CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MR FIRST	Celia	OFFICE USE ONLY
NAME	NICKNAME LAST Charcle	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; O	rale Alamo TX 73516	OCT 27 2025 BY: 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of Pate Postmerked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	10 /05 /25	THROUGH 10	27/25
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 /04 /25 General	Special	
12 OFFICE	Mono Municipal Judge	13 OFFICE SOUGHT (IF KNOWN Alama Makic	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		¥
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	2000 Age Nation (Mark Control	
15 C/OH NAME	Celia Garcia	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,950.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,756.60
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 15,756.0 \$ 14,673.94
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
19	swear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	O 0. 4
	(llea	Ollace
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(4) A Stirder vit	ANA MARIA GARZA Se A Se Notary Public, State of Texas	
(1) Affidavit	Comm. Expires 05-05-2027	
	Notary ID 134345537	
NOTARY STAMP/SEA		mth MII
Sworn to and subscribed	before me by la Tarcia this the	day of Catcher,
20 2 to certify	which, witness my hand and seal of office.	OIC 1
	- Ina Crarza	ity ecretary
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
¥9	and my data of high is	
	, and my date of birth is	
My address is		state) (zip code) (country)
Executed in		
LAGORIGA III	County, State of, on the day of(month	, 20 (year)
	Signature of Candid	late/Officeholder (Declarant)
1	(Taim Arthrenium I.E.) Tainin India	arangan katangan ang katang manang mang mang mang mang mang mang

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME Celia Garcia 20 Filer ID (Ethics Commission Filers)				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,950.		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 15,756		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

W W W W W W W W W W W W W W W W W W W				• = 0
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Celia	a Gare	ia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Jean	m Gour	ralez	62
9/22	6 Contributor address;	City;	State; Zip Code	300
		Worker	00	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	
4)	Attorney		Self	Empl.
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
w1. /	l WA	ario G	10120-	20
8/17/25	Contributor address;	City;	State; Zip Code	5005
		San Jun	an_	
Principal occup	pation Job title (See Instructions)		Employer (See Instruc	ctions)
1	A:			A
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
r	Art	turo Ort	leac_	see,
109	Contributor address;	City;	State; Zip Code	1,000.
100		Alam		7-7
Principal occur	pation / Job title (See Instructions)	1000	Employer (See Instruc	ctions)
	Banker			Societies (C. P.)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Koel	Moreno		40
19/15	Contributor address;	City;	State; Zip Code	1 000.
10(1)		Alan		1,000.
Principal occur	pation / Job title (See Instructions)	HILL	Employer (See Instruc	<u> </u>
	Contractor		Belf En	
	But vices o.		1911	-()
	ATTACH ADDITI	ONAL COPIES (OF THIS SCHEDULE AS N	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME	C	elia Ga	artic	3 Filer ID (Ethics Commission Filers)
4 8	10(15/25	5 Full name of contributor 6 Contributor address;	out-of-state PAC City;	State; Zip Code	7 Amount of contribution (\$)
.8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Date 0 15 25	Full name of contributor Duber Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
			Zeltw		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	10/15/25	Contributor address;	mona t city; Alam	State; Zip Code	30
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	Date 10 (15	Full name of contributor Regues Contributor address;	out-of-state PAC	C (ID#:) A Grove State; Zip Code	Amount of contribution (\$)
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions) uployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	in the requestion in the thet applicable, De Net initiate the page in the report.					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	10/14/2	5 Full name of contributor out-of-state PAC Rey Garch City; Alauno	C	7 Amount of contribution (\$)		
8	Principal occu	pation / Job title (See Instructions) Auto Ports	9 Employer (See Instruct Self - Rey'S	Auto Parots.		
	Date 10 15 /2	Full name of contributor	137 124-124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of contribution (\$)		
	Principal occup	Pation / Job title (See Instructions)	Employer (See Instructi	health.		
	Date 10/15/25	Full name of contributor	State; Zip Code	Amount of contribution (\$)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
	Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

Solicitation/Fundraising Expense

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ting Expense Travel Out Of District Other (enter a category not listed above) v to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Celia Cha	3 Filer ID (Ethics Commission Filers)
4 Date 10/7/25	5 Payee name Darry Te	nes
6 Amount (\$)	7 Payee address;	City; State; Zip Code
600.		Alama TX
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE	6. 46.00 10	D.J. Service
OF EXPENDITURE	Event Expense	We
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10(8(25	Academy	
Amount (\$)	Payee address;	City; State; Zip Code
300.00		Edinburg TX
	Category (See Categories listed at the top of this schedul	e) Description
PURPOSE	guent Expenses	(Bill Prizes)
OF EXPENDITURE	Gilt Trizes	(Aitt 1/128)
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name O	
10/15/25	U.S. to	stal Services
Amount (\$)	Payee address;	City; State; Zip Code
800		Mc Aller TX
	Category (See Categories listed at the top of this schedul	
PURPOSE OF EXPENDITURE	Rostal Stamps	Rostal Stamps.
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Expense Travel In District
| Expense Travel Out of District
| Expense Travel Out of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	27 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974	er (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	5 Payee name Mary Luna	3 F	iler ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/16/25			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,000		Phan	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	contract (abor.		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/16/25	Clara Cas	123	
Amount (\$)	Payee address;	City;	State; Zip Code
1,000		Plan	DX.
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/25	Rafael Vic	encio	
Amount (\$)	Payee address;	City;	State; Zip Code
750.00		Homos	1×
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, or	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a catego	
	The Instruction Guide explains how to o	complete this form.	4	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date /0 n/25	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40	1984 to 1984 the of the order o	Λ1	\ .	() () () () () () () () () ()
500,-		flamo	4×	*
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	contract labor			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/25	Rosa Tor	res		
Amount (\$)	Payee address;	City;	State;	Zip Code
500,		Alamo	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	contract labor			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held
Date	Payee name	4		
10/19/25	Maricha	Country		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000		Phon	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	contract labor			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

ng Expense Travel In Districting Expense Travel Out of D

Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica		s/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	AA SECURIORI • HE ESCRIPTO - ESCRIPTO ESCRIPTO DE ESCR	
1 Total pages Schedule F1:	2 FILER NAME Celia Car 5 Payee name Fernanda 7 Payee address:	3 Filer ID (Ethics Commission File	ers)
4 Date	5 Payee name	1	
10/19/25	Fernanda l	!: lla huera	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
2,000.	*,	mª Allen	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	- 115	2 2	
OF EXPENDITURE	Consulting Expense	Rolling Expense	
EXPENDITORE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	J	
10/19/25 Amount (\$)	Sams		
Amount (\$)	Payee address;	City; State; Zip Code	
178.		N . L W.	
6-0		Mc Klen	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	green appear	Tood Beverage	
OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Shew Expense Food Reverse Expense	- GXPELSE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/21/25	Sams (Club	
Amount (\$)	Payee address;	City; State; Zip Code	
83		0.10	
240.	\mathcal{N}	uc Allem	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Event Expense	Food Beserage Expense	
EXPENDITURE	Event of	4000/ /M	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
oxpenditure to benefit 0/011	·		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	out of (or to a category not noted above)
1 Total pages Schedule F1:	2 FILER NAME Celia Gas	rcia	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/25	5 Payee name Jesus Rey	es	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.		Alane	s tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	contract labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	•	
10/24/25	Edna M	lastinez	
Amount (\$)	Payee address;	City;	State; Zip Code
350.00		Alamo	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10(24/25	Virginia	Falcon	
Amount (\$)	Payee address;	City;	State; Zip Code
350.00		+ lame	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contract (a) bot		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Advertising Expense Accounting/Banking

Consulting Expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Folling Expense Polling Expense Finding Expense Finding Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains I	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Colice G	larcia	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/25	5 Payee name	Garcia	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
350.00		A kes	n t
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Contract labor	,	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	4	
10/24/25	Bell	Martinez	-
Amount (\$)	Payee address;	City;	State; Zip Code
350.		House	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	contract (abov		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/25/25	Alvina	Morales	
Amount (\$)	Payee address;	City;	State; Zip Code
350.00		Alan	mis .
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Contract abor		
	Check if travel outside of Texas. Complete Sched	fule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Celia	Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 10 25/25	5 Payee name	Garcia na Acosta	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
350.		Alomo	,
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	contract (abor		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Carlo	5 Rodriquez	
Amount (\$)	Payee address;	City;	State; Zip Code
350		Alam	٩
	Category (See Categories listed at the top of this sch	Description	
PURPOSE OF EXPENDITURE	contract (abor		
	Check if travel outside of Texas. Complete School	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	s (
10/25	Kub	on Hernand	der
Amount (\$)	Payee address;	City;	State; Zip Code
350		Alae	mi
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	contract (who		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundralsing Expense

Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Colia Garc	3 Filer ID (Ethics Commission Filers)
4 Date 10/25/25	5 Payee name Lisa Vac	(a_	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
150.	-	Alamo	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	transportation 2 guip.	car Rudal	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	Ω.	
10/26/25	El Porado	Kest.	
Amount (\$)	Payee address;	City; State; Zip Code	
334.72		Alcuni	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/26/25	Sams	Club	
Amount (\$)	Payee address;	City; State; Zip Code	
411.65		Mckilon	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverage 44 peuse		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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/Politica Credit Card Payment	5	nting Expense aries/Wages/Contract Labor w to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Celia 6	Leveica	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	5 Payee name 3 tripes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
40.44		Alamo	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Food/Bederage Expense	2	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		- The control of the
10/21/25	Mc Douald's		
Amount (\$)	Payee address;	City;	State; Zip Code
65.00	¥	Alamo	1
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expuse	_	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/22/25	2 Dorad	lo Rest.	
Amount (\$)	Payee address;	City;	State; Zip Code
40.44		Alams	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Food Beverag Expense		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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	17:	rg Expense Travel Out Of District (es/Wages/Contract Labor Other (enter a category not listed above) to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Celia Gu	3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/25	5 Payee name B W B		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
21.65		Alamo	
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Food/Beverage Supplie	5 Lee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/22/25	Brand &	Poosters	
Amount (\$)	Payee address;	City; State; Zip Code	
400.00		Mc Allan Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Tributives 2x feeds Advertising 2x feeds	Description Canals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/23/25	chick	£1-A	
Amount (\$)	Payee address;	City; State; Zip Code	
328 00		MC Alen	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverege Expense	,	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (out of District)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 23/25	5 Payee name M Do walds		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
65.00	₽.	Mario	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Besevere Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/25	21 Dorado	Rest.	·
Amount (\$)	Payee address;	City;	State; Zip Code
40.44		Alam	D
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/25	Walareen	5	
Amount (\$)	Payee address;	City;	State; Zip Code
40.25		3an Jus	den
8	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Beverouge Expense	Cak	(e.s.:
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Department

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sa	Inting Expense Travel Out of District alaries/Wages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains he	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Celia Ga	3 Filer ID (Ethics Commission Filers)	
4 Date 10 (15	5 Payee name	+ Shop	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
974.35		Edinburg	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expens	e Banuer	
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date /	Payee name		
10/27	21 J	Porado Kestaurant	
Amount (\$)	Payee address;	City; State; Zip Code	
40,44.		Alamo	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule of the Section of the Schedule of the Section of the Schedule of the Section of t	1 months and a comment	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/26/25	Delia's	5 Jamales	
Amount (\$)	Payee address;	City; State; Zip Code	
80.00	.2	Santuan	
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF EXPENDITURE	Ford/Beverance Expen	-5¢_	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 25 25	5 Payee name HEB		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
65.00		Alamo	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Frank Beverouge Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/25/25	El Dora	do Rest.	
Amount (\$)	Payee address;	City;	State; Zip Code
40.44		Alans	2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Busevarae Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
.*			
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			