

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

| | | | | | | |
|---|--|-----|--|--|-----|------|
| The JC/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00089575 | 2 Total pages filed: 40 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Anastacia NICKNAME Ana | | | MI SUFFIX Ochoa Nelson | | |
| | | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 6161 San Antonio, TX 78209 | | | Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount | | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Fidel NICKNAME Tres | | | MI SUFFIX III | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 231 W. Cypress San Antonio, TX 78212 | | | APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 610-8545 | | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | Day | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) District Judge District 226 | | |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

2 of 40

| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Ochoa Nelson, Anastacia | | 14 Filer ID (Ethics Commission Filers) 00089575 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 | | | | | | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 5,940.00 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 19,503.82 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 11,919.28 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> | | | | | | | | | | | | | | | |
| <p>Anastacia Ochoa Nelson _____ Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| Signature of officer administering oath | | Printed name of officer administering oath | | | | | | | | | | | | | |
| | | Title of officer administering oath | | | | | | | | | | | | | |

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 40

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|--|--|
| 18 FILER NAME Ochoa Nelson, Anastacia | 19 Filer ID (Ethics Commission Filers) 00089575 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 5,690.00 | |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 250.00 | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 18,841.00 | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 662.82 | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENAVIDES DAVIS, MARGARET | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code MESQUITE, TX 75181 | |
| 8 Contributor's Principal Occupation RETIRED | | 9 Contributor's Job Title RETIRED |
| 10 Contributor's employer/law firm RETIRED | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummins, C. Elaine Contributor address; City; State; Zip Code San Antonio, TX 78212 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Consultant | | Contributor's Job Title CONSULTANT |
| Contributor's employer/law firm MITRE | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Sara Contributor address; City; State; Zip Code Omaha, NE 68135 | | Amount of Contribution (\$) \$50.00 |
| Contributor's Principal Occupation Teacher | | Contributor's Job Title TEACHER |
| Contributor's employer/law firm SPSL | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 11/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein & Orr PLLC 6 Contributor address; City; State; Zip Code San Antonio, TX 78205 | 7 Amount of Contribution (\$) \$500.00 |
| | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Emily Contributor address; City; State; Zip Code Wildwood Crest, NJ 08260 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Physician | | Contributor's Job Title PHYSICIAN |
| Contributor's employer/law firm Chop | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins, Vanessa Contributor address; City; State; Zip Code San Antonio, TX 78254 | | Amount of Contribution (\$) \$50.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Bexar County | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan , Dexter 6 Contributor address; City; State; Zip Code Spring, TX 77381 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm Steven S. Toeppich & Associates | | 11 Law firm of contributor's spouse (if any) Naman Howell |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Rachel Contributor address; City; State; Zip Code Spring, TX 77381 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Naman Howell | | Law firm of contributor's spouse (if any) Steven S. Toeppich & Associates |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linder, Jacob Contributor address; City; State; Zip Code San Diego , CA 92123 | | Amount of Contribution (\$) \$50.00 |
| Contributor's Principal Occupation Marketing Manager | | Contributor's Job Title MARKETING MANAGER |
| Contributor's employer/law firm Mad Mobile | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Reid | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code New Orleans, LA 70115 | |
| 8 Contributor's Principal Occupation Artist Manager | | 9 Contributor's Job Title ARTIST MANAGER |
| 10 Contributor's employer/law firm MidCitizen | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Raymond | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78223 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Self | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menjares, Michael | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78251 | |
| Contributor's Principal Occupation Unemployed | | Contributor's Job Title UNEMPLOYED |
| Contributor's employer/law firm UNEMPLOYED | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Nathan 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78210 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm Bexar County | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/09/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, ELIZABETH Contributor address; City; State; Zip Code CANYON LAKE, TX 78133 | | Amount of Contribution (\$) \$200.00 |
| Contributor's Principal Occupation RETIRED | | Contributor's Job Title RETIRED |
| Contributor's employer/law firm RETIRED | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, David Contributor address; City; State; Zip Code Falls Church, VA 22046 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Unemployed | | Contributor's Job Title UNEMPLOYED |
| Contributor's employer/law firm UNEMPLOYED | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 07/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | 7 Amount of Contribution (\$) \$25.00 |
| | 8 Contributor's Principal Occupation ATTORNEY | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm Graham Family Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Graham Family Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Graham Family Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | 7 Amount of Contribution (\$) \$25.00 |
| | | |
| 8 Contributor's Principal Occupation ATTORNEY | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm Graham Family Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Graham Family Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIMBY, GRANT Contributor address; City; State; Zip Code SAN ANTONIO, TX 78216 | | Amount of Contribution (\$) \$25.00 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Graham Family Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 09/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Michael | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Edinburg, TX 78539 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm Self | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/28/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE |
| | | Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm 81st District Attorney's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/28/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE |
| | | Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm 81st District Attorney's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 09/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE | 7 Amount of Contribution (\$) \$15.00 |
| | 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 | |
| 8 Contributor's Principal Occupation ATTORNEY | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm 81st District Attorney's Office | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 | |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm 81st District Attorney's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 | |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm 81st District Attorney's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEIDER, CATHERINE | 7 Amount of Contribution (\$) \$15.00 |
| | 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212 | |
| 8 Contributor's Principal Occupation ATTORNEY | | 9 Contributor's Job Title ATTORNEY |
| 10 Contributor's employer/law firm 81st District Attorney's Office | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saiz, Lawrence Contributor address; City; State; Zip Code San Antonio, TX 78258 | | Amount of Contribution (\$) \$150.00 |
| Contributor's Principal Occupation Investigator | | Contributor's Job Title INVESTIGATOR |
| Contributor's employer/law firm Bexar County | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/09/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Cathleen Contributor address; City; State; Zip Code San Antonio , TX 78232 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation none | | Contributor's Job Title NONE |
| Contributor's employer/law firm NONE | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 08/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennis, Steven 6 Contributor address; City; State; Zip Code Universal City, TX 78148 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation VP Sales | | 9 Contributor's Job Title VP SALES |
| 10 Contributor's employer/law firm First America | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotter, Benjamin Contributor address; City; State; Zip Code San Antonio, TX 78232 | | Amount of Contribution (\$) \$400.00 |
| Contributor's Principal Occupation ATTORNEY | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm PERDUE BRANDON FIELDER COLLINS & MOTT | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle, Jonathan Contributor address; City; State; Zip Code San Antonio, TX 78204 | | Amount of Contribution (\$) \$200.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Thornton, Biechlin, Reynolds & Guerra | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 09/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Miriam | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 | |
| 8 Contributor's Principal Occupation PHYSICIAN | | 9 Contributor's Job Title PHYSICIAN |
| 10 Contributor's employer/law firm PSG | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Miriam | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209 | |
| Contributor's Principal Occupation Physician | | Contributor's Job Title PHYSICIAN |
| Contributor's employer/law firm PSG | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Miriam | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209 | |
| Contributor's Principal Occupation Physician | | Contributor's Job Title PHYSICIAN |
| Contributor's employer/law firm PSG | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/40 |
| 2 FILER NAME Ochoa Nelson, Anastacia | | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Miriam 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Physician | | 9 Contributor's Job Title PHYSICIAN |
| 10 Contributor's employer/law firm PSG | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/29/2025 Contributor address; City; State; Zip Code San Antonio, TX 78209 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation Janitorial Services | | Contributor's Job Title MANAGER |
| Contributor's employer/law firm Corvus of San Antonio | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/15/2025 Contributor address; City; State; Zip Code San Antonio, TX 78209 | | Amount of Contribution (\$) \$50.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title ATTORNEY |
| Contributor's employer/law firm Bexar County DA's Office | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|---|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 17/40</p> |
| <p>2 FILER NAME Ochoa Nelson, Anastacia</p> | | <p>3 Filer ID (Ethics Commission Filers) 00089575</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | <p>\$</p> |
| <p>5 Date 07/02/2025</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3D Signs</p> <p>7 Contributor address; City; State; Zip Code Somerset, TX 78069</p> | <p>8 Amount of contribution (\$) \$225.00</p> <p>9 In-kind contribution description pop-up sign</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |
| <p>Date 09/01/2025</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROCHA, ANA</p> <p>Contributor address; City; State; Zip Code SAN ANTONIO, TX 78257</p> | | <p>Amount of contribution (\$) \$25.00</p> <p>In-kind contribution description EMBROIDERY</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p> | | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p> | | <p>Contributor's job title (FOR JUDICIAL) (See instructions) ATTORNEY</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL) BEXAR COUNTY</p> | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 1/14 Rpt: 18/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/12/2025 | 5 Payee name 100 Club of San Antonio | |
| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 84 NE INTERSTATE 410 LOOP SAN ANTONIO, TX 78216 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Spaghetti Dinner |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/05/2025 | Payee name 3D Signs | |
| Amount (\$) \$1,151.78 | Payee address; City; State; Zip Code 7986 1st Street Somerset , TX 78069 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/02/2025 | Payee name 3D Signs | |
| Amount (\$) \$174.06 | Payee address; City; State; Zip Code 7986 1st Street Somerset , TX 78069 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tablecloth |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 2/14 Rpt: 19/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/17/2025 | 5 Payee name 3D Signs | |
| 6 Amount (\$) \$4,438.25 | 7 Payee address; City; 7986 1st Street Somerset , TX 78069 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Avila, Henry | Office sought Office held |
| Date 12/21/2025 | Payee name Avila, Henry | |
| Amount (\$) \$1,425.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE SAN ANTONIO, TX 78211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PLACEMENT |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Avila, Henry | Office sought Office held |
| Date 12/17/2025 | Payee name Avila, Henry | |
| Amount (\$) \$1,425.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE SAN ANTONIO, TX 78211 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PLACEMENT |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Avila, Henry | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 3/14 Rpt: 20/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 07/08/2025 | 5 Payee name BEXAR COUNTY DEMOCRATIC PARTY | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Event Sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/12/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation when filing application |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/05/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | |
| Amount (\$) \$46.50 | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COPIES |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 4/14 Rpt: 21/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 08/06/2025 | 5 Payee name BOGARDUS, JAMES | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE SAN ANTONIO, TX 78205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidery |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/09/2025 | Payee name Bexar County Young Dems | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trunk or Treat sponsorship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/13/2025 | Payee name Bexar County Young Dems | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1844 FREDERICKSBURG SAN ANTONIO, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHRISTMAS PARTY SPONSORSHIP |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 5/14 Rpt: 22/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 11/18/2025 | 5 Payee name Bill Miller BBQ | |
| 6 Amount (\$) \$199.13 | 7 Payee address; City; 4500 BROADWAY SAN ANTONIO, TX 78209 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thanksgiving contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/09/2025 | Payee name Burleson Yard Beer Garden | |
| Amount (\$) \$347.36 | Payee address; City; 430 Austin St. San Antonio, TX 78215 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/07/2025 | Payee name FEDEX | |
| Amount (\$) \$19.21 | Payee address; City; 1275 NE LOOP 410 SAN ANTONIO, TX 78209 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign button printing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 6/14 Rpt: 23/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 09/18/2025 | 5 Payee name LCLAA | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 815 16TH STREET WASHINGTON DC, DC 20006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event donation |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/30/2025 | Payee name META PLATFORMS, INC | |
| Amount (\$) \$4.68 | Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital advertisement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/26/2025 | Payee name META PLATFORMS, INC | |
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 7/14 Rpt: 24/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/23/2025 | 5 Payee name META PLATFORMS, INC | |
| 6 Amount (\$) \$9.00 | 7 Payee address; City; 1 HACKER WAY MENLO PARK, CA 94025 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISEMENT |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/22/2025 | Payee name META PLATFORMS, INC | |
| Amount (\$) \$15.00 | Payee address; City; 1 HACKER WAY MENLO PARK, CA 94025 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/02/2025 | Payee name META PLATFORMS, INC | |
| Amount (\$) \$6.00 | Payee address; City; 1 HACKER WAY MENLO PARK, CA 94025 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 8/14 Rpt: 25/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 12/01/2025 | 5 Payee name META PLATFORMS, INC | |
| 6 Amount (\$) \$12.02 | 7 Payee address; City; 1 HACKER WAY MENLO PARK, CA 94025 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/28/2025 | Payee name META PLATFORMS, INC | |
| Amount (\$) \$5.00 | Payee address; City; 1 HACKER WAY MENLO PARK, CA 94025 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/14/2025 | Payee name MailChimp | |
| Amount (\$) \$21.32 | Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 9/14 Rpt: 26/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 08/13/2025 | 5 Payee name MailChimp | |
| 6 Amount (\$) \$21.32 | 7 Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name MailChimp | Office sought Office held |
| Date 09/13/2025 | Payee name MailChimp | |
| Amount (\$) \$21.32 | Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name MailChimp | Office sought Office held |
| Date 10/13/2025 | Payee name MailChimp | |
| Amount (\$) \$21.32 | Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name MailChimp | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 10/14 Rpt: 27/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 11/13/2025 | 5 Payee name MailChimp | |
| 6 Amount (\$) \$21.32 | 7 Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/13/2025 | Payee name MailChimp | |
| Amount (\$) \$21.32 | Payee address; City; 405 N. Angier Ave Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communication management |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/27/2025 | Payee name North East Bexar County Democrats PAC | |
| Amount (\$) \$500.00 | Payee address; City; PO Box 700766 San Antonio, TX 78270 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Picnic sponsorship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 11/14 Rpt: 28/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 07/21/2025 | 5 Payee name Northwest Bexar County Democrats | |
| 6 Amount (\$) \$370.00 | 7 Payee address; City; State; Zip Code PO Box 681911 San Antonio, TX 78268 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Maloney Dinner Sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/09/2025 | Payee name PRESTIGE PRINTING | |
| Amount (\$) \$795.64 | Payee address; City; State; Zip Code 8 BURWOOD LANE SAN ANTONIO, TX 78216 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN LITERATURE |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/06/2025 | Payee name SD 19 Tejano Dems | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 574 KENDALIA AVE SAN ANTONIO, TX 78221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signature party |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 12/14 Rpt: 29/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 10/03/2025 | 5 Payee name SPECIAL T'S | |
| 6 Amount (\$) \$328.90 | 7 Payee address; City; State; Zip Code 11031 WYE SAN ANTONIO, TX 78217 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/13/2025 | Payee name ST. MARYS ALUMNI ASSOCIATION | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1 CAMINO SANTA MARIA ST SAN ANTONIO, TX 78228 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name STRIPE | |
| Amount (\$) \$349.08 | Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SAN FRANCISCO, CA 94080 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEES |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 13/14 Rpt: 30/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 09/19/2025 | 5 Payee name San Antonio Bar Foundation | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; 126 E. NUEVA ST SAN ANTONIO, TX 78204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SABF Gala |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/22/2025 | Payee name State Tejano Dems | |
| Amount (\$) \$150.00 | Payee address; City; 909 THERESEA AVE AUSTIN, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference Sponsorship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/24/2025 | Payee name TEXAS DEMOCRATIC PARTY | |
| Amount (\$) \$2,471.00 | Payee address; City; 314 HIGHLAND BLVD AUSTIN, TX 78752 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN access |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 14/14 Rpt: 31/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 |
| 4 Date 08/20/2025 | 5 Payee name TRU BRANDING | |
| 6 Amount (\$) \$436.00 | 7 Payee address; City; 1811 S. LAREDO ST SAN ANTONIO, TX 78207 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tote bags |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/13/2025 | Payee name TRU BRANDING | |
| Amount (\$) \$173.97 | Payee address; City; 1811 S. LAREDO ST SAN ANTONIO, TX 78207 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign polos |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/06/2025 | Payee name The Purple Run/FVPS | |
| Amount (\$) \$90.50 | Payee address; City; 7911 Broadway San Antonio, TX 78209 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purple Run registration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 1/9 Rpt: 32/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 07/05/2025 | 5 Payee name ADOBE | | |
| 6 Amount (\$) \$14.93 | 7 Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/05/2025 | Payee name ADOBE | | |
| Amount (\$) \$14.93 | Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/05/2025 | Payee name ADOBE | | |
| Amount (\$) \$14.93 | Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 2/9 Rpt: 33/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 10/05/2025 | 5 Payee name ADOBE | | |
| 6 Amount (\$) \$14.93 | 7 Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/05/2025 | Payee name ADOBE | | |
| Amount (\$) \$24.89 | Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/11/2025 | Payee name ADOBE | | |
| Amount (\$) \$45.45 | Payee address; City; 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule G: Sch: 3/9 Rpt: 34/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 12/12/2025 | 5 Payee name ADOBE | | |
| 6 Amount (\$) \$45.45 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 345 PARK AVENUE SAN JOSE, CA 95110 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE ACCESS | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/29/2025 | Payee name AMAZON | | |
| Amount (\$) \$117.53 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 410 TERRY AVE. N. SEATTLE, WA 98109 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN OUTERWEAR | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/31/2025 | Payee name AMAZON | | |
| Amount (\$) \$49.78 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 410 TERRY AVE. N. SEATTLE, WA 98109 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN OUTERWEAR | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 4/9 Rpt: 35/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 12/30/2025 | 5 Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| 6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/30/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/30/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 5/9 Rpt: 36/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 09/30/2025 | 5 Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| 6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/30/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/30/2025 | Payee name BEXAR COUNTY DEMOCRATIC PARTY | | |
| Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1844 FREDERICKSBURG RD SAN ANTONIO, TX 78201 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 6/9 Rpt: 37/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 12/13/2025 | 5 Payee name North East Bexar County Democrats PAC | | |
| 6 Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code PO Box 700766 San Antonio, TX 78270 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/13/2025 | Payee name North East Bexar County Democrats PAC | | |
| Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 700766 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 09/13/2025 | Payee name North East Bexar County Democrats PAC | | |
| Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 700766 San Antonio, TX 78270 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY RECURRING DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 7/9 Rpt: 38/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 08/08/2025 | 5 Payee name North East Bexar County Democrats PAC | | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code PO Box 700766 San Antonio, TX 78270 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/20/2025 | Payee name Northwest Bexar County Democrats | | |
| Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 681911 San Antonio, TX 78268 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY MEETING | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/15/2025 | Payee name Northwest Bexar County Democrats | | |
| Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 681911 San Antonio, TX 78268 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY MEETING BREAKFAST | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 8/9 Rpt: 39/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 09/20/2025 | 5 Payee name Northwest Bexar County Democrats | | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code PO Box 681911 San Antonio, TX 78268 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY MEETING BREAKFAST | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/03/2025 | Payee name Northwest Bexar County Democrats | | |
| Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 681911 San Antonio, TX 78268 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/06/2025 | Payee name The Purple Run/FVPS | | |
| Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 7911 Broadway San Antonio, TX 78209 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VENDOR TABLE | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|-------------|
| 1 Total pages Schedule G: Sch: 9/9 Rpt: 40/40 | 2 FILER NAME Ochoa Nelson, Anastacia | 3 Filer ID (Ethics Commission Filers) 00089575 | |
| 4 Date 09/23/2025 | 5 Payee name The Purple Run/FVPS | | |
| 6 Amount (\$) \$65.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 7911 Broadway San Antonio, TX 78209 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT REGISTRATION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |