

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID 00086208		2 Total pages filed: 68		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2026					
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Mr. Thomas R. NICKNAME Garcia							
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____					
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit						
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)						
5 ORIGINAL PERIOD COVERED		Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____	
								Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

The following "Monetary Political Contributions" fields have been corrected due to data import errors from ActBlue:

Ricardo De Leon --> state "TX" changed to "KY"

LaQuanta Hernandez --> "\$25" changed to "\$50" donation

Richard Martin --> "\$25" changed to "\$50" donation

Larry Cobb --> "\$25" changed to "\$50" donation (11/30/2025) and "\$25" changed to "\$32" donation (12/10/2025)

Total political contributions: "\$44,779.62" changed to "\$44,861.62"

Total political contributions maintained as of the last day of the reporting period: "\$10,870.14" changed to "\$10,952.14"

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Thomas R. Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086208	2 Total pages filed: 68		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Thomas R.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Garcia	SUFFIX	Date Received ELECTRONICALLY FILED 01/16/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 300 E. Camellia Avenue Apt D136 McAllen, TX 78501			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Thomas Ray	MI			
	NICKNAME	LAST Garcia	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 300 E. Camellia Avenue Apt D136 McAllen, TX 78501		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 533-6156					
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 Day Year 03/03/2026		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) State Board Of Education District 2		

GO TO PAGE 2

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

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

3 of 68

13 C / OH NAME	Garcia, Thomas R. (Mr.)		14 Filer ID (Ethics Commission Filers) 00086208
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 44,861.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 44,559.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 10,952.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 10,000.00

17 AFFIDAVIT

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

Mr. Thomas R. Garcia

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

4 of 68

18 FILER NAME Garcia, Thomas R. (Mr.)	19 Filer ID (Ethics Commission Filers) 00086208
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
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 A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/25 Rpt: 5/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Maricela 6 Contributor address; City; State; Zip Code Harlingen, TX 78552	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Maricela Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Maricela Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Maricela Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Emilia Contributor address; City; State; Zip Code Alton, TX 78573	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Educator	Employer (See Instructions) Edinburg Consolidated Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/25 Rpt: 6/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres, Amado	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) University
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angell, Fabio	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Columbia MC, LLC
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Joe	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Starr Vision Center
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Crischelle	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) Poet		Employer (See Instructions) Self
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan, Homero	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) CobbFendley

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/25 Rpt: 7/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berlanga, Mary Helen	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bonilla & Chapa, P.C.
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code San Antonio, TX 78278	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla Sr., William	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Former Owner		Employer (See Instructions) The Law Offices of William Bonilla, P.C.
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Alma	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Anselmo	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/25 Rpt: 8/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Anselmo	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lauren	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) BCFS Health and Human Services
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lauren	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) BCFS Health and Human Services
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lauren	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) BCFS Health and Human Services
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lauren	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) BCFS Health and Human Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/25 Rpt: 9/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castle, Esmeralda 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathleen, McAuliffe Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) College Professor	Employer (See Instructions) Northwest Arkansas Community College
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathleen, McAuliffe Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) College Professor	Employer (See Instructions) Northwest Arkansas Community College
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathleen, McAuliffe Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) College Professor	Employer (See Instructions) Northwest Arkansas Community College
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Rosalie Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/25 Rpt: 10/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cienfuegos, Samantha	7 Amount of Contribution (\$) \$32.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78526-1212	
8 Principal occupation / Job title (See Instructions) Fundraiser		9 Employer (See Instructions) Moody Clinic
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/25 Rpt: 11/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/25 Rpt: 12/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Larry	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Rockport, TX 78382-6958	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Retired
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baytown, TX 77520	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuvillier, Leticia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Neonatal Nurse Practitioner		Employer (See Instructions) BAIN
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Norma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Kingsville, TX 78363	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Ricardo	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Newport, KY 41071	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Jack Kent Cooke Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 13/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Margaret	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinosa, Lydia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Aurora	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Home	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Omar	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/25 Rpt: 14/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Robert	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/25 Rpt: 15/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Thomas 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$15,000.00
	8 Principal occupation / Job title (See Instructions) Professor	9 Employer (See Instructions) South Texas College
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia-Bautista, R Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Accountant	Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ida Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) South Texas Literacy Coalition
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Melinda Contributor address; City; State; Zip Code San Benito, TX 78586	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jaime Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 16/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jaime 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Self-Employed	9 Employer (See Instructions) Self-Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jaime Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self-Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Dora Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$32.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Mark Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) School Psychologist	Employer (See Instructions) La Joya Independent School District
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura Contributor address; City; State; Zip Code San Carlos, CA 94070	Amount of Contribution (\$) \$24.81
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/25 Rpt: 17/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura	7 Amount of Contribution (\$) \$23.81
	6 Contributor address; City; State; Zip Code San Carlos, CA 94070	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillen Jr., Alfonso	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Santa Rosa, TX 78593	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillen Jr., Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Santa Rosa, TX 78593	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, LaQuanta	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Education Administration		Employer (See Instructions) Mission Consolidated Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/25 Rpt: 18/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jalomo, Tony	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jowell, Bebe	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rio Hondo, TX 78583	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Orlando	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spring, TX 77388	
Principal occupation / Job title (See Instructions) Postdoctoral Fellow		Employer (See Instructions) UC Berkeley
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of David T. Bright	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/25 Rpt: 19/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lujan, Manuel	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Jennifer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code Rahway, NJ 07065	
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Richard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Marsha	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Allstate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/25 Rpt: 20/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rosemary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rosemary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rosemary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Cristian	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Texas Tech University Health Sciences Center El Paso SOM
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Cristian	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Texas Tech University Health Sciences Center El Paso SOM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/25 Rpt: 21/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Cristian 6 Contributor address; City; State; Zip Code Pharr, TX 78577	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Texas Tech University Health Sciences Center El Paso SOM
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Sergio Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UTRGV
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 22/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Aurelio 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) IDRA
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Aurelio Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) IDRA
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Aurelio Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) IDRA
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Aurelio Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) IDRA
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Frances Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/25 Rpt: 23/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivares, Michael	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olmos, Summer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fred Loya Insurance
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Elva	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prewitt, Karen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Curriculum Writer		Employer (See Instructions) Self-Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Charles	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Cedarburg, WI 53012-1025	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/25 Rpt: 24/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Repetto, Juan 6 Contributor address; City; State; Zip Code Mission, TX 78572	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Samuel Contributor address; City; State; Zip Code Edinburg, TX 78540	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Samuel Contributor address; City; State; Zip Code Edinburg, TX 78540	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Felipe Contributor address; City; State; Zip Code McAllen, TX 78504-2706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Deborah Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Microsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/25 Rpt: 25/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sansores, Kathryn	7 Amount of Contribution (\$) \$32.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Proposal Manager		9 Employer (See Instructions) Remedial Construction Services
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Allison	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bay City, TX 77414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparrow, Julie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Therapy Practice Manager		Employer (See Instructions) Self-Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparrow, Julie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Therapy Practice Manager		Employer (See Instructions) Self-Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparrow, Julie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Therapy Practice Manager		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/25 Rpt: 26/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Debra	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78508	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, David	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Sonia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78725	
Principal occupation / Job title (See Instructions) Bilingual Educator		Employer (See Instructions) State of Texas
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Alan	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Edinburg Consolidated Independent School District
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Alan	Amount of Contribution (\$) \$2,510.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Edinburg Consolidated Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/25 Rpt: 27/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Leonel	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Leonel	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Leonel	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) United Methodist Church
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) United Methodist Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/25 Rpt: 28/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$10.00
	8 Principal occupation / Job title (See Instructions) Pastor	9 Employer (See Instructions) United Methodist Church
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Pastor	Employer (See Instructions) United Methodist Church
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Pastor	Employer (See Instructions) United Methodist Church
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Pastor	Employer (See Instructions) United Methodist Church
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tognetti, Joseph Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Pastor	Employer (See Instructions) United Methodist Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 29/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winchester, Martin	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732	
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) IDEA Public Schools
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Diana	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarate, Leonor	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuniga, Carlos	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 30/68
2 FILER NAME Garcia, Thomas R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086208
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

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: 1/38 Rpt: 31/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/12/2025	5 Payee name 3D Signs	
6 Amount (\$) \$706.33	7 Payee address; City; 7986 1st St Somerset, TX 78069-4471	
8 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 yard signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/03/2025	Payee name ActBlue Technical Services	
Amount (\$) \$13.83	Payee address; City; P.O. Box 962017 Boston, MA 02196	
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/10/2025	Payee name ActBlue Technical Services	
Amount (\$) \$24.70	Payee address; City; P.O. Box 962017 Boston, MA 02196	
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 processing fee
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: 2/38 Rpt: 32/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/17/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.97	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 08/24/2025	Payee name ActBlue Technical Services	
Amount (\$) \$10.00	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 08/31/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.40	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 3/38 Rpt: 33/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/07/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.98	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 09/14/2025	Payee name ActBlue Technical Services	
Amount (\$) \$16.53	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 09/21/2025	Payee name ActBlue Technical Services	
Amount (\$) \$11.85	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 4/38 Rpt: 34/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 09/28/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.95	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 10/12/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.65	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 10/19/2025	Payee name ActBlue Technical Services	
Amount (\$) \$2.97	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 5/38 Rpt: 35/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/26/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.97	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/02/2025	Payee name ActBlue Technical Services	
Amount (\$) \$1.39	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/16/2025	Payee name ActBlue Technical Services	
Amount (\$) \$33.09	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 6/38 Rpt: 36/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/23/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$3.25	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/30/2025	Payee name ActBlue Technical Services	
Amount (\$) \$24.12	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/07/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.60	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 7/38 Rpt: 37/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/14/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$8.59	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/21/2025	Payee name ActBlue Technical Services	
Amount (\$) \$3.01	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/28/2025	Payee name ActBlue Technical Services	
Amount (\$) \$12.29	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
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 processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	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: 8/38 Rpt: 38/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/09/2025	5 Payee name Aloft Corpus Christi	
6 Amount (\$) \$338.00	7 Payee address; City; 5117 Embassy Dr Corpus Christi, TX 78411	State; Zip Code
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 venue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/05/2025	Payee name Campaign Verify	Office held
Amount (\$) \$95.00	Payee address; City; 1215 31st Street NW PO Box 3554 Washington, DC 20007-9998	State; Zip Code
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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/24/2025	Payee name Canva US, Inc	Office held
Amount (\$) \$166.00	Payee address; City; 3212 E. Cesar Chavez Street Building 1, Suite 1300 Austin, TX 78702	State; Zip Code
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 brochures
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: 9/38 Rpt: 39/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/15/2025	5 Payee name Castillo, Irma	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	Office sought Office held
Date 10/23/2025	Payee name Castillo, Irma	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	Office sought Office held
Date 10/31/2025	Payee name Castillo, Irma	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	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: 10/38 Rpt: 40/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/08/2025	5 Payee name Castillo, Irma	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	Office sought Office held
Date 11/14/2025	Payee name Castillo, Irma	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	Office sought Office held
Date 11/21/2025	Payee name Castillo, Irma	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	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: 11/38 Rpt: 41/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/30/2025	5 Payee name Castillo, Irma	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Irma	Office sought Office held
Date 12/05/2025	Payee name Castillo, Irma	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	Office sought Office held
Date 10/23/2025	Payee name Castillo, Maricela	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	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: 12/38 Rpt: 42/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/15/2025	5 Payee name Castillo, Maricela	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	Office sought Office held
Date 10/31/2025	Payee name Castillo, Maricela	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	Office sought Office held
Date 11/14/2025	Payee name Castillo, Maricela	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	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: 13/38 Rpt: 43/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/08/2025	5 Payee name Castillo, Maricela	
6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	Office sought Office held
Date 11/21/2025	Payee name Castillo, Maricela	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	Office sought Office held
Date 11/30/2025	Payee name Castillo, Maricela	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Maricela	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: 14/38 Rpt: 44/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/05/2025	5 Payee name Castillo, Maricela	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Chavez, Oziel	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Chavez, Oziel	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 organizing and advising
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: 15/38 Rpt: 45/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/01/2025	5 Payee name Chavez, Oziel	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 organizing and advising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name Coffee Clurb & Sweets	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 215 S Nebraska Ave San Juan, TX 78589	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and coffee for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Commonspace	
Amount (\$) \$171.00	Payee address; City; State; Zip Code 2901 N 10th St F McAllen , TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food and coffee for event
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: 16/38 Rpt: 46/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/15/2025	5 Payee name Cuellar, Ashley	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	Office sought Office held
Date 10/23/2025	Payee name Cuellar, Ashley	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	Office sought Office held
Date 10/31/2025	Payee name Cuellar, Ashley	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	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: 17/38 Rpt: 47/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/08/2025	5 Payee name Cuellar, Ashley	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	Office sought Office held
Date 11/14/2025	Payee name Cuellar, Ashley	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	Office sought Office held
Date 11/21/2025	Payee name Cuellar, Ashley	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	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: 18/38 Rpt: 48/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/30/2025	5 Payee name Cuellar, Ashley	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Ashley	Office sought Office held
Date 12/05/2025	Payee name Cuellar, Ashley	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	Office sought Office held
Date 10/15/2025	Payee name Cuellar, Claudia	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	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: 19/38 Rpt: 49/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/31/2025	5 Payee name Cuellar, Claudia	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	Office sought Office held
Date 10/23/2025	Payee name Cuellar, Claudia	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	Office sought Office held
Date 11/08/2025	Payee name Cuellar, Claudia	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	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: 20/38 Rpt: 50/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/14/2025	5 Payee name Cuellar, Claudia	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	Office sought Office held
Date 11/21/2025	Payee name Cuellar, Claudia	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	Office sought Office held
Date 11/30/2025	Payee name Cuellar, Claudia	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cuellar, Claudia	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: 21/38 Rpt: 51/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/05/2025	5 Payee name Cuellar, Claudia	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name CustomInk	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 1640 Boro Place Suite 301 Tysons, VA 22102	
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 shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name CustomInk	
Amount (\$) \$271.00	Payee address; City; State; Zip Code 1640 Boro Place Suite 301 Tysons, VA 22102	
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 shirts
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: 22/38 Rpt: 52/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/15/2025	5 Payee name Flores, Julio	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Flores, Julio	
Amount (\$) \$105.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Garcia, Eloy	
Amount (\$) \$200.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78501	
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 photography and videography
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: 23/38 Rpt: 53/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/23/2025	5 Payee name Garza, Evelyn	
6 Amount (\$) \$135.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	Office sought Office held
Date 10/31/2025	Payee name Garza, Evelyn	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	Office sought Office held
Date 11/08/2025	Payee name Garza, Evelyn	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	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: 24/38 Rpt: 54/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/14/2025	5 Payee name Garza, Evelyn	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	Office sought Office held
Date 11/21/2025	Payee name Garza, Evelyn	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	Office sought Office held
Date 11/30/2025	Payee name Garza, Evelyn	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Garza, Evelyn	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: 25/38 Rpt: 55/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/05/2025	5 Payee name Garza, Evelyn	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/08/2025	Payee name Garza, Natalia	
Amount (\$) \$90.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Goodman Campaigns LLC	
Amount (\$) \$819.50	Payee address; City; State; Zip Code 1606 Headway Cir Ste 9666 Austin, TX 78754-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 consulting
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: 26/38 Rpt: 56/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/15/2025	5 Payee name Guerrero, Martha	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	Office sought Office held
Date 10/23/2025	Payee name Guerrero, Martha	
Amount (\$) \$240.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	Office sought Office held
Date 10/31/2025	Payee name Guerrero, Martha	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	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: 27/38 Rpt: 57/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/08/2025	5 Payee name Guerrero, Martha	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	Office sought Office held
Date 11/14/2025	Payee name Guerrero, Martha	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	Office sought Office held
Date 11/21/2025	Payee name Guerrero, Martha	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guerrero, Martha	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: 28/38 Rpt: 58/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/30/2025	5 Payee name Guerrero, Martha	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
8 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 blockwalking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Guerrero, Martha	
Amount (\$) \$225.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Brownsville, TX 78526	
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 blockwalking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name La Sierra Event Center	
Amount (\$) \$1,178.00	Payee address; City; State; Zip Code 3742 US-77 Frontage Rd Harlingen, TX 78550	
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 venue
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: 29/38 Rpt: 59/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/02/2025	5 Payee name Maverick Media Productions LLC	
6 Amount (\$) \$600.00	7 Payee address; City; 1418 S 14th Ave Edinburg, TX 78539	
8 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 photography and videography
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Meta	
Amount (\$) \$110.00	Payee address; City; 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 ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Meta	
Amount (\$) \$84.00	Payee address; City; 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 ads
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: 30/38 Rpt: 60/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/02/2025	5 Payee name Meta	
6 Amount (\$) \$150.00	7 Payee address; City; 1 Hacker Way Menlo Park, CA 94025	
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 ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name Meta	
Amount (\$) \$90.94	Payee address; City; 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 ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Meta	
Amount (\$) \$58.66	Payee address; City; 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 ads
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: 31/38 Rpt: 61/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/28/2025	5 Payee name Nagab Event Center	
6 Amount (\$) \$250.00	7 Payee address; City; 315 E Veterans Dr Palmview, TX 78572	State; Zip Code
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 venue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/01/2025	Payee name PrintPlace	Office held
Amount (\$) \$139.00	Payee address; City; 1130 Ave H East Arlington, VA 76011	State; Zip Code
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 printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name PrintPlace	Office held
Amount (\$) \$157.00	Payee address; City; 1130 Ave H East Arlington, VA 76011	State; Zip Code
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 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: 32/38 Rpt: 62/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 08/15/2025	5 Payee name PrintPlace	
6 Amount (\$) \$157.00	7 Payee address; City; 1130 Ave H East Arlington, VA 76011	
8 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 printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name PrintPlace	
Amount (\$) \$578.00	Payee address; City; 1130 Ave H East Arlington, VA 76011	
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 printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Ramirez, Joseph	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78401	
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 organizing and advising
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: 33/38 Rpt: 63/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/17/2025	5 Payee name Ramirez, Joseph	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78401	
8 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 organizing and advising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Ramirez, Joseph	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78401	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Ramirez, Joseph	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78401	
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 organizing and advising
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: 34/38 Rpt: 64/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/12/2025	5 Payee name Ramirez, Joseph	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78401	
8 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 organizing and advising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
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: 35/38 Rpt: 65/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/10/2025	5 Payee name Repetto-Ayala, Carlos	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
8 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 organizing and advising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	Office sought Office held
Date 10/24/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	Office sought Office held
Date 11/07/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	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: 36/38 Rpt: 66/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 11/21/2025	5 Payee name Repetto-Ayala, Carlos	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
8 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 organizing and advising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	Office sought Office held
Date 12/05/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	Office sought Office held
Date 12/19/2025	Payee name Repetto-Ayala, Carlos	
Amount (\$) \$700.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
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 organizing and advising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Repetto-Ayala, Carlos	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: 37/38 Rpt: 67/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 10/02/2025	5 Payee name Roosevelt's at 7	
6 Amount (\$) \$396.00	7 Payee address; City; 821 N Main St McAllen , TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name SIGNSONTHECHEAP.COM	
Amount (\$) \$655.50	Payee address; City; 11525A Stonehollow Dr. Suite 100 Austin, TX 78758	
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 yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Scale to Win	
Amount (\$) \$347.00	Payee address; City; 13742 Harper St Santa Ana, CA 92703	
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 text messages
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: 38/38 Rpt: 68/68	2 FILER NAME Garcia, Thomas R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086208
4 Date 12/03/2025	5 Payee name Switchboard Public Benefit Corp	
6 Amount (\$) \$100.41	7 Payee address; City; PO Box 33485 Washington, DC 20033	
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 text messaging and emails
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/14/2025	Payee name Texas Democratic Party	
Amount (\$) \$300.00	Payee address; City; 314 E Highland Mall 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 ballot fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/01/2025	Payee name The Lone Star Theater	
Amount (\$) \$600.00	Payee address; City; 115 E Park Ave Pharr, TX 78577	
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 venue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought