

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Robert Garcia		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 16842
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21842
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,119.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19042.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

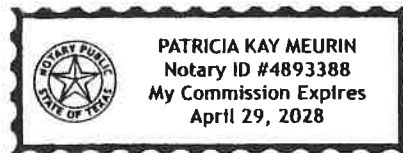
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert Garcia, CPA

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Garcia this the 7th day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Kay Meurin Patricia K Meurin
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
Counsel of Legal Services

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Robert Garcia		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16842
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 5000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 2799.87
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 320
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

Reset Form

Reset Page

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 form.		1 Total pages Schedule A1: 27
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Robert Garcia	7 Amount of contribution (\$) 5.00
02/22/2026	6 Contributor address; <small>City; State; Zip Code</small> San Antonio TX 78259	
8 Principal occupation / Job title (See Instructions) Owner Robert Garcia CPA PLLC		9 Employer (See Instructions) Self
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> C LeRoy Cavazos-Reyna	Amount of contribution (\$) 100.00
02/22/2026	Contributor address; <small>City; State; Zip Code</small> San Antonio TX 78231	
Principal occupation / Job title (See Instructions) Founder and CEO		Employer (See Instructions) Localism Inc.
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jose Falcon	Amount of contribution (\$) 50.00
02/22/2026	Contributor address; <small>City; State; Zip Code</small> Brookshire TX 77423	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Ruben Gonzalez	Amount of contribution (\$) 50.00
02/23/2026	Contributor address; <small>City; State; Zip Code</small> San Antonio TX 78244	
Principal occupation / Job title (See Instructions) Field Manager		Employer (See Instructions) Makotek
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Henry Hernandez 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78254-4406	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Loan Officer		9 Employer (See Instructions) NewFed Mortgage
Date 2/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Brianna Dimas Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Managing Director of Communications		Employer (See Instructions) Public Justice
Date 2/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Manuel Marquez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78252	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Jose Manzano Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Methodist Hospital

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) David Canales 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Lawyer/Former State District Judge		9 Employer (See Instructions) David Canales PLLC
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Amanda Crouch Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Jackson Walker LLP
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Christopher Mammen Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78213	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Andrea Dulany 6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77009	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Star of Hope
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Alyssa Rodriguez Contributor address; City; State; Zip Code [REDACTED] Houston TX 77072	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) PBK Architects Inc.
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Victoria Gonzalez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Project Management Specialist		Employer (See Instructions) Nationwide
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Jason Massiatte Contributor address; City; State; Zip Code [REDACTED] Converse TX 78247	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Hope at Heart Foundation

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Zachary Espericueta 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78223	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 02/24/2026	Full name of contributor out-of-state PAC (ID#: _____) James Bollom Contributor address; City; State; Zip Code 1 [REDACTED] Jersey Village TX 77040	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GSS
Date 02/25/2026	Full name of contributor out-of-state PAC (ID#: _____) John Agather Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/25/2026	Full name of contributor out-of-state PAC (ID#: _____) Matthew Russell Contributor address; City; State; Zip Code [REDACTED] Colorado Springs CO 80924	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Chief of Staff to the CMO		Employer (See Instructions) USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Lyssa Ochoa 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) PVA
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Anamaria Suescun Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) TalkStrategy
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Daiana Lambrecht Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Futuro San Antonio
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Brothers Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) IT Technician		Employer (See Instructions) Bridgehead IT

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Carolina Cisneros 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78240-1916	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Sales Director		9 Employer (See Instructions) Empower Brokerage
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Alia Puentes Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) EPIC Midstream Holdings LP
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Roselie Hewitt Contributor address; City; State; Zip Code [REDACTED] san antonio TX 78217	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) human resources		Employer (See Instructions) school of sci and technology
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Dax Moreno Contributor address; City; State; Zip Code [REDACTED] Boerne TX 78015-5073	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Verity SA

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Laneshia Mohip	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED] Round Lake IL 60073		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Polished CFO Solutions
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Rohan Goswami	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] Jacksonville FL 32246		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mayo Clinic
Date 2/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Rosemary Anguiano-Zuniga	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78214		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/27/2026	Full name of contributor out-of-state PAC (ID#: _____) April Monterrosa	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78224		
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions) Live from the Southside Magazine

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Mathias Proft 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) DR Horton
Date 02/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Ashley Esparza Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78221	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Marketing and Communications Director		Employer (See Instructions) The Center for Health Care Services
Date 03/01/26	Full name of contributor out-of-state PAC (ID#: _____) Asael P Portillo Jr Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78233	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Pearson
Date 03/01/26	Full name of contributor out-of-state PAC (ID#: _____) Mark J. Valadez Contributor address; City; State; Zip Code [REDACTED] Castle Hills TX 78213	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Valadez CPA

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/01/26	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Fernando Aguilar 6 Contributor address; <small>City; State; Zip Code</small> [REDACTED] San Antonio TX 78228	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Constituent Advocate: Veteran Specialist		9 Employer (See Instructions) U.S. House Representative Greg Casar
Date 03/01/26	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Patricia Gonzales Contributor address; <small>City; State; Zip Code</small> [REDACTED] Jvalde TX 78801	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/02/2026	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lisa Navarro Gonzales Contributor address; <small>City; State; Zip Code</small> [REDACTED] San Antonio TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Santana Consulting Group
Date 03/04/2026	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Juan Valdez Contributor address; <small>City; State; Zip Code</small> [REDACTED] San Antonio TX 78201	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) HCA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Ruben Gutierrez	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78240	
8 Principal occupation / Job title (See Instructions) Audit Manager		9 Employer (See Instructions) Truist
Date 03/04/2026	Full name of contributor out-of-state PAC (ID#: _____) Noah Garcia	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78254	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Vantage Bank
Date 03/05/2026	Full name of contributor out-of-state PAC (ID#: _____) Danielle Garcia	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED] San antonio TX 78209	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Government
Date 03/05/2026	Full name of contributor out-of-state PAC (ID#: _____) Andrew S. Cohen	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78216	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cohen Rabinowitz PLLC

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Gonzales 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78216	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) JB
Date 03/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Nelda Luna Contributor address; City; State; Zip Code [REDACTED] Pearsall TX 78061	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 03/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Maria Benavidez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78264	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SA Youth
Date 03/10/26	Full name of contributor out-of-state PAC (ID#: _____) Adam Velez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sr. Director		Employer (See Instructions) CHCS
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/26	5 Full name of contributor out-of-state PAC (ID#: _____) Carlos Acosta 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78216	7 Amount of contribution (\$) 225.00
8 Principal occupation / Job title (See Instructions) Business Advisor		9 Employer (See Instructions) Geekdom
Date 03/10/26	Full name of contributor out-of-state PAC (ID#: _____) Patricia Luna Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78253	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CAO		Employer (See Instructions) Division Laundry
Date 03/10/26	Full name of contributor out-of-state PAC (ID#: _____) Lawrence Romo Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78253	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Christian Biedenharn Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78217	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Grassroots Carbon

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Nicholas Longo 6 Contributor address; City; State; Zip Code [REDACTED] Portland TX 78374	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/12/26	Full name of contributor out-of-state PAC (ID#: _____) Katherine Juarez Contributor address; City; State; Zip Code [REDACTED] Houston TX 77056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Tax Attorney		Employer (See Instructions) 100.00
Date 03/12/26	Full name of contributor out-of-state PAC (ID#: _____) Elisa Perkins Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) People Operations leader		Employer (See Instructions) Favor Delivery
Date 03/12/26	Full name of contributor out-of-state PAC (ID#: _____) Nick Stone Contributor address; City; State; Zip Code [REDACTED] Grand Island NE 68803	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Longbow Industries

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/26	5 Full name of contributor out-of-state PAC (ID#: _____) David Brodie 6 Contributor address; City; State; Zip Code [REDACTED] Landenberg PA 19350	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) TMNAS
Date 03/12/26	Full name of contributor out-of-state PAC (ID#: _____) Melinda Ipp Contributor address; City; State; Zip Code [REDACTED] lano LA 71461	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) ALTRES
Date 03/12/26	Full name of contributor out-of-state PAC (ID#: _____) Lynn Blanco Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78223	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Toyota
Date 03/13/26	Full name of contributor out-of-state PAC (ID#: _____) TD Rutherford Contributor address; City; State; Zip Code [REDACTED] Austin TX 78735	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Southstar

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/26	5 Full name of contributor out-of-state PAC (ID#: _____) Nicole Foy 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78212	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Non Profit Director		9 Employer (See Instructions) Women's Global Connection
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Raul Cantu Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Bank Executive		Employer (See Instructions) MidFirst Bank
Date 03/14/2026	Full name of contributor out-of-state PAC (ID#: _____) Chris Valdez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78250	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Commercial Banker		Employer (See Instructions) Broadway Bank
Date 03/18/2026	Full name of contributor out-of-state PAC (ID#: _____) Yolanda Valenzuela Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78227	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Kym's Angels Foundation

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Brandi Sise 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78253	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Everth Perez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78223	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) TM
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Janie Barrera Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Kirpa Tech
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Crystal Cantu Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78250	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Director of Communications and Special Events		Employer (See Instructions) SAHCC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2026	5 Full name of contributor out-of-state PAC (ID#: _____) David Barrera 6 Contributor address; City; State; Zip Code [REDACTED] SAN ANTONIO TX 78259	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) State
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Geremy Landin Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78228	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Ritmo Institute for Salsa Education
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Michael Limas Contributor address; City; State; Zip Code [REDACTED] Brownsville TX 78526	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Futuro San Antonio
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Crystal Mishler Contributor address; City; State; Zip Code [REDACTED] Boerne TX 78006	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Enrolled Agent		Employer (See Instructions) Mishler & Associates
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Judith A Quiroz	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Helotes TX 78023	
8 Principal occupation / Job title (See Instructions) Academic Coordinator		9 Employer (See Instructions) UTHSCSA
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Joshua Pena	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78245	
Principal occupation / Job title (See Instructions) Mechanical Tech		Employer (See Instructions) Uage
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Marie Torres	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78246	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions) Aetna
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Beto Altamirano	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78215	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

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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 form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Dr. Christina Bocanegra 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78229	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Community Family Medicine PA
Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Ramiro Cavazos Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78258	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) USHCC
Date 03/21/26	Full name of contributor out-of-state PAC (ID#: _____) Ann Eisenberg Contributor address; City; State; Zip Code [REDACTED] Ypsilanti MI 48198	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Eastern Michigan University
Date 03/21/26	Full name of contributor out-of-state PAC (ID#: _____) Sylvia Romo Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

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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 form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/26	5 Full name of contributor out-of-state PAC (ID#: _____) Yesenia Cano 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78245	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) Server		9 Employer (See Instructions) Chilis
Date 03/23/26	Full name of contributor out-of-state PAC (ID#: _____) Krystina Irvin Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 782	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Our Lady of the Lake University
Date 03/24/2026	Full name of contributor out-of-state PAC (ID#: _____) MANUEL PELAEZ Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78256	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 03/24/2026	Full name of contributor out-of-state PAC (ID#: _____) Roberto Rodriguez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78256	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Broker & Managing Partner		Employer (See Instructions) Verde Commercial Real Estate

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Arlene Siller 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78230	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions) Grant Writer		9 Employer (See Instructions) Self Employed
Date 03/25/2026	Full name of contributor out-of-state PAC (ID#: _____) Cindy Medina Contributor address; City; State; Zip Code [REDACTED] Pflugerville TX 78660	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Raul Lomeli Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78259	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Welcome Tech Inc
Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Lori Alvarez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) ARC
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) LORRAINE CASTILLO 6 Contributor address; City; State; Zip Code [REDACTED] SAN ANTONIO TX 78210	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) VENNtion
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Jaime Gutierrez Contributor address; City; State; Zip Code [REDACTED] Mission TX 78572	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Merrill Lynch
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Martinez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78203	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Professional		Employer (See Instructions) HUB
Date 03/27/2026	Full name of contributor out-of-state PAC (ID#: _____) John Naranjo Contributor address; City; State; Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) David Brodie 6 Contributor address; City; State; Zip Code [REDACTED] Landenberg PA 19350	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Adriana Contreras Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78202	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) AVP		Employer (See Instructions) A&M-SA
Date 03/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Blanca MALDONADO Contributor address; City; State; Zip Code [REDACTED] Schertz TX 78108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Events Manager		Employer (See Instructions) Brighton Center
Date 03/30/2026	Full name of contributor out-of-state PAC (ID#: _____) H. Drew Galloway Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78242	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) BRIDGE Infrastructure Fund / NEO Philanthropy

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Austin Guerrero 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78212	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) PNC Bank
Date 03/30/2026	Full name of contributor out-of-state PAC (ID#: _____) June Goodwin Contributor address; City; State; Zip Code [REDACTED] Oakland CA 94611	Amount of contribution (\$) 27.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/30/2026	Full name of contributor out-of-state PAC (ID#: _____) Laura Cabanilla Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) USAA
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Ananda Tomas Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78229	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) ACT 4 SA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/26	5 Full name of contributor out-of-state PAC (ID#: _____) Juan Sanchez	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78212	
8 Principal occupation / Job title (See Instructions) CEO/Managing Partner		9 Employer (See Instructions) JMS CPAs - Self Employed
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Michelle Cantu	Amount of contribution (\$) 75.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78251	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions) Nationwide
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Maria Fernandez	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78258	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Destino Strategy Consulting
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Adriana Contreras	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78202	
Principal occupation / Job title (See Instructions) AVP		Employer (See Instructions) A&M-SA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/26	5 Full name of contributor out-of-state PAC (ID#: _____) Yvonne Rodriguez 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Rackspace
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Nicole Velesiotis Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78257	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Integrated Human Capital
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Amanda Ramirez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78213	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) UT San Antonio
Date 03/31/26	Full name of contributor out-of-state PAC (ID#: _____) Gabriela Ibarra Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78245	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Barro Roots		Employer (See Instructions) BR

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Vanessa Martinez 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78210	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Parity HR
Date 04/01/2026	Full name of contributor out-of-state PAC (ID#: _____) Anahi Gonzalez Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78221	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Bookkeeping Consultant		Employer (See Instructions) Las Bookies Bookkeeping Services
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Carlos Sanchez 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/28/2026	Full name of contributor out-of-state PAC (ID#: _____) James Morgan Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	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)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

Reset Form

Reset Page

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000
5 Date of loan 02/22/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Garcia	9 Loan Amount (\$) 5000
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Robert Garcia CPA PLLC
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2026	5 Payee name Sam Hernandez	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code [REDACTED] Helotes, TX 78023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description campaign support
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 3/10/2026	Payee name Tru Branding	
Amount (\$) 185.38	Payee address; City; State; Zip Code [REDACTED] San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Campaign Shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2026	5 Payee name Walgreens	
6 Amount (\$) 35.06	7 Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Print outs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD BoT
		Office held N/A
Date 03/10/2026	Payee name 3D Signs	
Amount (\$) 585.99	Payee address; City; State; Zip Code [REDACTED] Somerset, TX 78069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description signs/push cards
	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 Robert Garcia	Office sought ACD BoT
		Office held N/A
Date 03/26/2026	Payee name BDR Services	
Amount (\$) 280.00	Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign installation
	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 Robert Garcia	Office sought ACD BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2026	5 Payee name Monarch Trophy	
6 Amount (\$) 23.82	7 Payee address; City; State; Zip Code [REDACTED] Hollywood Park, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Name Tag
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD BoT
		Office held N/A
Date 03/26/2026	Payee name Board Couple	
Amount (\$) 384.29	Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description signs/push cards
	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 Robert Garcia	Office sought ACD BoT
		Office held N/A
Date 02/22/2026	Payee name Actblue	
Amount (\$) 5.74	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Payee name Actblue	
6 Amount (\$) 39.01	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 02/24/2026	Payee name Actblue	
Amount (\$) 5.34	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 02/25/2026	Payee name Actblue	
Amount (\$) 24.84	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2026	5 Payee name Actblue		
6 Amount (\$) 3.48	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT	Office held N/A
Date 02/27/2026	Payee name Actblue		
Amount (\$) 37.00	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees
	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 Robert Garcia	Office sought ACD9 BoT	Office held N/A
Date 02/28/2026	Payee name Actblue		
Amount (\$) 3.48	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees
	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 Robert Garcia	Office sought ACD9 BoT	Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2026	5 Payee name Actblue	
6 Amount (\$) 11.49	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/02/2026	Payee name Actblue	
Amount (\$) 8.36	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/04/2026	Payee name Actblue	
Amount (\$) 20.20	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2026	5 Payee name Actblue	
6 Amount (\$) 23.44	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/06/2026	Payee name Actblue	
Amount (\$) 11.61	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/09/2026	Payee name Actblue	
Amount (\$) 3.48	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2026	5 Payee name Actblue	
6 Amount (\$) 22.87	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/11/2026	Payee name Actblue	
Amount (\$) 3.72	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/12/2026	Payee name Actblue	
Amount (\$) 33.90	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2026	5 Payee name Actblue	
6 Amount (\$) 34.59	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/14/2026	Payee name Actblue	
Amount (\$) 11.84	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/18/2026	Payee name Actblue	
Amount (\$) 8.59	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2026	5 Payee name Actblue	
6 Amount (\$) 72.10	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/21/2026	Payee name Actblue	
Amount (\$) 6.96	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/23/2026	Payee name Actblue	
Amount (\$) 13.47	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2026	5 Payee name Actblue	
6 Amount (\$) 27.51	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/25/2026	Payee name Actblue	
Amount (\$) 5.34	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/26/2026	Payee name Actblue	
Amount (\$) 33.20	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2026	5 Payee name Actblue	
6 Amount (\$) 18.58	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/28/2026	Payee name Actblue	
Amount (\$) 12.07	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 03/30/2026	Payee name Actblue	
Amount (\$) 14.81	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2026	5 Payee name Actblue	
6 Amount (\$) 35.64	7 Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date 04/01/2026	Payee name Actblue	
Amount (\$) 2.67	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule F3:</p>
<p>2 FILER NAME</p>	<p>3 Filer ID (Ethics Commission Filers)</p>

<p>4 Date</p>	<p>5 Name of person from whom investment is purchased</p>
	<p>6 Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>7 Description of investment</p>
	<p>8 Amount of investment (\$)</p>

<p>Date</p>	<p>Name of person from whom investment is purchased</p>
	<p>Address of person from whom investment is purchased; City; State; Zip Code</p>
	<p>Description of investment</p>
	<p>Amount of investment (\$)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) 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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) 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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2026	5 Payee name Wix	
6 Amount (\$) 320.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [REDACTED] San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Website
	(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 Robert Garcia	Office sought ACD9 BoT
		Office held N/A
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received Check if political contribution returned to filer	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Robert Garcia

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Robert Garcia		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 4,745.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,791.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,996.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

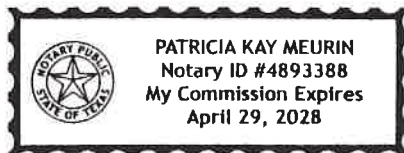
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Robert Garcia CPA

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Garcia this the 23 day of April, 2026, to certify which, witness my hand and seal of office.

Don Kay Me Patricia Kay Meurin COO of Legal Services
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4745.26
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 5000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8791.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Reset Form

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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 form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/26	5 Full name of contributor out-of-state PAC (ID#: _____) Maribel Magana 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78221	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Del Mar Primary Home Care
Date 04/03/26	Full name of contributor out-of-state PAC (ID#: _____) Mindy Miller Hill Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78209	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Higher education		Employer (See Instructions) Trinity University
Date 04/04/26	Full name of contributor out-of-state PAC (ID#: _____) Amanda Ramirez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) UT San Antonio
Date 04/05/26	Full name of contributor out-of-state PAC (ID#: _____) Tony Saucedo Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) BWC

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Sara Briseno Gerrish ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78204	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) REMAX Unlimited
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Ruben Gonzalez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78244	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Field Manager		Employer (See Instructions) Makotek
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Gabrien Gregory ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78270	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Army Reserve
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Angela Loera ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78254	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Karina N. Quintanilla 6 Contributor address; City; State; Zip Code [REDACTED] Uvalde, TX 78801	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Karina N Quintanilla
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Sandra Morales Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78207	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) House of Neighborly Service
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Henry Hernandez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78254-4406	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Henry Hernandez
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) John Pufal Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) JMP CPA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Victoria C. Shipley ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78240	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Victoria C. Shipley		9 Employer (See Instructions) Victoria C. Shipley
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Brian Benavidez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78210	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Mural Ride Bike Tours
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Kristen A Proft ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) April Monterrosa ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78224	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions) Live From The Southside Magazine

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Terry Rawe 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78247	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) IT Professional		9 Employer (See Instructions) Nationwide
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Amanda Johnson Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CSA		Employer (See Instructions) DAL
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Laura Mayes Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78231	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Assistant Vice President		Employer (See Instructions) WSP
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Lori Alvarez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr Specialist		Employer (See Instructions) ARC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Ashley Goswami 6 Contributor address; City; State; Zip Code [REDACTED] Cordova, TN 38016	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Daniel Martinez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78240-5239	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Nonprofit
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Dax Moreno Contributor address; City; State; Zip Code [REDACTED] Boerne, TX 78015	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Verity SA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Enrique Salinas Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78220	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Social Worker		Employer (See Instructions) East Central ISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Zachary Espericueta 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78223	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Self
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Nicolas Oscari Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) CRI CPA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Serda Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78253-5756	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Emmanuel Casasola Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP of Lab Operations		Employer (See Instructions) QualTex Laboratories

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) April Kazen 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78258	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP Communications and Marketing		9 Employer (See Instructions) SJRC Texas
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Jessica Sifuentes Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78218	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) VIA Metro Transit
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Jose Manzano Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Methodist Children's Hospital
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Maria Plascencia Contributor address; City; State; Zip Code [REDACTED] Natalia, TX 78059	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Claims Manager		Employer (See Instructions) Nationwide Insurance

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Aurora Medina 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78245-1635	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Texas A&M Univ - SA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Sara Cook Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78238	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accounting Manager		Employer (See Instructions) RGCPA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Victoria Gonzalez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78244	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Management		Employer (See Instructions) Nationwide
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Juan Sanchez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO/Managing Partner		Employer (See Instructions) JMS CPAs - Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) William Poneck	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212	
8 Principal occupation / Job title (See Instructions) Assistant		9 Employer (See Instructions) Escamilla & Poneck, LLP
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Zachary Zurek	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Jackson Walker LLP
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Marc Mendez	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Amber Rodriguez	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Ashley Esparza 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78221	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Marketing and Communications Director		9 Employer (See Instructions) The Center for Health Care Services
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Lynn Blanco Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78223	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Toyota North America
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Blanca Maldonado Contributor address; City; State; Zip Code [REDACTED] Schertz, TX 78108	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Events Manager		Employer (See Instructions) Brighton Center
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Lisa Lopez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78221	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Community First Health Plan

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Valerie Reiffert 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Nonprofit
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Judith A Quiroz Contributor address; City; State; Zip Code [REDACTED] Helotes, TX 78023	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Academic Coordinator		Employer (See Instructions) UTHSCSA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Sharon Samelson Contributor address; City; State; Zip Code Sharon Samelson	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) MECA
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Roxanna Rios Contributor address; City; State; Zip Code [REDACTED] Helotes, TX 78023	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR Manager		Employer (See Instructions) Division Laundry

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah Faeth ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78247	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Development		9 Employer (See Instructions) UIW
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Evita Morin ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78230	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Evita Morin
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Danielle Smothers ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78233	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Generations Federal Credit Union
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Alessandra L Sanchez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78227	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Chastity Cantu 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Consulting Director		9 Employer (See Instructions) Nationwide Insurance
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Stacy Cantu Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78217	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) UT San Antonio
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Patricia Luna Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78253-5101	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CAO		Employer (See Instructions) Division Laundry
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Martin Martinez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78242	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Co-owner		Employer (See Instructions) High Water Bonsai

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Brenda Cervantes	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) CPS Energy
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Lawson Picasso	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Joshua Baugh	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78216	
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) VIA Metropolitan Transit
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Kim Munoz	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78246	
Principal occupation / Job title (See Instructions) Rideshare Administrator		Employer (See Instructions) VIA Metro

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SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Nethery ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78210	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Flor Gutierrez ----- Contributor address; City; State; Zip Code [REDACTED] Converse, TX 78109	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Jeremy Roberts ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tú TeleDoc
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Paul M Morales ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78237	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Roland Cisneros 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Cyber Security		9 Employer (See Instructions) DoD
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Bradford Kaufman Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78209	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) CBRE
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Yvonne Martinez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78256-2589	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Clarissa Tejeda Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78221	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Texas A&M University-San Antonio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Irene Chavez 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78253	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions) Office of Congressman Greg Casar
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Maria Fernandez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78258	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Josefina Verneman Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Adam Castillo Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78238	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Rosalinda Siller 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78227	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Parker Dixon Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Parker Dixon
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Manuel Marquez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78252	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Amanda Crouch Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78230	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jackson Walker

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/26	5 Full name of contributor out-of-state PAC (ID#: _____) Jason Longoria ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78240	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Central Catholic High School
Date 04/07/26	Full name of contributor out-of-state PAC (ID#: _____) Mario Vela ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78216	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) University
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Vanessa Rendón-Cazarez ----- Contributor address; City; State; Zip Code [REDACTED] Bulverde, TX 78163	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) UIW
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Maria Benavidez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78264	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/26	5 Full name of contributor out-of-state PAC (ID#: _____) Marinella Murillo	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78245		
8 Principal occupation / Job title (See Instructions) Executive Officer		9 Employer (See Instructions) San Antonio AFLCIO
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Nicolas Garcia	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) City of San Antonio
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Martin Gutierrez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) San Antonio Board of Realtors
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Kristian Gutierrez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Employment Specialist		Employer (See Instructions) Let's Go Texas

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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 form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/26	5 Full name of contributor out-of-state PAC (ID#: _____) Elaine Leahy ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78204	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Development Director		9 Employer (See Instructions) Contemporary Art for San Antonio
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Ina Minjarez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Eric Michael Garza ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78240	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mayer LLP
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Melissa Vela-Williamson ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78251	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self

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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 form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/26	5 Full name of contributor out-of-state PAC (ID#: _____) Kazim Fahim ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Associate Creative Director		9 Employer (See Instructions) Chamoy Creative
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Daiana Lambrecht ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Futuro San Antonio
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Hugo Sanchez ----- Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77345	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Partner		Employer (See Instructions) Butler & Sanchez LLC
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Arlyn Thobaben ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78248	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Arlyn Thobaben
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/26	5 Full name of contributor out-of-state PAC (ID#: _____) Kathleen Vale 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78216	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Ricardo Gonzalez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78253	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Anissa Mahone Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78229	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) UTSA
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Robert Reyna Contributor address; City; State; Zip Code [REDACTED] San Antonio,	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community Development Director		Employer (See Instructions) Bexar County

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/26	5 Full name of contributor out-of-state PAC (ID#: _____) Jessica Lopez Ricard 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78263	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Small Business Owner		9 Employer (See Instructions) Rooted Joy Linguistics
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Nelly Rojasmoreno Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) NALCAB
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Grace Garza Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78245	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Northside ISD
Date 04/08/26	Full name of contributor out-of-state PAC (ID#: _____) Edward Mungia Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78224	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) District 4

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/26	5 Full name of contributor out-of-state PAC (ID#: _____) Stephanie Cantu 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78240	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Support Analyst		9 Employer (See Instructions) USAA
Date 04/09/26	Full name of contributor out-of-state PAC (ID#: _____) Lindsay Thomas Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78260	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) NEISD
Date 04/09/26	Full name of contributor out-of-state PAC (ID#: _____) Michelle Rodriguez Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78223	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 04/09/26	Full name of contributor out-of-state PAC (ID#: _____) La-Tieka Sims Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78245	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Council Staffer		Employer (See Instructions) COSA D7

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/26	5 Full name of contributor out-of-state PAC (ID#: _____) Edward Aaron Romero ----- 6 Contributor address; City; State; Zip Code [REDACTED] Canyon Lake, TX 78133	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) VIA
Date 04/10/26	Full name of contributor out-of-state PAC (ID#: _____) Jeanette Gonzalez ----- Contributor address; City; State; Zip Code [REDACTED] Cibolo, TX 78108	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Local Government
Date 04/10/26	Full name of contributor out-of-state PAC (ID#: _____) Joshua Villegas ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78254-6177	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Welder		Employer (See Instructions) Union Local 142
Date 04/10/26	Full name of contributor out-of-state PAC (ID#: _____) Danielle Gawronski ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78217	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) University of Texas San Antonio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/26	5 Full name of contributor out-of-state PAC (ID#: _____) Ken Gregg 6 Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 77401	7 Amount of contribution (\$) \$20.26
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/12/26	Full name of contributor out-of-state PAC (ID#: _____) James Nortey Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SAGE
Date 04/12/26	Full name of contributor out-of-state PAC (ID#: _____) Teresa Niño Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78212	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Our Lady of the Lake
Date 04/14/26	Full name of contributor out-of-state PAC (ID#: _____) Marlene Rosenboom Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78258	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) BD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: _____
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers) _____
4 Date 04/14/26	5 Full name of contributor out-of-state PAC (ID#: _____) Jeanene Carlson ----- 6 Contributor address; City; State; Zip Code [REDACTED] Santa Rosa, CA 95409	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Self
Date 04/15/26	Full name of contributor out-of-state PAC (ID#: _____) Mark A Este ----- Contributor address; City; State; Zip Code [REDACTED] Spokane, WA 99201	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director of Community Engagement		Employer (See Instructions) Eastern Washington University
Date 04/15/26	Full name of contributor out-of-state PAC (ID#: _____) Paulina Sandoval ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78261	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) First Assured Quality Systems
Date 04/17/26	Full name of contributor out-of-state PAC (ID#: _____) Janie Gonzalez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78212	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Webhead

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/26	5 Full name of contributor out-of-state PAC (ID#: _____) Maribel Magana ----- 6 Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78221	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Del Mar Primary Home Care
Date 04/03/26	Full name of contributor out-of-state PAC (ID#: _____) Mindy Miller Hill ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78209	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Higher education		Employer (See Instructions) Trinity University
Date 04/04/26	Full name of contributor out-of-state PAC (ID#: _____) Amanda Ramirez ----- Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78213	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) UT San Antonio
Date 04/05/26	Full name of contributor out-of-state PAC (ID#: _____) Tony Saucedo ----- Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) BWC

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000
5 Date of loan 02/22/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Garcia	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] San Antonio TX 78259	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Robert Garcia CPA PLLC
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
-----------------------------------	--------------------------------------	--

4 Date 4/08/26	5 Payee name 3D Signs
--------------------------	---------------------------------

6 Amount (\$) \$196.29	7 Payee address; [REDACTED] Somerset, TX 78069	City;	State;	Zip Code
Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign advertisement	(b) Description signs/push cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9	Office held NA
---	--	------------------------------	-------------------

Date 4/14/26	Payee name 3D Signs
-----------------	------------------------

Amount (\$) \$6,385.23	Payee address; [REDACTED] Somerset, TX 78069	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement	Description signs/push cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9	Office held NA
--	--	------------------------------	-------------------

Date 4/14/26	Payee name Meta Platform Inc.
-----------------	----------------------------------

Amount (\$) \$22.00	Payee address; [REDACTED] Menlo Park, CA 94025	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement	Description digital ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD BOT D9	Office held NA
--	--	-----------------------------	-------------------

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/26	5 Payee name Meta Platforms Inc.		
6 Amount (\$) \$22.00	7 Payee address; City; State; Zip Code Menlo Park, CA 94025 <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign advertisement		(b) Description digital ads
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9	Office held NA
Date 4/16/26	Payee name Meta Platforms Inc.		
Amount (\$) \$22.00	Payee address; City; State; Zip Code Menlo Park, CA 94025 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement		Description digital ads
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9	Office held NA
Date 4/16/22	Payee name Meta Platforms Inc.		
Amount (\$) \$19.00	Payee address; City; State; Zip Code Menlo Park, CA 94025 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement		Description digital ads
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACD BOT D9	Office held NA

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Reset Form

Reset Page

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/16/26	5 Payee name Meta Platform Inc.	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign advertisement	(b) Description digital ads
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9
		Office held NA
Date 4/17/26	Payee name Meta Platform Inc.	
Amount (\$) \$22.00	Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement	Description digital ads
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9
		Office held NA
Date 4/17/26	Payee name Meta Platform Inc.	
Amount (\$) \$23.00	Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025 + <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement	Description digital ads
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia	Office sought ACCD BOT D9
		Office held NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Form

Reset Page

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
	<small>Check if individual's residence address.</small>			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
	<small>Check if individual's residence address.</small>			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
	<small>Check if individual's residence address.</small>			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1;	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Garcia		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/26	5 Payee name Lina Silva		
6 Amount (\$) \$174.00	7 Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78201 <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) campaign support		(b) Description campaign support
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia		Office sought ACD BOT D9
			Office held NA
Date 4/14/26	Payee name Sam Hernandez		
Amount (\$) \$500.00	Payee address; City; State; Zip Code [REDACTED] Helotes TX 78023 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign support		Description campaign support
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia		Office sought ACD BOT D9
			Office held NA
Date 4/20/26	Payee name Meta Platform Inc.		
Amount (\$) \$24.00	Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) campaign advertisement		Description digital ads
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Robert Garcia		Office sought ACD BOT D9
			Office held NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Robert Garcia

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below *only* if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section *only* if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER