# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commi 00088300		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Linda J.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Garcia		30111X		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1908 Haddock Drive				Receipt#	Amount
Change of Address	Mesquite, TX 75149					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del>-</del>	
TREASURER NAME		Prisma Y.				
	NICKNAME	 LAST		SUFFIX		
		Garcia				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BUX DI EVSE).	ΔΡ	/ SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	912 Sumac Dr.	JOXT LLAGE),	Ai	730112#, 0111	, 317	TIE, ZII CODE
(Residence or Business)	Dallas, TX 75217					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER PHONE	(214) 929-1402					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car	
	X July 15	8th day before 6	election $\square$	Exceeded modified	appointment (office Final Report (Atta	
		our day before e	siection	reporting limit		un G/OH-FIN)
9 PERIOD COVERED	Month Day Year	T. I	IDOLICII	Month Day	Year	
OOVERLED	01/01/2025	IH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	11/05/2024	□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distri	ct 107 Dallas			tative District 107	
	1					
		GO Т	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Garcia, Linda J. (The	Honorable)	<b>14</b> Filer II 00088	•	Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or particles of the contributions may have been deficiently as a first or the contribution of	en made without the candida	ate's or officeholder	's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	_	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTI			0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$	6,057.10
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURE	5	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	36,129.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINE RIOD	ED AS OF THE LAST DAY	S \$	70,736.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANI TING PERIOD	DING LOANS AS OF THE L	AST DAY \$	3,016.00
17 AFFIDAVIT	•			•	
		true and corre	rm, under penalty of perjury ct and includes all information Election Code.		
			The Honorable Lin	do 1 Coroio	
			Signature of Candidate		
AFFIX NO	TARY STAMP / SEAL AB	OVE	ū		
		aidertify which, witness my hand and		ne	day
<u> </u>	, 10 0	,			
Signature of office	cer administering	Printed name of officer admi	nistering	Fitle of officer admir	nistering oath

### **SUBTOTALS - C/OH**

### FORM COH **COVER SHEET PG 3**

					3 of 42
	ER NAN arcia, Li	<b>19</b> Filer ID 00088300	(Ethi	cs Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,407.10
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	650.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	36,129.57
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1,007.74

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/42	
2	FILER NAME Garcia, Linda	a J. (The Honorable)			3	Filer ID (Ethics Commission 00088300	n Filers)
4	Date 06/27/2025	<ul><li>Full name of contributor Aurora, Archer</li><li>Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.70
8	Principal occu	Austin , TX 78703  upation / Job title (See Instructions	;)	9 Employer (See Instructions	 		
	Founder/CE	0		Abundance Productions	3		
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Capital leadership fund  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Austin , TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions				<u> </u> s)		
	Date 06/23/2025					Amount of Contribution (\$)	\$10.70
	Dringing con	Dallas, TX 75243  upation / Job title (See Instructions	<u>, , , , , , , , , , , , , , , , , , , </u>	Employer (See Instructions	<u>'</u>		
	Project Mana	· ·	)	Employer (See Instructions Children's Health System		of Texas	
	06/23/2025 Jackelin, Herrera				•	Amount of Contribution (\$)	\$10.70
				Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/23/2025 Lisette, Reyes Washington  Contributor address; City; State; Zip Code  Frisco, TX 75034				Amount of Contribution (\$)	\$25.00	
	Principal occu Legal	pation / Job title (See Instructions	)	Employer (See Instructions NRF	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/42		
2	FILER NAME Garcia, Linda	a J. (The Honorable)			3	Filer ID (Ethics Commission 00088300	on Filers)	
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state M C Ysasi , Castanon</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Grand Rapids, MI 49505 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)			
	Date Full name of contributor out-of-state PAC (ID#:		(a)	Amount of Contribution (\$)	\$1,000.00			
	Date 06/27/2025	Full name of contributor out-of-state Monica, Solis  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Dallas, TX 75232 Dation / Job title (See Instructions)		Employer (See Instructions Methodist health system				
	Date 06/24/2025	Shirley, Del Aguila	PAC (ID#:	)		Amount of Contribution (\$)	\$25.00	
	Principal occu Nun	pation / Job title (See Instructions)		Employer (See Instructions Nun	<u>(</u> 5)			
Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 moak casey pac  Contributor address; City; State; Zip Code  austin, TX 78701			Amount of Contribution (\$)	\$250.00				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

	MONET	TARY POLITICAL CONTRIBUT	IONS	SCHEDUL	E <b>A1</b>
	The Instru	action Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/42		
2	FILER NAME Garcia, Lind	: da J. (The Honorable)		3 Filer ID (Ethics Commissio 00088300	n Filers)
4	Date 06/24/2025	Full name of contributor	7 Amount of Contribution (\$)	\$2,500.00	
		austin, TX 78701			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Inst	structions)	
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 wholesale beer distributors of texas PAC  Contributor address; City; State; Zip Code			) Amount of Contribution (\$)	\$1,000.00
	Principal occu	austin, TX 78701 upation / Job title (See Instructions)	Employer (See Inst	structions)	

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/42 3 Filer ID (Ethics Commission Filers) FILER NAME Garcia, Linda J. (The Honorable) 00088300 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/23/2025 Campos Consulting Group, LLC \$350.00 Email distribution for 7 Contributor address; City; State; Zip Code fundraiser Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/23/2025 Capitol Partners Consulting \$300.00 | Fundraising room at the Contributor address; City; State; Zip Code Austin Club Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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

	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: 1/33 Rpt: 8/42	Garcia, Linda J. (The Honorable)	00088300
4	Date	5 Payee name	•
	01/22/2025	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.63	1001 Research blvd	
		Austin, TX 78759	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I internet bill: living expenses	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		I — I —	living expenses
			3 - 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<sup>†</sup> Garcia, Linda	State Representative District
_	Date	Payee name	
	02/24/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.63	1001 Research blvd	
		Austin, TX 78759	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I internet: ilving expense	el outside of Texas. Complete Schedule T.
		x_ Check if Aust   Internet: livir	tin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<sup>†</sup> Garcia, Linda	State Representative District
	Date	Payee name	
	03/24/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.63	1001 Research blvd	
		Austin, TX 78759	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I internet: iiving expenses	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense  ng expenses
		incinet iivii	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		State Representative District

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/33 Rpt: 9/42	2 FILER NAME Garcia, Linda J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00088300
4	Date 04/22/2025	5 Payee name AT&T
6	Amount (\$) \$70.63	7 Payee address; City; State; Zip Code 1001 Research blvd
8	PURPOSE	Austin, TX 78759
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet: living expenses  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense Internet: living expenses
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Garcia, Linda State Representative District
	Date 05/27/2025	Payee name AT&T
	Amount (\$) \$75.68	Payee address; City; State; Zip Code  1001 Research blvd
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Internet: living expenses  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense Internet: living expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Garcia, Linda State Representative District
	Date 06/23/2025	Payee name AT&T
	Amount (\$) \$75.68	Payee address; City; State; Zip Code 1001 Research blvd
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Internet: living expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense  Internet: living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Garcia, Linda State Representative District

#### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/33 Rpt: 10/42		Garcia, Linc	la J. (The Honora	ble)					00088300	
4	Date	5	Payee name								
	04/18/2025		ATX Flags								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$50.00		5214 Burles	on Rd							
			Suite 101								
			Austin , TX	78744							
8	PURPOSE	├					(h)	Description			
ľ	OF		Event Expe	ee Categories listed at the	top of this sche	edule)	(2)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		LVCIII LXPC	1130				<b>=</b>		officeholder living	
								campaign bra	and	ed flags for	the mesquite rodeo
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	office sou	ight			Office he	eld
	Date		Payee name								
	01/23/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$62.34		410 Terry A	ve North		·					
			,								
			Seattle , WA	A 98109							
	PURPOSE OF			ee Categories listed at the		edule)	(b)	Description			
	EXPENDITURE		Office Overl	head/Rental Expe	ense			<b>□</b>		de of Texas. Com officeholder living	
								Office supplie		officeriolder living	гехрепас
								amic cappile	-		
$\vdash$	Complete ONLY if direct		andidate/Offi	ceholder name		office sou	<u>l</u> ıaht			Office he	eld
	expenditure to benefit C/OI			· · · · · · · · · · · · · · · · ·			J				
H	Date	Π	Payes name								
	01/27/2025	l	Payee name Amazon								
		_		City ::	Ctata	7in O	nd c				
	Amount (\$)	ı	Payee addres		State;	Zip Co	oue				
	\$25.96		410 Terry A	ve North							
			Seattle , WA	\ 98109 							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	head/Rental Expe	ense			ш		de of Texas. Com	•
								Office Supplie		officeholder living	expense
								Onice Supplie	-3		
	Complete ONLY if direct		andidate/Offi	ceholder name		office sou	lapt			Office he	ald
	expenditure to benefit C/O		anuuate/UIII	centiuel Haille	C	7111CE SUL	ıyııl			Onice ne	วิเน -

#### 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	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 4/33 Rpt: 11/42	Garcia, Linda J. (The Honorable) 00088300					
4	Date	5 Payee name					
	02/10/2025	Amazon					
6	Amount (\$) \$264.31	7 Payee address; City; State; Zip Code 410 Terry Ave North Seattle , WA 98109					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/20/2025	Amazon					
	Amount (\$) \$103.74	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle , WA 98109					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office Supplies					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	03/21/2025	Amazon					
	Amount (\$) \$209.60	Payee address; City; State; Zip Code 410 Terry Ave North					
		Seattle , WA 98109					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office supplies					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/33 Rpt: 12/42	Garcia, Linda J. (The Honorable)	00088300
4	Date	5 Payee name	•
	04/07/2025	Amazon	
6	Amount (\$) \$235.84	7 Payee address; City; State; Zip Code 410 Terry Ave North	
Ļ		Seattle , WA 98109	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/07/2025	Amazon	
	Amount (\$) \$28.08	Payee address; City; State; Zip Code 410 Terry Ave North	
		Seattle , WA 98109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
l	05/12/2025	Amazon	
	Amount (\$) \$162.33	Payee address; City; State; Zip Code 410 Terry Ave North	
		Seattle , WA 98109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 6/33 Rpt: 13/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	05/13/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.88	410 Terry Ave North
		Seattle , WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/14/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$35.82	410 Terry Ave North
		Seattle , WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office supplies
		Cinido dappindo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/23/2025	Amazon
H	Amount (\$)	Payee address; City; State; Zip Code
	\$213.11	410 Terry Ave North
		Seattle , WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		District office supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	_
	Sch: 7/33 Rpt: 14/42	Garcia, Lin	da J. (The Honorab	le)				00088300		
4	Date	5 Payee name								
	05/23/2025	Amazon								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode					
	\$55.73	410 Terry A	Ave North							
		Seattle , W								
8	PURPOSE OF		see Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	office supp	lies					de of Texas. Com officeholder living		
						office supplie			,	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld	
	experiulture to benefit 6/01	1								
	Date	Payee name								
	06/16/2025	Amazon								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$61.68	410 Terry A	Ave North							
		Seattle , W	A 98109							
	PURPOSE OF		see Categories listed at the to		(b)	Description		df-T O	whate Calcadula T	
	EXPENDITURE	Office Over	head/Rental Expen	ise		<b>=</b>		de of Texas. Com officeholder living		
						Office supplie				
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	06/17/2025	Amazon								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$253.67	410 Terry A	Ave North							
		Seattle , W	A 98109							
	PURPOSE OF		see Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expen	ise				de of Texas. Com officeholder living	•	
						Office supplie		onicendider living	j expense	
						co oappiic				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> uaht			Office he	eld	_
	expenditure to benefit C/O			233 00	- <del>-</del>			200 110		
										_
_										

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 8/33 Rpt: 15/42	Garcia, Linda J. (The Honorable)			00088300	
4	Date	5 Payee name				
	06/30/2025	Amazon				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$10.81	410 Terry Ave North				
		Seattle , WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> D	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense	F	Check if travel outsid		
			L 01	ffice supplies	omcendaei iiving	ехрепзе
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	01/24/2025	Austin Airport				
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>			
	\$94.97	8600 Presidential Blvd				
		Austin, TX 78719				
	PURPOSE		<b>b)</b> D	escription		
	OF	Food/Beverage Expense	Ĺ	Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, o		
			- 1	eam dinner befo	ore barding	flight to RGV
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	ii.		Office fie	au .
	Data	D				
	Date 01/13/2025	Payee name Better Half				
			•			
	Amount (\$) \$72.61	Payee address; City; State; Zip Code 406 Walsh St	е			
	Ψ12.01	400 Waish St				
		Auctin TV 70702				
	DUDD005	Austin, TX 78703				
	PURPOSE OF	, -	ט <b>(ס</b>	escription Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense	E	Check if Austin, TX, o		
			T	eam Lunch		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	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
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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/33 Rpt: 16/42	Garcia, Linda J. (The Honorable)		00088300
4 Date	5 Payee name	•	
01/16/2025	Better Half		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$78.59	406 Walsh St		
	Austin, TX 78703		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel ou	tside of Texas. Complete Schedule T.
LAPENDITORE		_	X, officeholder living expense
		Team Lunch	
O Complete ONLY if direct	Condidate/Officeholder name		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office held
Date	Payee name		
01/24/2025	Better Half		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$94.18	406 Walsh St		
	Austin, TX 78703		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Food/Beverage Expense		tside of Texas. Complete Schedule T. "X, officeholder living expense
		Team Lunch	A concentrate wing expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
05/23/2025	Capitol Commission Texas		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$200.00	104 Casa Verde Cove		
	Georgetown, TX 78633		
PURPOSE	_	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By		tside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	_	X, officeholder living expense
		Scott Wall Tex	as House Chaplin
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
experientitie to beliefft C/O	·		

### SCHEDULE F1

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: 10/33 Rpt: 17/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	02/14/2025	Capitol Giftshop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.00	1400 N. Congress Avenue
		Austin , TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mounting televisions in Capitol office
		mountaing total votation and Capital annea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/03/2025	ChatGPT
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	3180 18th St.
		San Francisco , CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Application for office use
		Application for office use
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2025	ChatGPT
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	3180 18th St.
	Ψ21.20	5155 15th 5t.
		San Francisco , CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense  Application
		Αρριισαιίοτι
	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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.		
1	Total pages Schedule F1:	FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 11/33 Rpt: 18/42	Garcia, Linda J. (The Honorable)	c	0088300	
4	Date	Payee name			
	05/05/2025	ChatGPT			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.28	3180 18th St.			
		San Francisco , CA 94110			
8	PURPOSE	(b) Category (See Categories listed at the top of this schedule)	ion		
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		of Texas. Com	plete Schedule T.
	EXPENDITORE			fficeholder living	expense
		Applicat	uon		
_	Opening ONE V if dispert	Out lists 10 ff as balden as well		0#:  -	.1.1
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	06/03/2025	ChatGPT			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.28	3180 18th St.			
		San Francisco , CA 94110			
	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	ion		
	OF EXPENDITURE	Onice Overnead/Nerital Expense			plete Schedule T.
		Applicat		fficeholder living	expense
		уфрика			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	01/06/2025	City of Austin			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$34.42	4815 Mueller Blvd			
	Ψ04.42	4013 Widelief Biva			
		Austin, TX 78723			
	DUDD005				
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)		of Texas Com	plete Schedule T.
	EXPENDITURE	Licetricity bill. living expense		fficeholder living	
		Electrici	ity bill: livi	ng expens	е
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	Garcia, Linda		State R	epresentative District
_					

### 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

	Credit Card F dyment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/33 Rpt: 19/42	Garcia, Linda J. (The Honorable)	00088300
4	Date	5 Payee name	•
	02/11/2025	City of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.36	4815 Mueller Blvd	
		Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	Description
	OF	Electricity Bill: Living Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X	
		E	Electricity Bill: Living Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
		Garcia, Linda	State Representative District
	Date	Payee name	
	03/11/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.52	4815 Mueller Blvd	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	Description
	OF EXPENDITURE	Electricity bill: living expense	Check if travel outside of Texas. Complete Schedule T.
		<u> </u>	<b>-</b>
			Electricity bill: living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		State Representative District
	Data		
	Date 04/08/2025	Payee name	
		City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.78	4815 Mueller Blvd	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	Description
	OF EXPENDITURE	electricity: living expenses	Check if travel outside of Texas. Complete Schedule T.
		<u>                                     </u>	K Check if Austin, TX, officeholder living expense Electricity: living expenses
			icotrony. Inving expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	State Representative District
_		Carola, Ellida	State Representative District

#### 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		mmittee	Legal Services	·		/ages	Contract Labor		OTHER (enter	a category not listed a	oove)
				The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 13/33 Rpt: 20/42		Garcia, Lind	a J. (The Hond	orable)					00088300		
4	Date	5	Payee name									
	05/09/2025		City of Austi	n								
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de					
	\$64.25		4815 Muelle	er Blvd								
			Austin, TX 7	8723								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Electricity: li	ving expenses				<u> </u>			mplete Schedule T.	
	LAI LINDITORE							X Check if Austin,			ng expense	
								Electricity: livi	ing	expenses		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Η (	Garcia, Linda							State I	Representative	District
	Date		Payee name									
	06/09/2025		City of Austi	n								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$61.73		4815 Muelle	er Blvd								
			Austin, TX 7	70722								
		ļ.,										
	PURPOSE OF	(a)		e Categories listed at	the top of this sched	dule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				<b>=</b>			mplete Schedule T.	
								Check if Austin, electricity: livi			ig expense	
								ciccurcity. IIVI	ng	схрепаса		
	Complete ONLY if direct	<u>_</u>	Candidata/Offic	ceholder name	Of	fine cou	abt			Office h	ald	
	expenditure to benefit C/OI		Sarcia , Linda		Oi	fice sou	gnı				Representative	Dietriet
			Jaicia , Liliud	่น 						State	Representative	DISTRICT
	Date		Payee name									
	05/01/2025		Dallas AFL	CIO								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		1408 N. Wa	shington Ave								
			Suite 240									
			Dallas , TX	75204								
	DUDDOCE	(0)				Î	(b)	D				
	PURPOSE OF	(a)		e Categories listed at		dule)	(D)	Description  Check if travel of	nutsii	de of Teyas, Co	mplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		tee		Check if Austin,				
			Carialaato/C	omeendaem o				Event donation			3 - 1	
-	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	aht			Office h	neld	
	expenditure to benefit C/OI			Tanada namo	O1		J			300 1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 14/33 Rpt: 21/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
l	04/01/2025	Dallas County Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	1414 N Washington Ave
l		
		Dallas , TX 75204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By
l	EXPENDITORE	Candidate/Officeholder/Political Committee
l		Donation to the party for annual fish fry
Ļ	Commists ONII V if diseast	Condidate Office helder years Office equality
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
l	Date	Payee name
L	01/24/2025	Delta Air
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$35.00	1030 Delta Blvd
L		Atlanta, GA 30354
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bag check-in Tammy Pirtle
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/24/2025	Delta Air
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$35.00	1030 Delta Blvd
l		
		Atlanta, GA 30354
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Linda bag check-in for RGV
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment		d above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	nission Filers)
Sch: 15/33 Rpt: 22/42	Garcia, Linda J. (The Honorable) 00088300	
4 Date	5 Payee name	
03/27/2025	Delta Air	
6 Amount (\$) \$423.97	7 Payee address; City; State; Zip Code 1030 Delta Blvd Atlanta, GA 30354	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Travel Out of District    X   Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Chief of Staff Naleo flight expessions	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
03/21/2025	Enchanted Florist	
Amount (\$) \$65.21	Payee address; City; State; Zip Code 7801 N. Lamar Blvd.	
	austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Condolences to team member grandmo	ther
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
05/07/2025	Etsy	
Amount (\$) \$182.34	Payee address; City; State; Zip Code 117 Adams St	
	Brooklyn , NY 11201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/33 Rpt: 23/42	Garcia, Linda J. (The Honorable)	00088300
4	Date	5 Payee name	
	05/30/2025	Etsy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$309.16	117 Adams St	
		Brooklyn , NY 11201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	office decor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			office decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	03/05/2025	Evergreen Florist	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.14	6449 University Hills Blvd	
		Dallas, TX 75241	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			condolences flowers for Mesquite constable re:
			death of son
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/16/2025	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$173.38	3610 Hacks Cross Road	
		Memphis, TN 38125	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Shipping expense for high school student graduation
			certificates
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
T			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/33 Rpt: 24/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	01/31/2025	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Statement fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/28/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W. Houston St.
		Suite 100
		San Antonio, TX 78205
	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  Statement fee
		Statement 166
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/06/2025	Gables
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,675.16	115 Sandra Muraida Way
	Ψ2,073.10	113 Sahura Muraida Way
		Austin TV 70702
		Austin , TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Rent  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent  Candidate/Officeholder name  Office sought  Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 18/33 Rpt: 25/42	Garcia, Linda J. (The Honorable)	00088300			
4	Date	5 Payee name				
	02/05/2025	Gables				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,684.79	115 Sandra Muraida Way				
		Austin, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description			
	OF EXPENDITURE	Apartment Rent: Living Expenses	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			X   Check if Austin, TX, officeholder living expense  Apartment Rent: Living Expenses			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough				
	experiorure to benefit C/Or	Garcia, Linda State Repre	esentative District 107 State Representative District			
	Date	Payee name				
	03/05/2025	Gables				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,545.89	115 Sandra Muraida Way				
		Austin , TX 78703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	Description			
	EXPENDITURE	rent: living expenses	Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense			
			rent: living expenses			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough				
		Garcia, Ellida	State Representative District			
	Date 04/04/2025	Payee name Gables				
	Amount (\$) \$2,686.47	Payee address; City; State; Zip Code 115 Sandra Muraida Way				
	, ,					
		Austin , TX 78703				
	PURPOSE OF	g y (coo canagement at the tap of time constant)	Description			
	EXPENDITURE	Rent: living expenses	Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense			
			Rent: living expenses			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough				
	experience to benefit 6/01	Garcia, Linda	State Representative District			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/33 Rpt: 26/42		Garcia, Linda J. (The Honorable)		00088300
4		5	Payee name		
	05/06/2025		Gables		
6	` ′	7	Payee address; City; State; Zip Co	ode	
	\$3,134.43		115 Sandra Muraida Way		
			Austin , TX 78703		
8	PURPOSE	(0)		(b)	N. Donastintian
°	OF	(a)	Category (See Categories listed at the top of this schedule) Rent: living expenses	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		The manage of periods		Check if Austin, TX, officeholder living expense
					Rent: living expenses
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		Garcia, Linda	agi it	State Representative District
	Date	Π	Payee name		
	06/03/2025		Gables		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,903.83		115 Sandra Muraida Way		
			Austin, TX 78703		
	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		Rent: Living Expense		Check if Austin, TX, officeholder living expense
					Rent: Living Expense
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou Garcia, Linda	ught	Office held State Representative District
	Data				State Representative District
	Date 06/25/2025		Payee name Hyatt		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$395.45		721 Congress Ave		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					hotel expense in Austin for fundraiser
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/O	н			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 20/33 Rpt: 27/42	Garcia, Linda J. (The Honorable)	00088300		
4	Date	5 Payee name			
	02/14/2025	IT Caucus dues			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$100.00	1400 N. Congress			
	,	gg.			
		Austin, TX 78701			
8	DURDOCE	(b) a .			
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Descrip	tION k if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	1 003	k if Austin, TX, officeholder living expense		
		IT Cau	cus dues		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/14/2025	LSG Dues			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,030.00	1400 N Congress Avenue			
		-			
		Austin , TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion		
	OF		k if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Chec	k if Austin, TX, officeholder living expense		
		LSG D	ues		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/02/2025	La Cantera Restaurant			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.62	16641 La Cantera Parkway			
		San Antonio , TX 78256			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion		
	OF EXPENDITURE	1 000/beverage Expense	k if travel outside of Texas. Complete Schedule T.		
			k if Austin, TX, officeholder living expense		
		lunch			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	Complete ONLY if direct expenditure to benefit C/OI	9	Onice Helu		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 21/33 Rpt: 28/42	Garcia, Linda J. (The Honorable)		00088300
4	Date	5 Payee name		
	03/08/2025	Launderette		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$134.60	215 Holly St.		
		Austin , TX 78702		
8	PURPOSE		(h)	Description
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. coa/2010.ago 2/.poi/.co		Check if Austin, TX, officeholder living expense
				Team lunch after speaking political engagement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experialture to benefit C/Oi	1		
	Date	Payee name		
	06/29/2025	Lavaca Street		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$72.24	405 Lavaca		
		Austin , TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Team outing linda isaac
	Operation ONLY # discort	Open distants (Office In all Journals		Office health
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
	Date	Payee name		
	05/02/2025	Lucky Robot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$87.94	1303 S Congress Ave		
		Austin , TX 78704		
	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  Team dinner: Isaac / Linda
				ream uniner. Isaac / Linua
	Complete ONLY if direct	Candidate/Officeholder name Office serv	abt	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ynt	Office field
	•			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 22/33 Rpt: 29/42	Garcia, Linda J. (The Honorable) 00088300		
4	Date	5 Payee name		
	01/29/2025	Mackzum, Isaac		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,066.00	6615 Galindo St		
		Austin, TX 78741		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Contracted work prior to session.		
		Contracted work prior to session.		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
F	Date	Payee name		
	05/19/2025	Members Lounge		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$200.00	1100 Congress		
		Austin, TX 78701		
	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		
members lounge food for Linda				
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI			
H	Date	Payee name		
	06/09/2025	Mesquite Arena		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.46	1818 Rodeo Drive		
		Mesquite, TX 75149		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		food at a resolution presentation for the rodeo		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
1	expenditure to benefit C/OI			
$\vdash$				
I				

### SCHEDULE F1

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

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

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: 23/33 Rpt: 30/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	05/20/2025	Mesquite Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.36	3330 N Galloway Ave
		Suite 318
		Mesquite, TX 75150
8	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  Branded stickers
		Dianaca Stokers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/10/2025	Mozarts Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.67	3825 Lake Austin Blvd
		Austin, TX 78703
	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
		Team coffee Isaac / Linda
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/27/2025	Naleo Education Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	1122 West Washington Blvd
		Monterey Park, CA 91754
	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  Naleo dues
		Naico aucs
-	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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/33 Rpt: 31/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	02/07/2025	Niwa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$260.50	2939 Main Street
		Dallas, TX 75226
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  Team dinner in Dallas
		ream diffici in Dalias
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/03/2025	OTC brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	5455 South 9th St
		Omaha , NE 68103
	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  Event decor
		Event decoi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/09/2025	Oak Cliff Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.94	734 W Jefferson Blvd
		Dallas , TX 75208
	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.
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense
		table cloth with the Texas seal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 25/33 Rpt: 32/42	Garcia, Linda J. (The Honorable) 00088300		
4	Date	5 Payee name		
	01/25/2025	Oak South		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$82.63	113 S. 17th St		
		McAllen, TX 78501		
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  Team Dinner		
		ream billion		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
F	Date	Payee name		
	06/02/2025	Petes Dueling Piano		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$87.21	421 E 6th street		
		Austin, TX 78701		
	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  End of session team outing		
Lita of session team outling				
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI			
H	Date	Payee name		
	03/26/2025	Photographic Design		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$549.00	1100 Congress Avenue		
		Austin, TX 78701		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	House of Representatives photograph		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		House of Representatives photograph		
$\vdash$	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 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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/33 Rpt: 33/42	Garcia, Linda J. (The Honorable)		00088300
4	Date	5 Payee name		1
	02/10/2025	Sixty Vines		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$142.08	500 Crecent Ct		
		Dallas , TX 75201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Team dinner in District
	Complete ONLY if direct	Condidata/Officabalder name Office sour	abt	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sould	gnı	Office held
	Date	Payee name		
	03/12/2025	Sixty Vines	_	
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$627.13	500 Crecent Ct		
		Dallas , TX 75201		
	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
				Team outing
				•
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	06/08/2025	Smoky Rose		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$19.24	8602 Garland Road		
		Dallas , TX 75218		
	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
				Smoky Rose pop up at the mesquite rodeo, lunch
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held
	poa.taro to borioni 0/01			

### 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

	Credit Card Payment	The Instruction Guide explains how to complete thi	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/33 Rpt: 34/42	Garcia, Linda J. (The Honorable)	00088300
4	Date	5 Payee name	•
	06/02/2025	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$299.48	2701 Love Field Drive	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion
	OF		check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l	check if Austin, TX, officeholder living expense
		Chie	ef of staff (isaac M.) travel back to Austin
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/16/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.16	225 Varick Street	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Campaign website	Check if travel outside of Texas. Complete Schedule T.
			rheck if Austin, TX, officeholder living expense Ppaign website
		Cam	ipaigii website
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
	Date	Davies name	
	06/02/2025	Payee name Starbucks	
	Amount (\$) \$18.19	Payee address; City; State; Zip Code 301 W. 3rd St	
	\$18.19	301 W. 310 St	
		A TV 70704	
		Austin , TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Tood/Deverage Expense	check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		coffe	
	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 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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/33 Rpt: 35/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	01/17/2025	Tammy , Pirtle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,250.00	7122 wood hollow
		#60
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Contracted work prior to session
		Contracted work prior to session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2025	The Capitiol Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.74	1400 N. Congress Ave
		Austin , TX 78701
	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
		Luncii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/10/2025	The Mexican
	Amount (\$)	Payee address; City; State; Zip Code
	\$471.79	1401 Turtle Creek Blvd
		Dallas, TX 75207
	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
		Team outing
	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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/33 Rpt: 36/42	Garcia, Linda J. (The Honorable) 00088300
4	Date	5 Payee name
	05/20/2025	The Print Shoppe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,568.54	5321 Industrial Oaks Blvd
		Suite 128
		Austin, TX 78735
8	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  High school graduation certificates for HD107
		riight school graduation echilicates for FID 107
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/12/2025	True Food Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.02	222 West Ave
		Austin, TX 78701
	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
		Team lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/16/2025	Uchiba
	Amount (\$)	Payee address; City; State; Zip Code
	\$578.73	601 W 2nd St.
		Austin, TX 78701
	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  Team outing: Isaac Mackzum, Linda Garcia, Daniela
		Pozos, Catherine Rosas, Isabella Rentas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment		The Instruction Guide explains ho	w to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 30/33 Rpt: 37/42		Garcia, Linda J. (The Honorable)			00088300
4	Date	5	Payee name			
	06/16/2025		Uchiba			
6	Amount (\$)	7	Payee address; City; State; 2	Zip Co	de	
	\$305.48		601 W 2nd St.			
			Austin, TX 78701			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE					Check if Austin, TX, officeholder living expense
						team outing
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Offi	ino cou	aht	Office held
9	expenditure to benefit C/OI		Candidate/Oniceriolder name Oni	ice sou	ynı	Office field
H	Date	_				
	Date		Payee name			
	01/31/2025	L	Visible Verizon		_	
	Amount (\$)		Payee address; City; State; 2	Zip Co	de	
	\$97.43		8450 E. Crescent Pkwy			
			Greenwood Village , CO 80111			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						District temporary mobile phone.
	Complete ONLY if direct		Candidate/Officeholder name Offi	ice sou	ght	Office held
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	02/05/2025		Visible Verizon			
	Amount (\$)	T	Payee address; City; State; 2	Zip Co	de	
	\$20.00		8450 E. Crescent Pkwy			
			Greenwood Village , CO 80111			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF	``	Office Overhead/Rental Expense	uie)	( - ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		·			Check if Austin, TX, officeholder living expense
						District phone
L	Complete CNUV''.	<u> </u>	Condidate (Office)		aul- ·	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	ice sou	gnt	Office held
L						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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: 31/33 Rpt: 38/42	Garcia, Linda J. (The Honorable) 00088300							
4	Date	5 Payee name							
	03/04/2025	Visible Verizon							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$20.00	8450 E. Crescent Pkwy							
		Greenwood Village , CO 80111							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		District phone							
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	experience to benefit Gree								
	Date	Payee name							
	04/04/2025	Visible Verizon							
	Amount (\$)	Payee address; City; State; Zip Code							
\$20.00 8450 E. Crescent Pkwy									
Greenwood Village , CO 80111									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		District phone							
H	Candidate/Officeholder name Office sought Office held								
	Complete ONLY if direct expenditure to benefit C/O	•							
⊨	Date	Payeo namo							
	05/05/2025	Payee name Visible Verizon							
L									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$20.00	8450 E. Crescent Pkwy							
		Greenwood Village , CO 80111							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		District phone							
		District priorie							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
$\vdash$									
I									

### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 32/33 Rpt: 39/42	Garcia, Linda J. (The Honorable) 00088300								
4	Date	5 Payee name								
	06/04/2025	Visible Verizon								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$20.00	8450 E. Crescent Pkwy								
		Greenwood Village , CO 80111								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		district phone								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH									
	Date	Payee name								
	06/09/2025	Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$191.07	200 US highway 80 E								
		Mesquite , TX 75149								
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Expenses for mesquite rodeo event, candy, water,								
		table, table cloth etc.								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	03/24/2025	Women's Health Caucus								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$500.00	1400 N. Congress								
	Ψ500.00	1400 N. Congress								
		Austin, TX 78711								
	PURPOSE	(3.5.								
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Caucus dues								
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		Gift/Awards	age Expense /Memorials Expense ces	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)	
	Credit Cara r ayment		The Instr	uction Guide explains	how to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 33/33 Rpt: 40/42		Garcia, Linda J. (Th	e Honorable)				00088300	
4	Date	5	Payee name				_		
	06/16/2025		World Market						
<u>_</u>		-		itu: Stata	· Zin Codo				
ľ	Amount (\$)	'	•		; Zip Code				
l	\$46.45		1201 Marina Vilage	Parkway					
l									
			Alameda , CA 9450	1					
8	PURPOSE	(a)	Category (See Categorie	s listed at the ton of this sch	(b)	Description			
l	OF	<u> </u> `	District office decor	s listed at the top of this ser	icuaic)		outsi	de of Texas. Com	olete Schedule T.
	EXPENDITURE		2.01.01 000 0.000			Check if Austin	, TX	officeholder living	expense
						District office	de	cor	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder	name (	Office sought			Office he	eld
	expenditure to benefit C/O	Н			· ·				
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### 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: 1/1 Rpt: 41/42 2 FILER NAME Filer ID (Ethics Commission Filers) Garcia, Linda J. (The Honorable) 00088300 8 Amount (\$) Date 5 Name of person from whom amount is received 02/04/2025 Frost Bank \$512.19 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Certificate of deposit interest Amount (\$) Date Name of person from whom amount is received 05/06/2025 Frost Bank \$495.55 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Certificate of deposit interest

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 42/42 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Linda J. (The Honorable) 00088300 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Delta Air 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Pirtle, Tammy (Lady) 8 Departure city or name of departure location 07/21/2025 9 Destination city or name of destination location 07/24/2025 Atlanta 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Naleo annual conference