



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Robert Garcia		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,119.87
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19042.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

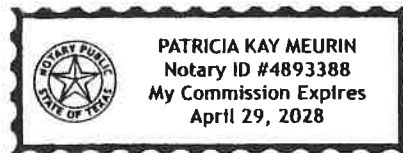
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 7<sup>th</sup> day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Kay Meurin Patricia K 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**

<b>19 FILER NAME</b> Robert Garcia		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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: <b>27</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Robert Garcia</b>	7 Amount of contribution (\$)  <b>5.00</b>
<b>02/22/2026</b>	6 Contributor address; <small>City; State; Zip Code</small> <b>[REDACTED] San Antonio TX 78259</b>	
8 Principal occupation / Job title (See Instructions) <b>Owner Robert Garcia CPA PLLC</b>		9 Employer (See Instructions) <b>Self</b>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>C LeRoy Cavazos-Reyna</b>	Amount of contribution (\$)  <b>100.00</b>
<b>02/22/2026</b>	Contributor address; <small>City; State; Zip Code</small> <b>[REDACTED] San Antonio TX 78231</b>	
Principal occupation / Job title (See Instructions) <b>Founder and CEO</b>		Employer (See Instructions) <b>Localism Inc.</b>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jose Falcon</b>	Amount of contribution (\$)  <b>50.00</b>
<b>02/22/2026</b>	Contributor address; <small>City; State; Zip Code</small> <b>[REDACTED] Brookshire TX 77423</b>	
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Ruben Gonzalez</b>	Amount of contribution (\$)  <b>50.00</b>
<b>02/23/2026</b>	Contributor address; <small>City; State; Zip Code</small> <b>[REDACTED] San Antonio TX 78244</b>	
Principal occupation / Job title (See Instructions) <b>Field Manager</b>		Employer (See Instructions) <b>Makotek</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/23/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>David Canales</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78259</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Lawyer/Former State District Judge</b>		9 Employer (See Instructions) <b>David Canales PLLC</b>
Date <b>02/23/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amanda Crouch</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78230</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Partner</b>		Employer (See Instructions) <b>Jackson Walker LLP</b>
Date <b>02/23/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Mammen</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78213</b>	Amount of contribution (\$) <b>100.00</b>
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 <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/24/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Zachary Espericueta</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78223</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Insurance</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>02/24/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Bollom</b> Contributor address; City; State; Zip Code [REDACTED] <b>Jersey Village TX 77040</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>GSS</b>
Date <b>02/25/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>John Agather</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>02/25/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Matthew Russell</b> Contributor address; City; State; Zip Code [REDACTED] <b>Colorado Springs CO 80924</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Chief of Staff to the CMO</b>		Employer (See Instructions) <b>USAA</b>

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

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

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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 02/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mathias Proft</b> 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#: _____) <b>Ashley Esparza</b> 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#: _____) <b>Asael P Portillo Jr</b> 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#: _____) <b>Mark J. Valadez</b> 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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4 Date <b>03/01/26</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Fernando Aguilar</b> ..... 6 Contributor address; <small>City; State; Zip Code</small> [REDACTED] <b>San Antonio TX 78228</b>	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions) <b>Constituent Advocate: Veteran Specialist</b>		9 Employer (See Instructions) <b>U.S. House Representative Greg Casar</b>
Date <b>03/01/26</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Patricia Gonzales</b> ..... Contributor address; <small>City; State; Zip Code</small> [REDACTED] <b>Uvalde TX 78801</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>03/02/2026</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Lisa Navarro Gonzales</b> ..... Contributor address; <small>City; State; Zip Code</small> [REDACTED] <b>San Antonio TX 78209</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Santana Consulting Group</b>
Date <b>03/04/2026</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Juan Valdez</b> ..... Contributor address; <small>City; State; Zip Code</small> [REDACTED] <b>San Antonio TX 78201</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Government Relations</b>		Employer (See Instructions) <b>HCA</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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

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

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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: <b>27</b>
2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/10/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carlos Acosta</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78216</b>	7 Amount of contribution (\$) <b>225.00</b>
8 Principal occupation / Job title (See Instructions) <b>Business Advisor</b>		9 Employer (See Instructions) <b>Geekdom</b>
Date <b>03/10/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia Luna</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78253</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>CAO</b>		Employer (See Instructions) <b>Division Laundry</b>
Date <b>03/10/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lawrence Romo</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78253</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>03/11/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christian Biedenharn</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78217</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Grassroots Carbon</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/11/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Nicholas Longo</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Portland TX 78374</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>03/12/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Katherine Juarez</b> Contributor address; City; State; Zip Code [REDACTED] <b>Houston TX 77056</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Tax Attorney</b>		Employer (See Instructions) <b>100.00</b>
Date <b>03/12/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Elisa Perkins</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78230</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>People Operations leader</b>		Employer (See Instructions) <b>Favor Delivery</b>
Date <b>03/12/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Nick Stone</b> Contributor address; City; State; Zip Code [REDACTED] <b>Grand Island NE 68803</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Controller</b>		Employer (See Instructions) <b>Longbow Industries</b>

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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 03/12/26	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] New Llano 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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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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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 03/20/2026	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#: _____) Jeremy 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
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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 03/20/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Judith A Quiroz 6 Contributor address; City; State; Zip Code [REDACTED] Helotes TX 78023	7 Amount of contribution (\$) 100.00
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 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78245	Amount of contribution (\$) 50.00
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 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78246	Amount of contribution (\$) 50.00
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 Contributor address; City; State; Zip Code [REDACTED] San Antonio TX 78215	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/20/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Dr. Christina Bocanegra</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78229</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Director</b>		9 Employer (See Instructions) <b>Community Family Medicine PA</b>
Date <b>03/20/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ramiro Cavazos</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78258</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>USHCC</b>
Date <b>03/21/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ann Eisenberg</b> Contributor address; City; State; Zip Code [REDACTED] <b>Ypsilanti MI 48198</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>Eastern Michigan University</b>
Date <b>03/21/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sylvia Romo</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78230</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>Self</b>
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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 03/23/26	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 78245	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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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

# SCHEDULE A1

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/30/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Austin Guerrero</b> ..... 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78212</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Vice President</b>		9 Employer (See Instructions) <b>PNC Bank</b>
Date <b>03/30/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>June Goodwin</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>Oakland CA 94611</b>	Amount of contribution (\$)  <b>27.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>03/30/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Laura Cabanilla</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78230</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Finance</b>		Employer (See Instructions) <b>USAA</b>
Date <b>03/31/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ananda Tomas</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78229</b>	Amount of contribution (\$)  <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>Executive Director</b>		Employer (See Instructions) <b>ACT 4 SA</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Juan Sanchez</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78212</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>CEO/Managing Partner</b>		9 Employer (See Instructions) <b>JMS CPAs - Self Employed</b>
Date <b>03/31/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michelle Cantu</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78251</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>HR Consultant</b>		Employer (See Instructions) <b>Nationwide</b>
Date <b>03/31/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Maria Fernandez</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78258</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Consultant</b>		Employer (See Instructions) <b>Destino Strategy Consulting</b>
Date <b>03/31/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Adriana Contreras</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78202</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) <b>AVP</b>		Employer (See Instructions) <b>A&amp;M-SA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 03/31/26	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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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: <b>27</b>
2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Vanessa Martinez</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78210</b>	7 Amount of contribution (\$) <b>75.00</b>
8 Principal occupation / Job title (See Instructions) <b>Founder</b>		9 Employer (See Instructions) <b>Parity HR</b>
Date <b>04/01/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Anahi Gonzalez</b> Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78221</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>Bookkeeping Consultant</b>		Employer (See Instructions) <b>Las Bookies Bookkeeping Services</b>
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)

**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: <b>27</b>
2 FILER NAME <b>Robert Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/05/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carlos Sanchez</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio, TX 78259</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>02/28/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Morgan</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**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.

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

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/13/2026	<b>5</b> Payee name Sam Hernandez	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Helotes, TX 78023	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description campaign support
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/02/2026	<b>5</b> Payee name Walgreens	
<b>6</b> Amount (\$) <b>35.06</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78259	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description Print outs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>585.99</b>	Payee address; City; State; Zip Code [REDACTED] Somerset, TX 78069	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description signs/push cards
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>280.00</b>	Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78222	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign installation
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/28/2026	<b>5</b> Payee name Monarch Trophy	
<b>6</b> Amount (\$) <b>23.82</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Hollywood Park, TX 78232	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Name Tag
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>384.29</b>	Payee address; City; State; Zip Code [REDACTED] San Antonio, TX 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description signs/push cards
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>5.74</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/23/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>39.01</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED], Somerville, MA 02144	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>5.34</b>	Payee address; City; State; Zip Code [REDACTED], Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>24.84</b>	Payee address; City; State; Zip Code [REDACTED], Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/26/2026	<b>5</b> Payee name Actblue		
<b>6</b> Amount (\$) 3.48	<b>7</b> Payee address; City; State; Zip Code Somerville, MA 02144		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
<b>9</b> 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 Somerville, MA 02144		
<b>PURPOSE OF EXPENDITURE</b>	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 Somerville, MA 02144		
<b>PURPOSE OF EXPENDITURE</b>	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

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/01/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>11.49</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>8.36</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>20.20</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>23.44</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> 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 (\$) <b>11.61</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	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 03/09/2026	Payee name Actblue	
Amount (\$) <b>3.48</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	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.

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

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/13/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>34.59</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>11.84</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>8.59</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>72.10</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>6.96</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>13.47</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/24/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) <b>27.51</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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 (\$) <b>5.34</b>	Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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 (\$) <b>33.20</b>	Payee address; City; State; Zip Code [REDACTED] MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/27/2026	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) 18.58	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY 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.

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

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# 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.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> 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	

<b>11</b> 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
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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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# 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><b>1</b> Total pages Schedule F3:</p>
<p><b>2</b> FILER NAME</p>	<p><b>3</b> Filer ID (Ethics Commission Filers)</p>

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

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# 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

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b>		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution		
<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>8 PURPOSE OF EXPENDITURE</b> <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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Robert Garcia	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/13/2026	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) 320.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code [REDACTED] San Francisco, CA 94158	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Website
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> 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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address;	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> 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
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<b>PURPOSE OF EXPENDITURE</b>	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
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<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City State Zip Code
<b>8</b> 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 <span style="float: right;">Check if political contribution returned to filer</span>	

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 <span style="float: right;">Check if political contribution returned to filer</span>	

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 <span style="float: right;">Check if political contribution returned to filer</span>	

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 <span style="float: right;">Check if political contribution returned to filer</span>	

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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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
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		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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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