# Gabriela (Gabby) 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 30 CANDIDATE / MS/MRS/MR FIRST М **OFFICE USE ONLY** OFFICEHOLDER Ms. Gabriela NAME Date Received ELECTRONICALLY FILED NICKNAME 07/06/2020 LAST **SUFFIX** Gabby Garcia CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: ZIP CODE Date Hand delivered or Pate Postmarked & **OFFICEHOLDER** VOTER REGISTRATION 1104 E. 7th Street Suite A MAILING **ADDRESS** 6 2020 Change of Address Brownsville, TX 78520 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** 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 EXTENSION PHONE NUMBER **TREASURER** (956) 266-5050 PHONE REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election X Runoff July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED THROUGH 02/23/2020 07/04/2020 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary X Runoff Other 07/14/2020 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Judge District 138th Cameron District Judge District 138 **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.e1c4133e

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Garcia, Gabriela (M	S.)	<b>14</b> Filer ID (I 00083892	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	· · · · · · · · · · · · · · · · · · ·	
	GENERAL.	COMMITTEE ADDRESS		
	SPECIFIC	OSWINI, PLE / DDINESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	·	COMMITTEE		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTIBUTION TOTALS	LOANS, OR GU	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	<b>\$</b> 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	SI	<b>\$</b> 18,970.77
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 38,588.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	<b>\$</b> 183.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 22,600.00
17 AFFADAVIT				
	YVONNE RODRIGE Notary Public, State of	G 886	/ of perjury, that the acco Il information required to	ompanying report is be reported by me
S OF S	Comm. Expires 09-27 Notary ID 132190	2023 Asnel Jana Ms.	Gabriela Garcia Candidate or Officehold	er
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid <u>Gabriela García</u> ertify which, witness my hand and seal of office.	, this the <i>&amp;</i> <u>th</u>	day
	2	Vonne Rodnauez		
Signaturé of offic	er administering oath	Printed name of officer administering oath	Title of officer a	administering oath

# **SUBTOTALS - JC/OH**

# FORM JC/OH

		C.	OVER SH	3 of 30				
18 FILER NA Garcia,	ME Gabriela (Ms.)	19 Filer ID 00083892	(Ethics Comn	nission Filers)				
i	LE SUBTOTALS SCHEDULE		SUBTO	ΓAL AMOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	18,215.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	755.77				
з. 🔲	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4. X	SCHEDULE E(J): LOANS (JUDICIAL)	\$	17,100.00					
5, X	\$	38,588.90						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	***************************************				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/30 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of Contribution (\$) 03/04/2020 BALTAZAR SALAZAR ATTORNEY AT LAW, PLLC \$500,00 6 Contributor address; City; State; Zip Code 8814 Brae Acres Houston, TX 77074 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (iD#: Amount of Contribution (\$) 05/25/2020 BARBOSA, ADELINA (Ms.) \$1,200.00 Contributor address; City; State; Zip Code 10 Casa De Palmas Brownsville, TX 78521 Contributor's Principal Occupation Contributor's Job Title Pharmacist 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 (\$) 05/22/2020 BARBOSA, JUAN MANUEL (Mr.) \$2,500.00 Contributor address; City; State; Zip Code 2100 San Marcelo 167 Brownsville, TX 78520 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)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/28/2020 CANALES, JESUS R \$1,000.00 6 Contributor address; City; State; Zip Code 845 E Harrison St Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Rick Canales Law Office 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 (\$) 06/22/2020 EL PADRINO BAIL BONDS \$1,500.00 Contributor address; City; State; Zip Code P.O. Box 605 Harlingen, TX 78551 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 ut-of-state PAC (ID#: Amount of Contribution (\$) 06/22/2020 ERWIN, ALAN (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 855 W Price Rd Suite 9 Brownsville, TX 78520 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Roerig, Oliveria & Fisher, LLP 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: 3/7 Rpt: 6/30 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#: 7 Amount of Contribution (\$) 05/20/2020 GARCIA, EDELMIRO (Mr.) \$2,500.00 6 Contributor address; City; State; Zip Code 3459 Chardonnay Dr Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Retired 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2020 GAULT, NYE & QUINTANA, LLP \$1,000.00 Contributor address; City; State; Zip Code 114 W. Jefferson St. Suite A 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 (\$) 03/21/2020 GREAGREY, BRENDA (Ms.) \$200.00 Contributor address; City; State; Zip Code P.O. Box 6693 McAllen, TX 78502 Contributor's Principal Occupation Contributor's Job Title Consultant 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)

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/04/2020 KALIFA, ARTURO O (Mr.) \$400.00 6 Contributor address; City; State; Zip Code 725 Paredes Line Rd Brownsville, TX 78521 8 Contributor's Principal Occupation 9 Contributor's Job Title Self-Employed 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 06/02/2020 LAW OFFICE OF EDMUND K. CYGANIEWICZ \$250.00 Contributor address; City; State; Zip Code 1000 E Madison 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 ut-of-state PAC (ID#: Amount of Contribution (\$) 06/12/2020 LAW OFFICEC OF JAVIER VILLARREAL PLLC \$2,500.00 Contributor address; City; State; Zip Code 2401 Wildflower Suite A Brownsville, TX 78526 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)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 4 Date 5 Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) MAZA, ROSIE (Ms.) 06/29/2020 \$25.00 6 Contributor address; City; State; Zip Code 2664 Old Spanish Trail Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Retired 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2020 MAZA, RYAN G (Mr.) \$50.00 Contributor address; City; State; Zip Code 2513 Vancouver Ave Edinburg, TX 78539 Contributor's Principal Occupation Contributor's Job Title Peace Officer Contributor's employer/law firm Law firm of contributor's spouse (if any) State of Texas 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 (\$) 06/22/2020 OLIVEIRA, RENE O (Mr.) \$1,000.00 Contributor address; City; State; Zip Code 855 W Price Rd Suite 9 Brownsville, TX 78520 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Roerig, Oliveria & Fisher, LLP 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: 6/7 Rpt: 9/30 FILER NAME 3 Filer ID (Ethics Commission Filers) Garcia, Gabriela (Ms.) 00083892 4 Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/23/2020 PEREZ, JR, RUDY (Mr.) \$500.00 6 Contributor address; City; State; Zip Code 2100 San Marcelo 167 Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Customer Service Liasion 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/02/2020 REYNA, JAVIER (Mr.) \$140.00 Contributor address; City; State; Zip Code 633 Rey Salomon Brownsville, TX 78521 Contributor's Principal Occupation Contributor's Job Title Peace Officer Captain Contributor's employer/law firm Law firm of contributor's spouse (if any) Cameron County 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 (\$) 03/04/2020 RIOS, DEMETRIO (Mr.) \$500.00 Contributor address; City; State; Zip Code 108 S Start Ct Boerne, TX 78006 Contributor's Principal Occupation Contributor's Job Title Consultant 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)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/30 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 (\$) SHERGOLD, JOHN L. (Mr.) 05/28/2020 \$150.00 6 Contributor address; City; State; Zip Code 745 E Saint Charles St Ste C Brownsville, TX 78520 8 Contributor's Principal Occupation 9 Contributor's Job Title Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) HODGE & SHERGOLD, LLP 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 (\$) 03/04/2020 WOLFE, ERIC (Mr.) \$500.00 Contributor address; City; State; Zip Code P.O. BOX 3094 Brownsville, TX 78523 Contributor's Principal Occupation Contributor's Job Title Consultant 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 (\$) 05/21/2020 YANEZ, MANUEL (Mr.) \$800.00 Contributor address; City; State; Zip Code 63 Villa Vista Brownsville, TX 78520 Contributor's Principal Occupation Contributor's Job Title Line Operator 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)

# **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/30 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 out-of-state PAC (ID#: In-kind contribution Amount of contribution (\$) 06/26/2020 description BARTLEY, JR, WARREN DOUGLAS (Mr.) \$755.77 7 Contributor address; City; State; Zip Code 451 E. Alton Gloor Brownsville, TX 78526 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) (See instructions) Nurse Practitioner 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Brownsville Multi-Specialty Center 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS (	LOANS (JUDICIAL)												
The Instruction	on Guide explains how to complete this t	form.		ages Schedule E(J): L/3 Rpt: 12/30									
2 FILER NAME Garcia, Gabriel	a (Ms.)		3 Filer ID (Ethics Commission Filers) 00083892										
4 TOTAL OF U	NITEMIZED LOANS			\$									
5 Date of loan 06/26/2020	7 Name of lender	.C (ID#:	9 Loan Amount (\$) \$4,000.00										
6 Is lender a financial institution?		10 Interest Rate 11 Maturity Date											
12 Lender's Principal Attorney													
14 Lender's Employe Law Office of G 16 If lender is child, la		15 Law Firm of lender's spouse (if any)											
17 Description of Col	lateral	18 Check if personal funds we	re deposited	into political account (See Instructions)									
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)									
X not applicable  23 Guarantor's Princi	21 Guarantor address; City; State;	Zìp Code											
23 GGALAHOLS FILLO	pai Occupation	24 Guarantor's Job Title											
25 Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spo	ouse (if any)										
27 If guarantor is chil	d, law firm of parent(s) (if any)												

LOANS (	JUDICIAL)		SCHEDULE E(J)
The Instructi	on Guide explains how to complete t	his form.	1 Total pages Schedule E(J): Sch: 2/3 Rpt: 13/30
2 FILER NAME Garcia, Gabriel	a (Ms.)	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers) 00083892
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 06/25/2020	GARCIA, GABRIELA (Ms.)	ate PAC (ID#:	9 Loan Amount (\$) \$9,600.00
6 Is lender a financial institution?	8 Lender address; City; Sta 1104 E 7TH STREET SUITE A BROWNSVILLE, TX 78520	ate; Zip Code	10 Interest Rate  11 Maturity Date
12 Lender's Principa Attorney		13 Lender's Job Title	
14 Lender's Employe Law Office of G	abriela Garcia	15 Law Firm of lender's	spouse (if any)
16 If lender is child, I	aw firm of parent(s) (if any)		
17 Description of Co  X None	lateral	18 Check if personal fur	ds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
X not applicable		ate; Zip Code	
23 Guarantor's Princ	I pal Occupation	24 Guarantor's Job Title	<u> </u>
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guaranto	r's spouse (if any)
27 If guarantor is chil	d, law firm of parent(s) (if any)	Maria de la Carta	
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Version V1.1.e1c4133e

LOANS	(JUDICIAL)				SCHEDULE E(J)			
The Instruc	tion Guide explains how to complete this	form.	1		ages Schedule E(J): 3 Rpt: 14/30			
2 FILER NAME Garcia, Gabri	ela (Ms.)		3		(Ethics Commission Filers)			
4 TOTAL OF U	JNITEMIZED LOANS		1		\$			
5 Date of loan 05/29/2020	7 Name of lender out-of-state P. GARCIA, GABRIELA (Ms.)			)	9 Loan Amount (\$) \$3,500.00			
6 Is lender a financial institution?	financial institution?							
12 Lender's Princip Attorney		13 Lender's Job Title			L			
14 Lender's Emplo	yer/Law Firm Gabriela Garcia , law firm of parent(s) (if any)	15 Law Firm of lender's spouse (if any)						
17 Description of C  X None	ollateral	18 Check if personal funds we	ere d	leposited	l into political account (See Instructions)			
19 GUARANTOR INFORMATION					22 Amount Guaranteed (\$)			
X not applicable  23 Guarantor's Prin		Zip Code  Zip Code						
25 Guarantor's Emp	nloverii aw Eirm	26 Law Firm of guarantor's spo		re anul				
		26 Law Firm of guarantor's spouse (if any)						
27 If guarantor is cr	nild, law firm of parent(s) (if any)							

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/15 Rpt: 15/30 Garcia, Gabriela (Ms.) 00083892 Date Pavee name 03/14/2020 AMAZON.COM 6 Amount (\$) Payee address; State; Zip Code \$33.29 410 Terry Ave North Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Supplies **EXPENDITURE** Check if Austin, TX, officeholder living expense Doorknob Bag for Pushcards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/21/2020 **BIG E'S SMOKEHOUSE** Amount (\$) Payee address; City; State; Zip Code \$30.96 205 Paredes Line Rd Brownsville, TX 78521 **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 Pavee name 02/28/2020 **BOOTJACK** Amount (\$) Payee address; City; State; Zip Code \$12.99 1900 N Expressway C2 Brownville, TX 78521 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Supplies for Float Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Charro Days Parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/15 Rpt: 16/30 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 03/03/2020 CASA ANTIGUA RESTAURANT 6 Amount (\$) Payee address; City; State; Zip Code \$861.81 2040 Central Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Event Expense Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Victory Party/Watch Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2020 CASA ANTIGUA RESTAURANT Amount (\$) Payee address; City; State; Zip Code \$56.19 2040 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. 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 06/29/2020 CHIK-FIL-A Amount (\$) Payee address; City; State; Zip Code \$31.24 4325 N Expressway 77 Brownsville, TX 78520 **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 Lunch for Volunteers 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

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	3y - cal Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		pense ages/Contract Labor		Travel in Distric Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	2 FILER NAM		<i></i>	-1	3	Filer ID	(Ethics Commission Filer	٠,
	Sch: 3/15 Rpt: 17/30		abriela (Ms.)				00083892		)
4	Date	5 Payee nam	ie						
	06/30/2020	CIRCLE K							
6	Amount (\$)	7 Payee addr	ress; City; Sta	ate; Zip Cod	le				
	\$6.92								
		Brownsvill	le, TX 78520						
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	(See Categories listed at the top of this s	badula) (	<b>b)</b> Description	—	<del></del>		
	OF EXPENDITURE	Food/Bev	erage Expense	schedule)		l outsi	ide of Texas, Cor	nplete Schedule T,	
	EXPENDITORE				Check if Austir	n, TX,	, officeholder livin		
					Water, Ice fo	ır Vo	olunteers		
	Carrellata ONU Mit allegat								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	fficeholder name	Office sough	ht		Office h	eld	
	Date	Payee name	e	<u>*************************************</u>					
	02/28/2020	CREACIO	NES ADAM						
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Code	e				
	\$30.37	l .	n Expressway	-	-				
	!								
	!	Brownsville	e, TX 78521						
	PURPOSE	(a) Category	See Categories listed at the top of this s	chedule) (I	b) Description				
	OF EXPENDITURE	Supplies fo		CHETAGIC)	Check if travel			plete Schedule T.	
	hore to their war a wear to						officeholder living	j expense	
					Charro Days	Par	rade		
	Complete ONLY if direct		7 1 FC						
	expenditure to benefit C/OF	Салаюате/Оп Н	ficeholder name	Office sough	nt		Office he	əld	
		1	MINE LA COMPANIE CONTRACTOR CONTR						
	Date 05/29/2020	Payee name				_			_
	05/28/2020	DIRTY AL'S						· · · · <u></u>	
,	Amount (\$)	Payee addre	<del>-</del>	e; Zip Code	)			- MANUAL	
	\$57.65	4495 North	Expressway						
	1								
	<u>.</u>	Brownsville	e, TX 78520						
_	PURPOSE	(a) Category (s	see Categories listed at the top of this so	chedule) (b	) Description				_
	OF EXPENDITURE	Food/Bever	rage Expense		Check if travel o		de of Texas, Comp		
					_		officeholder living		
					Campaign Co	mn	nittee Meetn	ng	
	Complete ONLY if direct	Condidata/Off	iceholder name						
	expenditure to benefit C/OH		cenolder name	Office sough	ŧ		Office he	eld	
							<del></del>		_

#### SCHEDULE F1

Advertising Expense

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Fees Food/Beverage Expense Gitt/Awards/Memorials Ex Legal Services	Office Over Polling Expense Printing Exp	erhea xpens xpen:	differential Expense the Transportation Equipment & Relieve to Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not list	ated Expense
L	Orean Card Payment		The Instruction Guid	e explains how to co	mpl	ete this form.	
1	Total pages Schedule F1:	2 FILER	NAME			3 Filer ID (Ethics Com	mission Filers)
	Sch: 4/15 Rpt: 18/30	Garcia	, Gabriela (Ms.)			00083892	
4	Date	5 Payee r	ame				
	06/27/2020	DIRTY	AL's				
6	Amount (\$) \$344.26		orth Expressway	State; Zip C	ode		
		Browns	sville, TX 78520				
8	PURPOSE OF EXPENDITURE		У (see Categories listed at the t everage Expense	op of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule 1  Check if Austin, TX, officeholder living expense  Campaign Committee Meeting	-
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ight	Office held	
	Date	Payee n	ame	······································			
	05/08/2020	FRANC	O, WILLIAM (Mr.)				
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode		
	\$220.00	1225 N	Expressway				
		No 15-	78				
		Browns	ville, TX 78520				
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the t sing Expense	op of this schedule)	(b)	Description  Check if travel outside of Texas, Complete Schedule T  Check if Austin, TX, officeholder living expense  Signs	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e/Officeholder name	Office sou	ght	Office held	
	Date	Payee n	ame				
	05/12/2020	FRANC	O, WILLIAM (Mr.)				
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	de		
	\$880.00	1225 N	Expressway				
		No 15-7	'8				
		Browns	ville, TX 78520				
	PURPOSE	(a) Category	/ (See Categories listed at the to	on of this schedule)	(b)	Description	
	OF EXPENDITURE		sing Expense	p of this sometimes		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs-Banners	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/Officeholder name	Office sou	ght	Office held	
					········		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Event Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 12 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/15 Rpt: 19/30 Garcia, Gabriela (Ms.) 00083892 4 Date Рауее пате 05/20/2020 FRANCO, WILLIAM (Mr.) 6 Amount (\$) Payee address; City: State; Zip Code \$1,300.00 1225 N Expressway No 15-78 Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/25/2020 FRANCO, WILLIAM (Mr.) Amount (\$) Payee address; City; State; Zip Code \$320.00 1225 N Expressway No 15-78 Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/08/2020 GIO'S VILLA Amount (\$) Payee address; City; State; Zip Code \$126.95 2325 Central Blvd Brownsville, TX 78520 **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 Campaign Committee Meeting 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	To FILE		C CApitano no	iUsny.	ale tina ion	3	Filer ID	(Ethics Commission Filer	-1	
-	Sch: 6/15 Rpt: 20/30		cia, Gabriela (Ms.)				"	00083892	(Eunca Commission	ij	
4	Date		ee name				<u></u>	-			
	03/02/2020	HEE									
6	Amount (\$)	7 Paye	ee address; City;	State; Zip C	ode:						
	\$29.75	1	8 Central Blvd	, .							
		Bro	wnsville, TX 78520								
8	PURPOSE	(a) Cate	egory (See Categories listed at the t	top of this schedule)	(b)	Description					
	OF EXPENDITURE		d/Beverage Expense			<u></u>		de of Texas, Com	•		
						Snacks for V		, officeholder living Inteers	expense		
						Official Co	Ora.	ILCC13			
9	Complete ONLY if direct		idate/Officeholder name	Office so	 ought			Office he	eld		
	expenditure to benefit C/OI	Н									
	Date	Paye	ee name								
	03/02/2020	HEB	<u></u>								
	Amount (\$)		ee address; City;	State; Zip C	ode						
	\$73.82	1628	8 Central Blvd								
	1										
		Brov	wnsville, TX 78520		_						
	PURPOSE OF		egory (See Categories listed at the t	top of this schedule)	(b)	Description			**************************************	-	
	OF EXPENDITURE		nt Expense					de of Texas. Comp			
	!					Victory Party/		officeholder living atch Partv	expense		
	,					violoty i may.					
	Complete ONLY if direct		date/Officeholder name	Office so	ught			Office he	eld		
ı	expenditure to benefit C/OF	ਰ 									
	Date	Paye	ee name		<del></del>						
	05/13/2020	HON	ME DEPOT								
	Amount (\$)	1	ee address; City;	State; Zip C	ode						
ı	\$415.64	605	W Morrison St								
		Brov	wnsville, TX 78520		_						
	PURPOSE OF		gory (See Categories listed at the to	top of this schedule)	(b)	Description	_			_	
ı	EXPENDITURE	Supp						de of Texas. Comp officeholder living			
ı	HEADON -					T-Posts	, 1 ^,	Officenome: usus	expense		
						• • ===					
	Complete ONLY if direct		date/Officeholder name	Office sou	ught			Office he	eld	_	
	expenditure to benefit C/OF	H							-		

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment					se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E			-	<del></del>	3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 7/15 Rpt: 21/30		Garcia, Ga	abriela (Ms.)						00083892		
4	Date	5	Payee nam	е				***	<u> </u>			
	06/27/2020		HOME DE									
6	Amount (\$)	7	Payee addr	ess; City;	State:	; Zip Co	de					
	\$39.85		605 W Mo	rrison St		·						
			Brownsville	e, TX 78520								
8	PURPOSE OF			See Categories listed	at the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Supplies							ide of Texas, Con , officeholder livin	nplete Schedule T.	
						ĺ		Stakes for Si			y expense	
									J			
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Of	ficeholder name	C	Office sou	ght			Office h	eld	MING
⊨	Date		D			***************************************						
	06/30/2020		Payee name HOME DE									
					^L_1_	- 7i- 0-						
	Amount (\$) \$12.73	l	Payee addr 605 W Moi		State;	; Zip Co	ie					
	Φ12.13		OUS W WILL	HISUH SL								
			Brownsville	e, TX 78520								
	PURPOSE	(a)	Category (	See Categories listed :	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Supplies								nplete Schedule T.	
								Stakes for Si		, officeholder livin	g expense	
								States for Sig	giic	,		
	Complete ONLY if direct		andidate/Of	ficeholder name		Office soug				Office h	eld	
	expenditure to benefit C/O				Ĭ		,			01110011	o.i.a	
	Date		Dayoo name									
	03/02/2020		Payee name LA BOTAN									
	Amount (\$)		Payee addre		State:	Zip Cod	40					
	\$75.00			des Line Rd	State,	zip Cut	16					
	Ψ70.00	·	i aici	acs tine ite								
			Drawna a villa	TV 70506								
				e, TX 78526								
	PURPOSE OF			See Categories listed a	at the top of this sch	edule)	(b)	Description		d(T-v 0		
	EXPENDITURE		Food/Beve	rage Expense						de of Texas, Corr officeholder living	plete Schedule T. 2 expense	
								Committee M			,	
										-		
	Complete ONLY if direct		andidate/Off	iceholder name	C	Office soug	jhŧ			Office h	eld	
	expenditure to benefit C/Oł	1										
	-											

#### SCHEDULE F1

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

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

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

Solicitation/Fundralsing Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/15 Rpt: 22/30 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 06/02/2020 LA SCALA 6 Amount (\$) Payee address; City; State; Zip Code \$72.45 1552 Palm 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. 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 06/30/2020 LOWE'S Amount (\$) Payee address; City; State; Zip Code \$31.70 525 Ruben M Torres Sr Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Supplies **EXPENDITURE** Check if Austin, TX, officeholder living expense Stakes for Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2020 McDONALD's Amount (\$) Payee address; City; State; Zip Code \$22.50 1104 International Blvd Brownsville, TX 78520 **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 Dinner for Volunteers 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)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor				Trav Trav	Travel in District Travel Out of District OTHER (enter a category not listed above)			
		The Instruction Guide e	xplains how to cor	nplete this form.					
1 Total pages Schedule F1:	2 FILER NAM	/E			3 File	r ID	(Ethics Commission Filers)		
Sch: 9/15 Rpt: 23/30	Garcia, G	abriela (Ms.)			000	83892			
4 Date	5 Payee nam	e			1	•			
02/28/2020		AUTO PARTS	•						
6 Amount (\$)	7 Payee add		State; Zip Cod						
\$95.00	2005 Cen		State, Zip Cot	le					
	Brownsvil	e, TX 78520							
8 PURPOSE OF EXPENDITURE	(a) Category Equipmen	(See Categories listed at the top of the for Float	of this schedule)	b) Description Check if travel Check if Austi Charro Days	n, TX, office	holder livin	nplete Schedule T. Ig expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office soug	ht		Office h	eld		
Date	Payee nam	е		,.,.,					
03/13/2020	PALOMO								
Amount (\$)	Payee add:	ress; City;	State: 7in Cos						
\$541.25	_		State; Zip Coo	е					
φο <b>41.</b> 25	2900 Cen	iai divu							
	Ste G1								
	Brownsvill	e, TX 78520							
PURPOSE	(a) Category	See Categories listed at the top of	of this rehadule)	b) Description					
OF		g Expense	or una scredule)		outside of	Гехаs. Con	nplete Schedule T.		
EXPENDITURE	, ta vortion	g Expense		Check if Austin			-		
				Push Cards					
Complete ONLY if direct	Candidate/O	fficeholder name	Office soug			Office h	eld		
expenditure to benefit C/O		modificaci ficario	Onice Soug			Office II	Ciu		
Date	Payee nam								
02/28/2020	PIZZA HU	T							
Amount (\$)	Payee addr	ess; City;	State; Zip Cod	е	•				
\$10.65	1830 Cent								
7	2000 00,,,	, car 21 v c							
	Brownsvill	e, TX 78520							
PURPOSE	(a) Category (	See Categories listed at the top o	of this schedule)	b) Description					
OF EXPENDITURE		erage Expense	,		outside of	exas. Con	nplete Schedule T.		
EXPENDITURE		- ,		Check if Austin	ı, TX, office	holder living	g expense		
				Lunch for Vo	lunteers	3			
Complete ONLY if direct	Candidate/O	ficeholder name	Office soug	nt	*****	Office h	eld		
expenditure to benefit C/OI			200 00ug	·		230 11	-,-		

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Re Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	tal Expense ract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
┟	Total pages Schedule F1:		ns now to complete tr	· · · · · · · · · · · · · · · · · · ·				
	Sch: 10/15 Rpt: 24/30	Garcia, Gabriela (Ms.)		3	Filer ID (Ethics Commission Filers) 00083892			
4		5 Payee name						
ľ	06/25/2020	PROFESSIONAL MAILING AND PF	RINTING SERVICE	ES, INC				
6	Amount (\$) \$5,250.00	7 Payee address; City; Sta 269 Commonwealth Drive Carol Steam, IL 60188	ate; Zip Code					
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this Advertising Expense		Check if travel outsion Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held			
Г	Date	Payee name						
	03/14/2020	RGV MEDIA GROUP						
	Amount (\$) \$2,000.00	Payee address; City; Sta 2108 Central Blvd	te; Zip Code	***				
		Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this a Consulting Expense		Check if travel outsid	le of Texas. Complete Schedule T. officeholder living expense PGY			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held			
Г	Date	Payee name						
	06/26/2020	RGV MEDIA GROUP						
	Amount (\$) \$25,000.00	Payee address; City; Sta 2108 Central Blvd	te; Zip Code		, and the second			
		Brownsville, TX 78520						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense		Check if travel outsid	le of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held			
				******				

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment	tical Committee Legal Services			Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
L			The Instruction Gu	ide explains	how to co	nplete this form.					
1				*			3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/15 Rpt: 25/30	G	arcia, Gabriela (Ms.)					00083892			
4	Date	5 P	ayee name								
	03/09/2020	R	IO BANK								
6	Amount (\$) \$7.76	3.	ayee address; City; 401 Old Hwy 77 rownsville, TX 78520	State	; Zip Co	de			The state of the s		
8	PURPOSE OF EXPENDITURE		ategory (see Categories listed at th ccounting/Banking	e top of this sch	nedule)		n, TX	ide of Texas. Com , officeholder living	plete Schedule T. g expense		
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office sou	ht		Office h	eld		
Г	Date	Pi	ayee name	,							
	04/13/2020	R	IO BANK								
	Amount (\$) \$7.76	34	ayee address; City; 401 Old Hwy 77 rownsville, TX 78520	State;	; Zip Cod	le	.,				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th ccounting/Banking	e top of this sch	edule)	3	3, TX	de of Texas, Com	plete Schedule T. expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office he	eld		
	Date	Pa	ayee name								
	05/11/2020	R	O BANK								
	Amount (\$) \$7.76		ayee address; City; IO1 Old Hwy 77	State;	Zip Coo	e		· · · · · · · · · · · · · · · · · · ·			
			ownsville, TX 78520								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the CCOUNTING/Banking	e top of this sche	edule) (		ı, TX,	de of Texas. Com officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate/Officeholder name	0	Office soug	ht		Office he	eld		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee 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: 12/15 Rpt: 26/30 Garcia, Gabriela (Ms.) 00083892 4 Date Payee name 06/08/2020 **RIO BANK** 6 Amount (\$) Payee address; City; State; Zip Code \$7.76 3401 Old Hwy 77 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. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Service Charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2020 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$155.50 3570 W Alton Gloor Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Waters, Soft-Drinks, Snacks for Volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2020 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$107.78 3570 W Alton Gloor Blvd Brownsville, TX 78520 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Event Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Victory Party/Watch Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		y - al Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Exper				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide expla	ins how to comp	olete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commissio	n Filers)
L	Sch: 13/15 Rpt: 27/30	Garcia, Ga	briela (Ms.)				00083892		
4	Date	5 Payee name	9						
	05/22/2020	SOUTHW	NDS						
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Code	?				
	\$75.00	943 North	Expressway # 10						
		Brownsville	e, TX 78520						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (b	) Description				
	OF EXPENDITURE		rage Expense	an iou and j		outs	ide of Texas, Com	olete Schedule T.	
	EXPENDITORE		- ,				, officeholder living		
					Campaign Co	om	mittee Meetii	ng	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sough	t		Office he	ld	
L	experience to benefit C/O								
	Date	Payee name							
	02/26/2020	STAPLES							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Code	!				
	\$57.18	2436 Pablo	Kisel Blv						
		Brownsville	e, TX 78526						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule) (b	) Description				*****
	OF EXPENDITURE	Printing Ex			=		de of Texas. Comp		
					Check if Austin, Push Cards	, TX,	officeholder living	expense	
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_	Complete ONLY if direct	Candidata/Off		066					
	expenditure to benefit C/O		iceholder name	Office sough	ľ		Office he	la	
	Date	Payee name							
	03/13/2020	STAPLES							
			ont City St	7:- 0					
	Amount (\$) \$16.13	Payee addre 2436 Pablo	,	ite; Zip Code					
	<b>ΦΤΩ'T</b> 2	2430 Paulu	KISEI DIV						
		Brownsville	, TX 78526						
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	schedule) (b	<b>)</b> Description				
	EXPENDITURE	Printing Exp	oense		<u></u>		de of Texas. Comp		
					Pushcards	, TX,	officeholder living	expense	
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	Complete ONLY if direct	CandidatalOff	ceholder name	Office savel			O€€ !		
	expenditure to benefit C/OF		CONDICT NAME	Office sought	ı		Office he	เน	

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explai	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:				Filer ID (Ethics Commission Filers)		
	Sch: 14/15 Rpt: 28/30	Garcia, Gabriela (Ms.)			00083892		
4	Date	5 Payee name	•				
	03/21/2020	STARS DRIVE-IN					
6	Amount (\$) \$18.26	7 Payee address; City; Sta 816 N Main St La Feria, TX 78559	ate; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food/Beverage Expense	schedule) (b)		de of Texas, Complete Schedule T, officeholder living expense CECTS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held		
Γ	Date	Payee name					
	06/29/2020	STRIPES					
	Amount (\$) \$14.27	Payee address; City; Sta 3301 Southmost Rd Brownsville, TX 78521	ate; Zip Code				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food/Beverage Expense	schedule) (b)		de of Texas. Complete Schedule T. officeholder living expense Olunteers		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held		
	Date	Payee name					
L	05/08/2020	TRACTOR SUPPLY CO.					
	Amount (\$) \$46.54	Payee address; City; Sta 901 FM 509	ite; Zip Code				
		San Benito, TX 78586					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Supplies	schedule) (b)		le of Texas, Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name I	Office sought		Office held		
:					-		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Fees C Food/Beverage Expense F by - Gift/Awards/Memorials Expense F		Office O Poiling E nse Printing Salaries	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID (Ethics Commission Filers)	_	
l	Sch: 15/15 Rpt: 29/30	Garcia, Ga	briela (Ms.)					00083892		
4	Date	5 Payee name	2				<u> </u>			
	02/24/2020	WALMART								
  -	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				_	
	\$40.61	3570 W Alt	on Gloor Blvd	State, Zip C	oue					
8	PURPOSE OF EXPENDITURE	4	see Categories listed at the top rage Expense	of this schedule)	(b)	<u> </u>	, TX,	side of Texas, Complete Schedule T. 3, officeholder living expense Inteers		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office held		
	Date	Payee name								
	05/23/2020	WALMART	•							
	Amount (\$) \$29.56	Payee addre 1004 W Oc Los Fresno	, ,,	State; Zip C	ode				-	
	PURPOSE OF EXPENDITURE		ee Categories listed at the top rage Expense	of this schedule)	(b)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense e for Volunteers		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office held	******	
	Date	Payee name								
	02/28/2020	WAVE								
	Amount (\$) \$14.06	Payee addre 2370 North	ss; City; Expressway	State; Zip Co	ode				_	
		Brownsville	, TX 78521							
	PURPOSE OF EXPENDITURE	(a) Category (s Supplies for	ee Categories listed at the top r Float	of this schedule)	(b)	<u></u>	TX,	ide of Texas. Complete Schedule T. , officeholder living expense ,rade	*****	
	Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office sou	ıght			Office held		
*******			,			· · · · · · · · · · · · · · · · · · ·				

# **OUTSTANDING LOANS**

### SCHEDULE L

	The Instruction	on Guide explains how to complete this form.	1		ages Schedule L: /1 Rpt: 30/30
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Garcia, Gabriela	(Ms.)		00083	392
	LENDER INFORMATION	4 Name of lender GARCIA, GABRIELA (Ms.)			
		5 Lender address; City; State; Zip Code			
		1104 E 7TH STREET			
		SUITE A			
		BROWNSVILLE, TX 78520			
	GUARANTOR INFORMATION	6 Name of guarantor			
	X not applicable	7 Guarantor address; City; State; Zip Code	******		
	not applicable	V Guarantor address, City, State, Zip Code			
	LENDER	Name of lender			
	INFORMATION	GARCIA, GABRIELA (Ms.)			
		STATESTA (MG.)			
		Lender address; City; State; Zip Code	*****		
		1104 E 7TH STREET			
		SUITE A			
		BROWNSVILLE, TX 78520			
	GUARANTOR	Name of guarantor			
	INFORMATION				
	r				
	X not applicable	Guarantor address; City; State; Zip Code			
	LENDER INFORMATION	Name of lender			
	INFORMATION	GARCIA, GABRIELA (Ms.)			
		Landar address. O'ha Chata. 7a Oad	*****	*************	
		Lender address; City; State; Zip Code 1104 E 7TH STREET			
		SUITE A			
		BROWNSVILLE, TX 78520			
	GUARANTOR INFORMATION	Name of guarantor			
	X not applicable	Guarantor address; City; State; Zip Code			***************************************
		Committee and cool, only, charte, zip code			
	j				