CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM C/OH **COVER SHEET PG 1** The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 26 3 CANDIDATE/ MS / MRS / MR FIRST MI **OFFICEHOLDER** Mrs OFFICE USE ONLY atalia NAME NICKNAME Late Received LAST Garcia 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** MAILING 851271 PO BOX Musquite TX 75185 ADDRESS Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER PHONE (97L) 996-1136 CAMPAIGN MS / MRS / MR FIRST TREASURER Mes Maria NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Espinosa CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TREASURER STATE; ZIP CODE ADDRESS PO Box 851936 Mesquite TX (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER TREASURER EXTENSION PHONE (469) 644- 5903 9 REPORT TYPE January 15 30th day before election X Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED ÓZ 20 2022 THROUGH 16/22 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Runoff Day ___ Other Description 24/2022 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REREQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME						
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OUTSTANDING LOAN TOTALS	6. I	TOTAL PRINCIPAL A LAST DAY OF THE I	AMOUNT OF ALL REPORTING PE	OUTSTANDING LO	ANS AS OF THE	
18 SIGNATURE I sv	wear, or affir	rm, under penalty of eported by me under	f perjury, that th	e accompanying re	port is true and	correct and includes all information
1) Affidavit		Please	complete	either option	below:	
NOTARY STAMP/SEAL						
Sworn to and subscribed be	efore me h	V				
		s my hand and seal o	f office.		this the	day of,
ignature of officer administerin	ig oath	Printed o	ame of officer adm	deistavlas 11		
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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		atalia	A	Garcia	Williams			No. of the last of
		LE SUBTOTALS SCHEDULE						SUBTOTAL AMOUNT
1.	Z	SCHEDULE A1:	MONET	ARY POLITICAL	LCONTRIBUTIONS		\$	9458.45
2.		SCHEDULE A2:	NON-M	ONETARY (IN-K	(IND) POLITICAL CONTR	IBUTIONS	\$	ø
3.		SCHEDULE B:	PLEDGE	D CONTRIBUTI	IONS		\$	ø
4.	SCHEDULE E: LOANS				\$	17,369.7		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$	24,581.		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$	ø		
7.		SCHEDULE F3	: PURC	HASE OF INVE	STMENTS MADE FROM	POLITICAL CONTRIBUTIONS	\$	ø
8.		SCHEDULE F4	: EXPE	NDITURES MAI	DE BY CREDIT CARD		\$	p
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				\$	ø		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$	ø		
11.		SCHEDULE I: N	ION-POL	LITICAL EXPEN	DITURES MADE FROM P	OLITICAL CONTRIBUTIONS	\$	ø
12.		SCHEDULE K:	INTERI TO FILE		GAINS, REFUNDS, AND	CONTRIBUTIONS RETURNED	\$	\$

SCHEDULE A1

Date S Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Date Date 5 Full name of contributor State Zip Code	FILER NAME		1 of \$ 9
Ance Prothro Ance Prothro Ance Prothro City: State: Zip Code 711 Cornell Or. Rockwell Tt 75081 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (S) Fayer Hetanith Contributor address: City: State: Zip Code 259. 92 Amount of contribution (S) Fayer Hetanith Contributor address: City: State: Zip Code 2148 Siene Or. Pearland Tx 77581 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (S) Other Jinhole Contributor address: City: State: Zip Code 1639 Ceder Bluff Ln Oelles Tx 75253 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (S) Bemployer (See Instructions) Employer (See Instructions) Amount of contribution (S) Amount of contribution (S)	THE CONTRACTOR	atalia A Garcia Williams	3 Filer ID (Ethics Commission Filers)
A-31-22 6 Contributor address; City; State; Zip Code 359. 92	Date		7 Amount of contribution (\$)
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Fayer Hatamikh Contributor address; City; State; Zip Code 259. 92 2148 Sirna Dr. Parland TX 77581 Principal occupation / Job title (See Instructions) Date Full name of contributor Omar Sinnace Contributor address; City; State; Zip Code 1539 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Omar Sinnace Contributor address; City; State; Zip Code 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
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	8	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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4-1-22 R	_ out		
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SCHEDULE A1

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

SCHEDULE A1

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SCHEDULE A1

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	Contributor address; City; State; Zip Code	. •
	cupation / Job title (See Instructions) Employer (See Instru	uctions)

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: 1 06 7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) a. Garcia Williams atalia 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) Atalia a. Gercia Williams 5/1/2022 17, 369, 77 Is lender 10 Interest rate a financial Buy 85 1271 Misquit Tx 75185 Institution? 11 Maturity date Y 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political none account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender out-of-state PAC (ID#:__ Loan Amount (\$) Is lender Lender address: Interest rate City; State: Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address: City; State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	T	omplete this form.
Total pages Schedule F1		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
2-21-2~	Atalia A. Fricia W 5 Payee name Amezon Morket Pl	6 ba
70.33	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement Expens.	(b) Description Stickere
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
7-21-22	Payee name DS Political	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Dig13-1 A4-
	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/O	Candidate / Officeholder name DH	Office sought Office held
Date 2-23-22	Payee name US P 5	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Stamps and man fur
OF EXPENDITURE		pcc ,
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-22	Otalia a. Garcia W 5 Payee name Executiva Press	Jnc
6 Amount (\$) 261. 91	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campeign McZerol
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 2-25-21	Payee name	
Amount (\$) 455. 7 ³	Execution Pres J. Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Campaign Makeril
Complete ONLY if direct	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
expenditure to benefit C/OH		Office sought Office held
2-25- 22	Payee name Juse Rico	
Amount (\$) 440.0°	Payee address;	City; State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Contract Luber	Canvassing
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 3 0 + 14 atalia 5 Payee name 2-25-22 Executive 6 Amount (\$) 7 Payee address; State; Zip Code 2457.37 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Compaign Makerel Check if Austin, TX, efficeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name ATC Textins 2-26-22 Amount (\$) Payee address: State: Zip Code 930.00 Category (See Categories listed at the top of this schedule) Description PURPOSE advertisement OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Luke Tinker 2-28-22 Amount (\$) Payee address; City; State; Zip Code 2000.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Cenvessing. Contract labor Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

schedule F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Atalia a Gassi	3 Filer ID (Ethics Commission Filers)
4 Date 3-1-22	5 Payee name Face book Inc	
3 Amount (\$) /97. 67	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Face Sook ads
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-3-22	Eco latina	
Amount (\$)	Payee address;	City; State; Zip Code
799.33		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	advertise ment	Redis Spot
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-3-22	Executive Press	
Amount (\$) 5535, 39	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Push card prinding
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7-7-26 6 Amount (\$) 7 Payee address; City; State; Zip Code 100,00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** advertisement expens-OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 7-7-26 Thru talk Amount (\$) Pavee address: City; State; Zip Code 126.45 Category (See Categories listed at the top of this schedule) Description **PURPOSE** advertisement expens OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 3-15-22 Go Daddy Inc. Amount (\$) Payee address; City; State; Zip Code 7.45 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Fee s Webs. Je Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 of 14 5 Payee name 6 Amount (\$) 7 Payee address: State: Zip Code 250.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Ather Women's Tea Oonation EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3-26-22 AFLCEO Amount (\$) Payee address: City; State; Zip Code 100.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Other-May Day Pichic Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 3-30-22 Luke Tinker Amount (\$) Pavee address: City; State: Zip Code 2000,01 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Contract labor (EnuESSIT Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Otalic a. Garcie Williams 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code SO. 92 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** fees Membershop fers EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4-2-26 Facebook Inc Amount (\$) Payee address City; State; Zip Code 7103 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE advertisimens Facebook Ads Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 4-5-22 The Green and Green Company Amount (\$) Payee address; State; Zip Code 475 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising Expensa Distal frek OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Soli@tation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 of 13 atalia a. farcia Williams 5 Payee name 6 Amount (\$) 7 Payee address: City; State; Zip Code 7.45 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Websih Meintmones OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4-18-22 Idintelk Amount (\$) Payee address; City; State; Zip Code 394.07 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4-19-22 Jewish Post Amount (\$) Payee address; City; State: Zip Code 112500 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE advertisement news paper ad. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 of 13 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code 1800.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE advertising advertising fruck Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4-29-22 USPS Amount (\$) Payee address; City; State: Zip Code 522.00 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 4-27-22 Canva Amount (\$) Payee address: City; State; Zip Code 170.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Printing Expense Marketin Makrie) Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
AdvertisIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Otalia O. Garcia	Williams	3 Filer ID (Ethics Commission Filers)
4 Date 4-21-21	5 Payee name 40 Over Inc		•
6 Amount (\$) 209. ³⁷	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Printing Expres	Campeiso	mo kin
	(C) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-27-22	40 Over Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Pronting Company Com	Description Campa.g	on Makrici
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-4-22	Sticker Mut. Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Printing Expense	Campaign	Soficiers
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

1	The Instruction Guide explains how to	Other (enter a category not listed above) complete this form.
Total pages Schedule F1	2 FILED NAME	
5-6-22	5 Payee name The free and Green	C
/800.	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advir lise men f	(b) Description Advaticement truck
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
S-7-12	Payee name Executive Press In	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prinking Expense	Description Campa. Sa Fliess
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
S-12-22	Payee name Make Sticker In.	
Amount (\$) 89. 25	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Scrutz	Campaign Sticker
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
complete ONLY if direct expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS S	Since held

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to co	omplete this form.	
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filer	
Date	5 Payee name bu Paddy 3n.	ia William	
5-12-22	fro Oald 2		
Amount (\$)	7 Payee address;	A.	
	r ayee address,	City; State; Zip Code	
63. 93			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	fees	Websit Meintener	
		The interest	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1/13/22	USPS Postage		
Amount (\$)	Payee address;	City; State; Zip Code	
181.60			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF	01.1		
EXPENDITURE	advertising Expensi	Stemps for Post certs	
	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/OI	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/13/22	USPS Postage		
Amount (\$)	Payee address;	City; State; Zip Code	
240.30			
******	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
PURPOSE OF EXPENDITURE	advertising to peace	Stamps.	
OF	Check if travel outside of Texas. Complete Schedule T.	Stamps . Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Atalya G. Garris	Williams	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name act Blm		
5-15-22	act Olm	**************************************	
79 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on feet
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-15-22	Donor Box Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
88.56			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	fees	donat	wa Fes
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED