotspot monthly fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2025 DeFee, Noelle Amount (\$) Payee address: City; State; Zip Code \$206.44 PO Box 90883 SAN ANTONIO, TX 78209 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	1.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/46 Rpt: 62/83	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date	5 Payee name	-
	05/30/2025	DeFee, Noelle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$98.72	PO Box 90883	
		SAN ANTONIO, TX 78209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF	· · · · · · · · · · · · · · · · · · ·	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Campaig	n Staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiantire to benefit 6/6	<u> </u>	
	Date	Payee name	
	06/25/2025	DeFee, Noelle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.00	PO Box 90883	
		SAN ANTONIO, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	, , ,	travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Austin, TX, officeholder living expense
		Campaig	n Statt
	0 1: 01:147.		000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	04/04/2025	Design.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	Level 2, 44a Foveaux St	
		Surry Hills , AP 20100	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Austin, TX, officeholder living expense
		Logo and	l business cards design
	0 1. 0		0.00
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	- 1		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	Legal Services	S		ages	/Contract Labor		OTHER (ent	er a category not	listed above)
				The Instruction G	uide explains no	w to con	npie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	•	ommission Filers)
	Sch: 29/46 Rpt: 63/83	'	Chapa, Cynt	thia Marie (The	Honorable)					0008189	3	
4	Date	5	Payee name									
	04/09/2025	ı	Dollar Genei	ral								
6	Amount (\$)	7	Payee addres	s; City;	State; 2	Zin Cor						
ľ	\$70.64	l	10940 US H		Otato, I	p						
	Ψ10.04	'	10340 0311	Wy 101								
			SAN ANTON	NIO, TX 78223								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				=			complete Schedu	le T.
								Check if Austin,			ving expense	
								snacks for jur	OIS	•		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offi	ice soug	ght			Office	held	
	experialitare to benefit 6/01											
	Date		Payee name									
	02/27/2025		HEB #444									
	Amount (\$)		Payee addres	s; City;	State; 2	Zip Cod	de					
	\$46.00	;	3323 SE Mili	itary Dr								
				· · · · ·								
		Ι,	Can Antonia	TV 70222								
		├	San Antonio									
	PURPOSE OF			e Categories listed at	the top of this schedu	ule)	(b)	Description		do -4.T 6	Name and the Cale and the	I- T
	EXPENDITURE		Supplies					Check if travel of Check if Austin,			complete Schedu	ie i.
								Supplies for c			villig oxpolico	
_	Complete ONLY if direct		andidate/Offic	eholder name	Offi	ice soug	ht			Office	held	
	expenditure to benefit C/OI		andidate/Onic	cholder flame	Oili	icc soug	Jiic			Office	Ticiu	
_												
	Date	l	Payee name									
	04/11/2025		HEB #444									
	Amount (\$)		Payee addres	s; City;	State; 2	Zip Cod	de					
	\$62.47	;	3323 SE Mili	itary Dr								
		;	San Antonio	, TX 78223								
	PURPOSE	(a) (Category (co	e Categories listed at	the ten of this cabad	(alu	(b)	Description				
	OF			age Expense	the top of this scried.	uie)	(-,		outsi	de of Texas. C	complete Schedu	le T.
	EXPENDITURE	· '	000,0000	ago Expondo				Check if Austin,	, TX,	officeholder li	ving expense	
								Snacks for ju	rors	S		
	Complete ONLY if direct		andidate/Offic	eholder name	Offi	ice soug	ght			Office	held	
	expenditure to benefit C/OI	Н										
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/46 Rpt: 64/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	02/12/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.21	5601 Bandera Rd
		San Antonio, TX 78238
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks, coffee, cups etc for Jurors
		Shadks, conce, caps etc for carers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payros namo
	02/07/2025	Payee name Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	25 NE Interstate 410 Loop
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch provided for a lunch meeting w/ Admin staff
		Editor provided for a failor meeting w/ / talling stall
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	01/21/2025	Payee name Mailchimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.47	405 N. Angier AVe.
		Atlanta , GA 30312
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email distribution marketing tool
		Email distribution marketing tool
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	Sa		ages	Contract Labor		OTHER (enter	a category not listed above	e)
	·			The Instruction G	uide explains hov	w to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	r Filers)
	Sch: 31/46 Rpt: 65/83		Chapa, Cyn	thia Marie (The	Honorable)					00081893		
4	Date	5	Payee name									
	02/18/2025		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$96.47		405 N. Angi	er AVe.								
			Atlanta , GA	30312								
8	PURPOSE	(a)		ee Categories listed at t	ha tan of this schadul	lo) ((b)	Description				
	OF	l`		eting platform	ne top of this scriedul		. ,	:	outsi	de of Texas. Coi	nplete Schedule T.	
	EXPENDITURE		Email mane	surig plationin				Check if Austin,	TX,	officeholder livir	ng expense	
								subscription f	ee	for email m	arketing platform	for
								marketing				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	03/18/2025		Mailchimp									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$96.47		405 N. Angi	er AVe.								
			Atlanta , GA	30312								
	PURPOSE	(a)	Category	ee Categories listed at t		10	(b)	Description				
	OF	``	Marketing P		ne top of this scriedul	ie)	,	_ :	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		warkeung r	iationii icc				Check if Austin,	, TX,	officeholder livir	ng expense	
								Email Marketi	ing	platform si	ubscription fee	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/18/2025		Mailchimp									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$96.47		405 N. Angi	er AVe.								
			Atlanta , GA	30312								
	PURPOSE	(a)		ee Categories listed at t	he ton of this cohod of	_{le)} ((b)	Description				
	OF	``		rlatform subsdcr			,		outsi	de of Texas. Coi	nplete Schedule T.	
	EXPENDITURE		mamoung i	iationii cabcaci	.puon			Check if Austin,	, TX,	officeholder livir	ng expense	
								Email market	ing	platform si	ubscription	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	neld	
	expenditure to benefit C/O	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 32/46 Rpt: 66/83	Chapa, Cynthia Marie (The Honorable)		00081893
4	Date	5 Payee name		,
l	05/19/2025	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$96.47	405 N. Angier AVe.		
l				
l		Atlanta , GA 30312		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Monthly Email Marketing Subscription		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Email Marketing Subscription fee
l				Linai Marketing Subscription lee
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
ľ	expenditure to benefit C/O		,,,,	Office field
⊨	Date	Payee name		
l	06/18/2025	Mailchimp		
┝	Amount (\$)	Payee address; City; State; Zip Coo	do	
l	\$96.47	405 N. Angier AVe.	Je	
l	Ψ30.47	405 N. Aligiei 7 We.		
l		Atlanta , GA 30312		
┡	DUDDOCE		(h)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Email Marketing Platform subscription	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Email Marketing Flationn Subscription		Check if Austin, TX, officeholder living expense
l				Monthly Subscription for email marketing platform
L				
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
L	experialitate to benefit C/O	1		
l	Date	Payee name		
L	06/14/2025	McAfee		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$162.36	6220 America Center Drive		
l				
		San Jose , CA 95002		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Subscription Renewal		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				McAffee Subscription REnewal
				p
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	orc)
1	Sch: 33/46 Rpt: 67/83	2 FILER NAME Chapa, Cynthia Marie (The Honorable) 3 Filer ID (Ethics Commission File	ers)
4	Date	5 Payee name	
	06/14/2025	McAfee	
6	Amount (\$) \$162.36	7 Payee address; City; State; Zip Code 6220 America Center Drive	
_		San Jose , CA 95002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Subscription Renewal Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		McAfee Subscription	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or		
	Date	Payee name	
	06/30/2025	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$123.06	255 E Basse Rd	
		#120	
		San Antonio, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Supplies for 4th of July Parade	
_	Complete ONLY if direct	Condidate/Office helder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/07/2025	Monarch Trophy Studio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,052.42	16227 San Pedro Ave	
		SAN ANTONIO, TX 78232	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fiesta Medals for 288th District Court Events	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S	ards/Memorials I ervices estruction Gu			Vages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not liste	d above)
<u> </u>	T. 1 01 11 51	_								1_	E1 15	(E)	
1	Total pages Schedule F1: Sch: 34/46 Rpt: 68/83	2	Chapa, Cyn		Marie (The	Honorabl	e)			3	Filer ID 00081893	(Ethics Comn	nission Filers)
4	Date	5	Payee name							_			
	04/21/2025	ľ	Monarch Tr	onhy s	Studio								
		<u> </u>											
6	Amount (\$)	7	Payee addres		City;	Stat	e; Zip Co	ode					
	\$376.71		16227 San	Pedro	Ave								
			SAN ANTO	NIO, T	TX 78232								
8	PURPOSE	(a)	Category (Se	e Caten	ories listed at th	e ton of this s	chedule)	(b)	Description				
	OF	 `´	Advertising			ic top of this s	cricuuic)	<u> </u>		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		, .a. v 0 . a. o	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Check if Austin	ı, TX	officeholder livin	g expense	
									Remaining ba	alaı	nce for Fies	ta Medals	
9	Complete ONLY if direct		Candidate/Offic	cehold	er name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н											
_	Date	Г	Payee name										
	03/12/2025		NCJFCJ										
	Amount (\$)		Payee addres	•	City;	Stat	e; Zip Co	ode					
	\$595.00		PO Box 897	'0									
			Reno, NV 8	39507									
	PURPOSE	(a)	Category (Se	oo Catoo	ories listed at th	o top of this s	chodulo)	(b)	Description				
	OF	l`´	Fees	e Caley	ones nsieu ai in	ie top oi tilis s	criedule)	`´		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 000						Check if Austin	ı, TX	officeholder livin	g expense	
									NCJFCJ Con	nfer	ence Regis	tration Fee	
	Complete ONLY if direct		Candidate/Offic	cehold	er name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н											
-	Date	Π	Dayso name										
			Payee name										
	03/12/2025		NCJFCJ										
	Amount (\$)		Payee addres	SS;	City;	Stat	e; Zip Co	de					
	\$195.00		PO Box 897	'0									
			Reno , NV 8	39507									
	PURPOSE	(a)	Category (Se	0 - 4		- 4 4 41-1	-11-1-1	(b)	Description				
	OF	(۳)	Fees	ee Categ	ories listed at th	ie top of this s	cneaule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1-663								officeholder livin		
									NCJFCJ Judi				
	Complete ONLY if direct	Щ	Candidate/Offic	cehold	er name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						220 000	<i>3</i>			355	- -	
_													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 35/46 Rpt: 69/83	FILER NAME Chapa, Cynthia Marie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081893
4	Date 02/20/2025	5 Payee name Papa Johns	
6	Amount (\$) \$87.59	7 Payee address; City; State; Zip Code 100 N Santa Rosa	
		San Antonio, TX 78207	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ors while they deliberate.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2025	Payee name Prestige Printing	
	Amount (\$) \$66.03	Payee address; City; State; Zip Code 8 Burwood Ln	
	PURPOSE OF EXPENDITURE	Tilling Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ogo stickers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/11/2025	Payee name Rosemarie Alvarado Hawkins	
	Amount (\$) \$28.39	Payee address; City; State; Zip Code 100 Dolorosa	
		SAN ANTONIO, TX 78205	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense to flowers for memorial
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/46 Rpt: 70/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	04/21/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.11	3239 Goliad Rd
		SAN ANTONIO, TX 78223
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks for Jurors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/12/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$446.66	2702 Love Field Dr.
		Dallas , TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight to NCJFCJ Conference in Chicago
		g. to 11001 of control in chicago
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2025	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.96	3142 SE Military Dr.
	Ψ2 10.00	or in the continuous of the co
		SAN ANTONIO, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Printing of brochures for Senior Fiesta Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/46 Rpt: 71/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	04/23/2025	State Bar of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$553.00	1414 Colorado Street
		Autstin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Bar Fees
		State Bai 1 cc3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	David and the second se
		Payee name Toy Hill Middle School Bond
L	05/22/2025	Tex Hill Middle School Band
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.00	21314 Bulverde Rd
		SAN ANTONIO, TX 78259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution to school color games
		Contribution to school color games
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marea
	06/04/2025	Payee name Texas Center for the Judiciary
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St.
L		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Judicial Conference fee
		Authorities and a second conference rec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/46 Rpt: 72/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	02/13/2025	The Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio
		Ste 800
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Regional Conference fees
		Regional conference lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	The Gavel
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.24	100 Villita St.
		SAN ANTONIO, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting with Staff Attorney
		Editor friceding with Stall Autority
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	The Gavel
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.30	100 Villita St.
		SAN ANTONIO, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch meeting with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 39/46 Rpt: 73/83	Chapa, Cynthia Marie (The Honorable) 00081893	
4	Date	5 Payee name	
	04/15/2025	The Gavel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.85	100 Villita St.	
		CAN ANTONIO TV 7000F	
L		SAN ANTONIO, TX 78205	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff Attorney Birthday Appreciation lunch	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		_
	Date	Payee name	
	04/22/2025	The Gavel	_
	Amount (\$) \$63.38	Payee address; City; State; Zip Code 100 Villita St.	
	Φ03.30	100 Vilita St.	
		SAN ANTONIO, TX 78205	
H	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch Meeting with staff	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	S	
H	Date	Payee name	-
	05/29/2025	The Gavel	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$38.90	100 Villita St.	
		SAN ANTONIO, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lunch meeting with Clerk	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/46 Rpt: 74/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	05/14/2025	Thru Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	4502 Centerview Dr.
		Ste. 225
		SAN ANTONIO, TX 78228
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Thru Project
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/OI	
	Date	Payee name
	05/16/2025	Thru Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4502 Centerview Dr.
		Ste. 225
		SAN ANTONIO, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Contribution to the Thru Project Spring into Action
		Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/11/2025	Trip.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,596.51	855 El Camino Real
		Palo Alto , CA 94301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for NCJFCJ Conference in Chicago
		. 1838. 18. 1138. 25 28.118. 31. 21.184ge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/46 Rpt: 75/83 00081893 Chapa, Cynthia Marie (The Honorable) 4 Date Payee name **USPS PO Boxes** 05/16/2025 6 Amount (\$) Payee address; State; Zip Code \$96.47 6825 Huebner Rd. San Antonio, TX 78238 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. PO Box Renewal Fee **EXPENDITURE** Check if Austin, TX, officeholder living expense PO Box Renewal Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/16/2025 **Uber Eats** Amount (\$) Payee address; City; State; Zip Code \$96.81 1455 Market ST. 4th FI Trevose, PA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch provided for staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/11/2025 **Uber Eats** Amount (\$) Payee address: City; State; Zip Code \$74.64 1455 Market ST. 4th FI Trevose, PA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch meeting w/ Admin go provide lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/46 Rpt: 76/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	02/11/2025	Uber Eats
6	Amount (\$) \$53.21	7 Payee address; City; State; Zip Code 1455 Market ST.
		4th FI
		Trevose , PA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donuts for the Jurors on Trial week
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/26/2025	Uber Eats
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$77.14	1455 Market ST.
		4th Fl
		Trevose , PA 94103
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast to celebrate clerk's birthday.
		Broantast to colourate clothes situately.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/21/2025	Uber Eats
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$79.81	1455 Market ST.
		4th Fl
		Trevose , PA 94103
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Luch provided for meeting with staff and admin.
		Luch provided for meeting with stan and duffilh.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/46 Rpt: 77/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	03/20/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.19	1455 Market ST.
		4th Fl
		Trevose , PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donuts for Jurors
		Donats in Juiois
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.65	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bagels for Jurors
		Dagoto for dators
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
L	04/09/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.89	1455 Market ST.
		4th Fl
		Trevose , PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Donuts for Jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Leç	/Awards/Memorials al Services e Instruction Gu			/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
1	Total pages Cabadula F1:	2 -						ı	<u>ء</u>	Filor ID	(Ethics Commis	cion Eiloro)
1	Total pages Schedule F1: Sch: 44/46 Rpt: 78/83		TLER NAME Chapa, Cynthi	a Marie (The	Honorable))			3	Filer ID 00081893	(Euncs Commis	SION FIREIS)
4	Date	5 P	ayee name									
	04/24/2025	U	Jber Eats									
6	Amount (\$)	7 P	ayee address;	City;	State;	Zip Co	de					
	\$40.88	1.	455 Market S	T.								
		4	th Fl									
		Т	revose , PA 9	94103								
8	PURPOSE	(a) C	ategory (See C	ategories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		ood/Beverag		•	,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	LAFENDITORE							—		officeholder living		
								Sweet Bread Staff	- S	taff apprecia	ation for Centr	al Jury
								Stan				
9	Complete ONLY if direct expenditure to benefit C/O		ındidate/Officel	older name	C	Office sou	ght			Office h	eld	
	Date	P	ayee name									
	06/12/2025	U	Jber Eats									
	Amount (\$)	Р	ayee address;	City;	State;	Zip Co	de					
	\$34.77	1	455 Market S	T.								
		4	th Fl									
		Т	revose , PA 9	94103								
	PURPOSE OF	(a) C	category (See C	ategories listed at th	ne top of this sch	edule)	(b)	Description				
	EXPENDITURE	F	ood/Beverag	e Expense				=		de of Texas. Con officeholder living	plete Schedule T.	
								Staff lunch	, 17,	oniceriolaer living	g expense	
	Complete ONLY if direct expenditure to benefit C/Oh		ındidate/Officel	nolder name	C	Office sou	ght			Office h	eld	
	Date	Р	ayee name									
	06/20/2025	U	Jber Eats									
	Amount (\$)	P	ayee address;	City;	State;	Zip Co	de					
	\$98.08	1.	455 Market S	T.								
		4	th Fl									
		Т	revose , PA 9	94103								
	PURPOSE	(a) C	ategory (See C	ategories listed at th	ne top of this sch	edule)	(b)	Description				
	OF		ood/Beverag		10 top 01 tillo 0011				outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			•				ш		officeholder living		
								Deputy's birth	nda	y -staff lunc	h appreciatior	1
	Commission ONU Wife allows		andidate (Office))#:aa	a. la +			046	- l d	
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Officel	ioider name	C	Office sou	ynt			Office h	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/46 Rpt: 79/83	Chapa, Cynthia Marie (The Honorable) 00081893
4	Date	5 Payee name
	06/24/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.41	1455 Market ST.
		4th FI
		Trevose, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donuts for Jurors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/17/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.02	8923 W Military
		San Antonio , TX 78245
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		snack provided for jurors
		ondok provided for jureic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/17/2025	Wal-Mart
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$59.10	8923 W Military
	Ψ33.10	ODEO VI Military
		San Antonio , TX 78245
_	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks for jurors and office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 46/46 Rpt: 80/83	Chapa, Cynthia Marie (The Honorable)	00081893
4	Date	5 Payee name	•
l	03/31/2025	Wal-Mart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$203.25	8923 W Military	
l			
l		San Antonio , TX 78245	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE		Check if Austin, TX, officeholder living expense
l		5	nacks for jurors
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office field
⊨			
l	Date	Payee name	
L	04/21/2025	Wal-Mart	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$48.92	8923 W Military	
l			
L		San Antonio , TX 78245	
l	PURPOSE OF		escription
l	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		S	upplies for County Easter Trunk Hop Event
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
Г			
l			
l			
l			
ı			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCH	FD	ш	E	k
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	The Instru	ction Guide explains how to complete this form.	1		•	ages Schedule K: /2 Rpt: 81/83	
2	FILER NAME		3	F	iler ID	(Ethics Commission Fi	lers)
	Chapa, Cynthia Marie (The Honorable)				0081	893	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/10/2025	Frost Bank				, ,	\$1.80
		6 Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78251					
		7 Purpose for which amount is received Check if p	oliti	ical	contr	ibution returned to filer	
		interest					
H	Date	Name of person from whom amount is received				Amount (\$)	
	02/11/2025	Frost Bank				Αποαπ (Φ)	\$1.73
	02/11/2020	Address of person from whom amount is received; City; State; Zip Code					Ψ1
		Address of person from whom amount is received, City, State, 21p Code					
		SAN ANTONIO, TX 78251					
		<u></u>	oliti	ical	contr	Iribution returned to filer	
		interest	Onti	ICUI	COILL	ibation retained to mer	
	5 .					I	
	Date	Name of person from whom amount is received				Amount (\$)	Ф1 40
	03/11/2025	Frost Bank					\$1.48
		Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78251					
			oliti	iool	contr	ribution returned to filer	
		interest	OIILI	ICai	COIL	ribution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	
	04/09/2025	Frost Bank					\$1.41
		Address of person from whom amount is received; City; State; Zip Code					
		CAN ANTONIO TV 700F4					
		SAN ANTONIO, TX 78251					
		<u> </u>	oliti	ical	contr	ribution returned to filer	
		interest				-	
	Date	Name of person from whom amount is received				Amount (\$)	
	05/09/2025	Frost Bank					\$1.30
		Address of person from whom amount is received; City; State; Zip Code					
		SAN ANTONIO, TX 78251					
		Purpose for which amount is received	oliti	ical	contr	ribution returned to filer	
		interest	_				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 82/83 2 FILER NAME Filer ID (Ethics Commission Filers) Chapa, Cynthia Marie (The Honorable) 00081893 8 Amount (\$) 5 Name of person from whom amount is received 06/10/2025 Frost Bank \$1.31 6 Address of person from whom amount is received; City; State; Zip Code SAN ANTONIO, TX 78251 Purpose for which amount is received Check if political contribution returned to filer interest Amount (\$) Name of person from whom amount is received Date 04/21/2025 The Center for the Judiciary \$75.00 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Refund

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 83/83			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Chapa, Cynthia	Marie (The Honorable)	00081893			
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee				
Southwest Airlin	es				
5 Contribution / Expe	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
6 Dates of Travel	7 Name of person(s) traveling				
Suiss of Hure.	Chapa , Cynthia (Judge)				
	8 Departure city or name of departure location				
07/18/2025	San Antonio				
	9 Destination city or name of destination location				
07/23/2025	Chicago				
10 Means of transport		other event)			
Commercial Airp		,			
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee				
Trip.com	or you be a commented to the comment of the comment				
	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling Chapa , Cynthia (Judge)				
07/18/2025	Departure city or name of departure location San Antonio				
01/10/2023	Destination city or name of destination location				
07/23/2025	Chicago				
Means of transport		other event)			
Commercial Airp		outer eventy			