GABRIELA GARCIA

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083892 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Ms. Gabriela NAME Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTERREGISTRATION **NICKNAME** LAST **SUFFIX** Gabby Garcia FEB 2 4 2020 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: ZIP CODE **OFFICEHOLDER** 1104 E. 7th Street Suite A MAILING **ADDRESS** Change of Address Brownsville, TX 78520 Date Process Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** Mr. Antonio NAME **NICKNAME** LAST SUFFIX Tony Flores CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 1104 E. 7th Street **ADDRESS** Suite A (Residence or Business) Brownsville, TX 78520 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (956) 266-5050 PHONE 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 01/24/2020 THROUGH 02/22/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2020 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Judge District 138 **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf7d

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Garcia, Gabriela (Ms		14 Filer ID 00083892	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political e These expenditures may have been made d officeholders are required to report this inf	without the candidate's or office	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME	,	
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
,				
		COMMITTEE CAMPAIGN TREASURER N	NAME	
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS	
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
16 CONTIBUTION TOTALS	1. TOTAL POLITIC LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (C ARANTEES OF LOANS), UNLESS ITEMIZI	THER THAN PLEDGES, ED	\$ 8,609.00
	\$ 13,294.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 26,751.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 3,657.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	NS AS OF THE LAST DAY	\$ 9,100.00
17 AFFADAVIT				
		I swear, or affirm, under true and correct and inc under Title 15, Election	penalty of perjury, that the ac ludes all information required Code.	ccompanying report is to be reported by me
The state of the s	YVONNE RODR Notary Public, State Comm. Expires 09 Notary ID 1321	of Texas 27-2023	La Avria ature of Candidate or Officeho	older
	FARY STAMP / SEAL ABO		7 <i>L</i>	<i>+</i>
Sworn to and subsc of Februari	ribed before me, by the s $\frac{1}{20}$, to ce	aid <u>(WDF 1E1A \ WW WA</u> ertify which, witness my hand and seal of off	this the	/ day
	b	Yvonne Rodnique		
Signature of office	er administering oath	Printed name of officer administering of	oath Title of office	er administering oath

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 18 FILER NAME 19 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. Х \$ 12,094.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. X \$ 1,200.00 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 4. X SCHEDULE E(J): LOANS (JUDICIAL) \$ 5,500.00 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. X \$ 26.751.88 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 4 Date 5 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 02/01/2020 AHUMADA Jr., PAT (Mr.) \$500.00 6 Contributor address; City; State; Zip Code 53 Alan A Dale Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Appraiser Appraiser 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Self-Employed 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/01/2020 GARCES, EDUARDO (Mr.) \$85.00 Contributor address; City; State; Zip Code 2764 Fleet St Brownsville, TX 78521 Contributor's Principal Occupation Contributor's Job Title Retired Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2020 GUEVARA, JOANNE L (Ms.) \$500.00 Contributor address; City; State; Zip Code 3205 Seminole Court Harlingen, TX 78550 Contributor's Principal Occupation Contributor's Job Title Teacher Teacher Contributor's employer/law firm Law firm of contributor's spouse (if any) Harlingen Consolidated Independent School District If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/01/2020 JIMENEZ, CINDY M (Ms.) \$1,000.00 6 Contributor address; City; State; Zip Code 225 Tennessee Ave NE Washington, DC 20002 8 Contributor's Principal Occupation 9 Contributor's Job Title Consultant Senior Director - Government Relations 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) United Technologies 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 02/06/2020 LAW OFFICE OF CERISE R DE GARDUNO \$250,00 Contributor address; City; State; Zip Code 845 E Harrison St Brownsville, TX 78520 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/05/2020 MASSO, CARLOS R (Mr.) \$500.00 Contributor address; City; State; Zip Code 1000 E Jackson St Brownsville, TX 78520 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Self-Employed If contributor is a child, law firm of parent(s) (if any) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf7d

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/21
2 FILER NAMI Garcia, Ga	E briela (Ms.)		3 Filer ID (Ethics Commission Filers) 00083892
4 Date 02/01/2020	6 Contributor address; City; State; Zip Code 32364 San Carlos Rd		7 Amount of Contribution (\$) \$50.00
8 Contributor's Teacher	Los Fresnos, TX 78586 Principal Occupation	9 Contributor's Job Title Teacher	
10 Contributor's	employer/law firm s Consolidated Independent School District	11 Law firm of contributor's s	pouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)	<u></u>	
Date 02/01/2020			Amount of Contribution (\$) \$600.00
Contributor's Attorney	Principal Occupation	Contributor's Job Title Attorney	
Contributor's Self-Employ	employer/law firm /ed	Law firm of contributor's sp	pouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
orms provided	by Texas Ethics Commission www.ethics	s.state.tx.us	Version V1.1.3a6aaf7

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this t	form.	1 Total pages Schedule A2:
			Sch: 1/2 Rpt: 7/21
2 FILER NAMI Garcia, Gal			3 Filer ID (Ethics Commission Filers) 00083892
4			00003092
TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
02/01/2020	, (O O I E E I O () O E O O E (((())		contribution (\$) description \$300.001 Rice and Beans for BBQ
	7 Contributor address; City; State; Zip Code		Plate Fundraiser
	4495 N Expressway		
	Brownsville, TX 78520		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	LJ Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)
	•	and amproyer (r arrival)	(GGO MAGAGAGAIS)
İ	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
Restaurateu		Director of Operation	ons
	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
	eafood Market and Cajun Kitchen		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	· ·	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution
01/31/2020	FLORES, ANTONIO (Mr.)		contribution (\$) description
	Contributor address; City; State; Zip Code	***************************************	\$150.00 Supplies for BBQ Plate Fundraiser
	910 Toledo Rd		1
	Brownsville, TX 78526		-
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
• • • • • • • • • • • • • • • • • • • •		Employer (FOR NOW	-JUDICIAL) (See Institutions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
Retired	, , ,		(FOR GODIONE) (222 monadations)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
01/28/2020	GARCIA, EDELMIRO (Mr.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$500.00 Chicken for BBQ Plate Fundraiser
	3459 Chardonnay Dr		i unulaisei I
			! !
	Brownsville, TX 78520		Check if travel outside of Texas. Complete Schedule T.
Principal occu	ipation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
Retired	,	:	POR SOCIAL) (See mondoine)
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm of contributor	r's spouse (if any) (FOR JUDICIAL)
	,		o operate (if any) (i on obsiding)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor ut-of-state PAC (iD#:_ Amount of 9 In-kind contribution contribution (\$) 02/01/2020 description RIOS, DEMETRIO (Mr.) \$250.001 Supplies and Chicken for Contributor address; City; State; Zip Code BBQ Plate Fundraiser 108 S Start Ct Boeme, TX 78006 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Consultant Safety Director 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) AirTronic USA 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Version V1.1.3a6aaf7d

8 Lender a financial institution? No 110 terrest Rate 110 terrest 110 terrest Rate 110 terrest	LOANS (J	IUDICIAL)			SCHEDULE E(J)
Garcia, Gabriela (Ms.) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 02/05/2020 ARCIA, GABRELA (Ms.) 8 Lender address; Ciby: State; Zip Code 110 Interest Rate 110 Interest Rate 1110 I	The Instruction	on Guide explains how to complete this	form.	į.	
TOTAL OF UNITEMIZED LOANS S	1	ı (Ms.)		1	
GARCIA, GABRIELA (Ms.) 6 Is Inder a financial institution? No SUFFEA S	4 TOTAL OF UN	NITEMIZED LOANS			\$
6 is lender a financial institution? No Page 1	1	GARCIA, GABRIELA (Ms.)	-)	9 Loan Amount (\$) \$5,500.00
Attorney 14 Lender's Employer/Law Firm Self-Employed 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral None 18 Check if personal funds were deposited into political account (See Instructions) 19 GUARANTOR NFORMATION NFORMATION 21 Guarantor address; City; State; Zip Code 22 Amount Guaranteed (is) 23 Guarantor's Principal Occupation 24 Guarantor's Job Tate 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)	financial institution?	8 Lender address; City; State; 1104 E 7TH STREET SUITE A			
14 Lender's Employed 15 If lender is child, law firm of parent(s) (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral None 18 Check if personal funds were deposited into political account (See Instructions) 19 GUARANTOR INFORMATION 20 Name of guarantor 22 Amount Guaranteed (s) Anotapplicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)	1	Occupation			
17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) 19 GUARATTOR	14 Lender's Employe	r/Law Firm		se (if any)	
See Instructions Guarantor Caramteed (\$)	16 If lender is child, la	aw firm of parent(s) (if any)			
INFORMATION	• `	ateral	18 Check if personal funds we	ere deposited	
23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)					22 Amount Guaranteed (\$)
25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)		21 Guarantor address; City; State;			
27 If guarantor is child, law firm of parent(s) (if any)	23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
	25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
	27 If guarantor is child	d, law firm of parent(s) (if any)			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf					Version V1.1.3a6aaf7d

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid		/Wage	s/Contract Labor		OTHER (enter a	strict a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM		de explante nervice	W11150.		<u> </u>	-915	(Chi- Commission Filora)
-	Sch: 1/11 Rpt: 10/21		⊫ abriela (Ms.)				3	Filer ID 00083892	(Ethics Commission Filers)
4	Date	5 Payee name	a						
L	02/05/2020		Z SUPERMARKE	ETS		<u></u>			
6	Amount (\$) \$4.19	7 Payee addre 384 Military		State; Zip C	ode				
		Brownsville	e, TX 78520						
8	PURPOSE		See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						Campaign Co		officeholder living mittee Meeti	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	əld
	Date	Payee name	3						
	02/16/2020	C&C WING	is						
	Amount (\$) \$121.32	Payee addre 2034 Centr	• •	State; Zip Ce	ode				
L			e, TX 78520					·····	
	PURPOSE OF EXPENDITURE	1	See Categories listed at the rage Expense	top of this schedule)	(b)	**********	TX,	officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office he	∍ld
	Date	Payee name							
	02/08/2020	CASA ANT	IGUA RESTAURA	ANT					
	Amount (\$) \$57.10	Payee addre 2040 Centr	· ·	State; Zip Co	ode				
		Brownsville	e, TX 78520						
	PURPOSE OF EXPENDITURE		See Categories listed at the rage Expense	top of this schedule)	(b)	Processed .	TX,	officeholder living	•
	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ught	•		Office he	əld
						-			

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made B	ı	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp			Transportation Equipment & Re Travel in District Travel Out of District	
	Candidate/Officeholder/Politica Credit Card Payment	cal Committee L	Legal Services	Salaries/W	ages/Contract Labor		OTHER (enter a category not li	isted above)
Ļ			The Instruction Guide exp	lains how to cor	nplete this form.			
1	Total pages Schedule F1:					3	•	mmission Filers)
Ļ	Sch: 2/11 Rpt: 11/21	Garcia, Gabi	riela (Ms.)			<u></u>	00083892	
4	Date	5 Payee name						
L	02/18/2020	CHICK-FIL-A						
6	Amount (\$) \$32,29	7 Payee address 4325 N Expr	ressway 77	State; Zip Cod	le			
		Brownsville,	TX 78520					
8	PURPOSE OF EXPENDITURE	(a) Category (See Food/Bevera	e Categories listed at the top of t age Expense	his schedule)	Check if Austin	n, TX,	ide of Texas, Complete Schedule , officeholder living expense mittee Meeting	· T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office soug	ıht		Office held	
	Date	Payee name						
	01/27/2020	CITY OF BR	OWNSVILLE					
	Amount (\$)	Payee address	s; City;	State; Zip Cod	le		A	
	\$10.00	1000 E Leve	e St					
ļ		Brownsville,						
	PURPOSE OF EXPENDITURE	(a) Category (See Event Expen	e Categories listed at the top of the	nis schedule)	Check if Austin,	ı, TX,	ide of Texas, Complete Schedule , officeholder living expense t - BBQ Plate Fundrais	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office soug	ht		Office held	
	Date	Payee name						
	01/27/2020	CITY OF BR	OWNSVILLE					
*******	Amount (\$)	Payee address	s; City; S	State; Zip Cod	le			
	\$25.00	1000 E Leve	e St					
_		Brownsville,						
	PURPOSE OF EXPENDITURE	(a) Category (See Event Expens	e Categories listed at the top of the SE	nis schedule)	Check if Austin,	, TX,	de of Texas. Complete Schedule officeholder living expense mit - BBQ Plate Fundr	,
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	eholder name	Office soug	ht		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in Distr Travel Out of OTHER (ente	
1 Total pages Schedule F1:	2 FILER NAI		tpiano non to don		3	Filer ID	(Ethics Commission Filers)
Sch: 3/11 Rpt: 12/21		abriela (Ms.)			3	00083892	•
-						00003092	
4 Date 02/09/2020	5 Payee nam						
	D'PIZZA .						
6 Amount (\$) \$102.08	7 Payee add 2413 Pad		State; Zip Coo	e			
	South Pa	dre Island, TX 78597					
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top o erage Expense	f this schedule)	<u></u>	tin, TX	, officeholder liv	
9 Complete ONLY if direct expenditure to benefit C/OI-		fficeholder name	Office soug	ht		Office	held
Date	Payee nam	18		.,			
01/30/2020		, MARIA (Ms.)					
Amount (\$)	Payee add	ress; City;	State; Zip Cod	<u></u>			
\$300.00		aca Vista Dr					
		le, TX 78526					
PURPOSE OF EXPENDITURE		(See Categories listed at the top o g Expense	f this schedule)	favoration 1	tin, TX,	officeholder livi	omplete Schedule T. ing expense
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office soug	nt		Office	held
Date	Payee nam	e					
02/19/2020	-	WILLIAM (Mr.)					
Amount (\$) \$557.50	Payee addr 1225 N Ex No 15-78 Brownsvill		State; Zip Cod	9			
PURPOSE OF EXPENDITURE	(a) Category Advertisin	See Categories listed at the top of g Expense	this schedule) (=		de of Texas. Co officeholder livi	implete Schedule T. ng expense
	Candidate/O		Office sough				neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/11 Rpt: 13/21 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 02/14/2020 GOURMET CENTRAL BY CEL Amount (\$) Payee address; City; State; Zip Code \$318.04 515 W 4th St Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Committee Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2020 HEB Amount (\$) Payee address; City; State; Zip Code \$43.34 1628 Central Blvd Brownsville, TX 78520 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T, **EXPENDITURE** Check if Austin, TX, officeholder living expense **BBO** Plate Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2020 HOME DEPOT Amount (\$) Payee address; City; State; Zip Code \$90.50 605 W Morrison St Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Supplies Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense T-Posts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Considering Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 5/11 Rpt: 14/21	Garcia, Gabriela (Ms.) 00083892
4	Date	5 Payee name
	02/16/2020	HOME DEPOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.77	605 W Morrison St
_	·	Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Auslin, TX, officeholder living expense
	,	T-Posts
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
_	Date	Payee name
	02/11/2020	LAS CANASTAS DE ZORY
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$27.48	825 Palm Blvd
		C23 F CHITT DIVC
	1	
_		Brownsville, TX 78520
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
	1	Check if Austin, TX, officeholder living expense
	l	Campaign Committee Meeting
	One with the state of the state	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/31/2020	LOWE'S
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.93	525 Ruben M Torres Sr Blvd
_		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check If travel outside of Texas. Complete Schedule T.
	m/N between c	Check if Austin, TX, officeholder living expense
	ļ	Fire Extinguisher - BBQ Plate Fundraiser
<u></u>		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to benefit Oron	i e e e e e e e e e e e e e e e e e e e

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment	íy - :al Cc	ommittee	Legal Services	emorials Expense		xpens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAN	ΛE					3	Filer ID	(Ethics Commission Filers	š)
	Sch: 6/11 Rpt: 15/21		Garcia, Ga	abriela (Ms.))					00083892		
4	Date	5	Payee nam	е					ــــــــــــــــــــــــــــــــــــــ			
	02/05/2020		PALOMO,	OSCAR								
6	Amount (\$)	7	Payee addr	ress; City;	; Stat	te; Zip Co	ode					*****
	\$634.35		2900 Cent	tral Blvd								
			Ste G1									
			Brownsvill	e, TX 78520)							
8	PURPOSE	(a	Category (See Categories lis	sted at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Advertisino							ide of Texas. Com	-	
								Push Cards,		, officeholder living abroidery	expense	
						I		Fuon Ouract	<u></u>	ID: Oluci y		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder na	me	Office sou	ght			Office he	∍ld	
	Date	T	Payee name	e		***************************************	****					***-
	02/05/2020		RENTAL V									
Г	Amount (\$)	T	Payee addre	ess; City;	State	te; Zip Co	de					_
	\$18.52		2134 Cent	-	,	•						
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	l		Brownsville	e, TX 78520)							
Г	PURPOSE	(a)	Category (See Categories lis	sted at the top of this so	chedule)	(b)	Description		····		
	OF EXPENDITURE		Rental - Ch		,	31,00,	,	Check if travel		de of Texas, Com		
								_		officeholder living		
	!					ļ		Campaign Co	ma	fillee ween	ag	
_	Complete ONLY if direct	<u></u>	Candidate/Of	ficeholder nar	me	Office sou	aht			Office he	de4	
	expenditure to benefit C/OI		Juli Harding C.	nooridiadi	ille	Onice 30a	3rr			Office re	яа	
	Date	Π	Payee name	3					_			
	02/02/2020			IA GROUP								
	Amount (\$)	\vdash	Payee addre		State	e; Zip Co	de		—			
	\$2,000.00		2108 Centr	·=·	- Citati	5, 41 P 00	uc					
			— ——————									
			Brownsville	e, TX 78520	ı							
	PURPOSE	(a)				· I	/h)	Description				
	OF		Consulting		sted at the top of this sc	:hedule)	(10)		outsir	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE						İ	Check if Austin,	, TX,	officeholder living		
								Campaign Str	rate	;gy		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	ficeholder nar	ne	Office sou	ght			Office he	ld	_
		<u>. </u>										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 8v -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense
Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/11 Rpt: 16/21 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 02/02/2020 **RGV MEDIA GROUP** 6 Amount (\$) Payee address; State; Zip Code \$7,500.00 2108 Central Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2020 **RGV MEDIA GROUP** Amount (\$) Payee address: City; State; Zip Code \$2,000.00 2108 Central Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Polling Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone Banking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2020 **RGV MEDIA GROUP** Amount (\$) Payee address; City; State; Zip Code \$5,080.00 2108 Central Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense TV Commercial Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense Prin Sala		nse es/Contract Labor	Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1;	To CHERNAME		an onposite	10 00	Totalio ro	a FiloviD	(Ethics Commission Filers)
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6	Amount (\$)	7 Payee addre	ss; City;	State; Zir	p Code			
	\$1,500.00	2108 Centra	al Blvd					
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L		Brownsville	, TX 78520					
8	PURPOSE OF		ee Categories listed at the	top of this schedule)	(b)	Description		
	EXPENDITURE	Polling Expo	ense			=	outside of Texas, Comp , TX, officeholder living	
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9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office	sought	<u></u>	Office he	ald
	expenditure to benefit C/O	Н						
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		Brownsville,	, TX 78520					
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	OF EXPENDITURE	Advertising				-	outside of Texas. Comp	
	1	1				TV Commerci	, TX, officeholder living	expense
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	Date	Payee name					<u></u>	
	02/10/2020	RIO BANK						
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		Brownsville,	, TX 78520					
	PURPOSE	(a) Category (Se	ee Categories listed at the t	ton of this schedule)	(b)	Description		
	OF EXPENDITURE	Accounting/i		top of this sericulary	1		outside of Texas. Comp	riete Schedule T.
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	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	enolder name	Office	sought		Office he	ld
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		nmittee	Legal Serv	s/Memorials Exp fices fuction Guid e			Vages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed a	above)
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1	Total pages Schedule F1: Sch: 9/11 Rpt: 18/21	1	Garcia, Gal		1s.)					3	Filer ID 00083892	(Ethics Commis	sion Filers)
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	\$150.00		2436 Pablo	Kisel B	lv		•						
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8	PURPOSE	(a)	Category (St	ee Categori	es listed at the to	p of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising				ŕ			outsi	de of Texas. Com	plete Schedule T.	
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9	Complete ONLY if direct		andidate/Offi	ceholder	name	0	ffice sou	ght			Office he	eld	
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			Brownsville,	TX 785	526								
	PURPOSE	(a)	Category _{(Se}	o Cotogoula		6 sb.)1	.6.1.3	(h)	Description				
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		ļ ,	Brownsville,	TX 785	26								
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	OF		Category _{(Se} Printing Exp		s listed at the top	p of this schee	dułe)	(n)	Description Check if travel of	nuteia	ie of Texas. Com	aleta Schedule T	
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	expenditure to benefit C/OF	1	an raidulta Onit	zeriolaei	Hame	Oi	ilice sou	il st			Office fie	iiG	

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 10/11 Rpt: 19/21 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 02/13/2020 **ULTA** 6 Amount (\$) Payee address: City; State; Zip Code \$142,67 543 E Morrison Rd Brownsville, TX 78526 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense TV Commercial Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/18/2020 WALMART Amount (\$) Payee address; City; State; Zip Code \$8.63 1126 W US Hwy 77 San Benito, TX 78586 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Supplies **EXPENDITURE** Check if Austin, TX, officeholder living expense Hammer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2020 WALMART Amount (\$) Payee address: City; State; Zip Code \$121.75 1004 SH 100 Los Fresnos, TX 78566 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Parade Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		bove)
1	Total pages Schedule F1:		sion Filers)
	Sch: 11/11 Rpt: 20/21	Garcia, Gabriela (Ms.) 00083892	
4	Date 02/19/2020	5 Payee name WALMART	
	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 3570 W Alton Gloor Blvd BROWNSVILLE, TX 78520	
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Parade	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
H	Date	Payee name	
	01/28/2020	ZAMORA, EFRAIN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$185.00		
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		Brownsville, TX 78520	
-	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TShirts	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH	
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OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 LENDER 4 Name of lender INFORMATION GARCIA, GABRIELA (Ms.) 5 Lender address; City; State; Zip Code 1104 E 7TH STREET SUITE A BROWNSVILLE, TX 78520 **GUARANTOR** 6 Name of guarantor INFORMATION X not applicable 7 Guarantor address; City; State; Zip Code LENDER Name of lender INFORMATION GARCIA, GABRIELA (Ms.) Lender address; City; State; Zip Code 1104 E 7TH STREET SUITE A BROWNSVILLE, TX 78520 **GUARANTOR** Name of guarantor INFORMATION X not applicable Guarantor address; City; State; Zip Code **LENDER** Name of lender INFORMATION GARCIA, GABRIELA (Ms.) Lender address; City; State; Zip Code 1104 E 7TH STREET SUITE A BROWNSVILLE, TX 78520 GUARANTOR Name of guarantor INFORMATION X not applicable Guarantor address; City; State; Zip Code