

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MRS

ALEXSANDRA

ROSE

NICKNAME

LAST

SUFFIX

ANNELLO

OFFICE USE ONLY

Date Received

12/4/2020 4:24:31 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4114 OXFORD AVE., EL PASO, TX 79903

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 502-0257

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS

ALEXSANDRA

ROSE

NICKNAME

LAST

SUFFIX

ANNELLO

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4114 OXFORD AVE., EL PASO, TX 79903

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 502-0257

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

10/25/2020

THROUGH

Month Day Year

12/04/2020

11 ELECTION

ELECTION DATE

Month Day Year

12/12/2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY REPRESENTATIVE, DISTRICT

13 OFFICE SOUGHT (if known)

CITY REPRESENTATIVE, DISTRICT 2

GO TO PAGE 2

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
MRS ALEXSANDRA ROSE ANNELLO

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 505.51
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,695.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 73
	4. TOTAL POLITICAL EXPENDITURES	\$ 19590.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,101.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,432.44

18 AFFIDAVIT

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.

Alexsandra R Annello
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alexsandra R Annello, this the 4 day of December, 2020, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

MRS ALEXSANDRA ROSE ANNELLO

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,239.86
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,950
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19590.44
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 93.63
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

11/18/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

JARED CHUMSAE

6 Contributor address; City; State; Zip Code

617 WESTVIEW AVE., EL PASO, TX, 79912

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/20/2020

Full name of contributor out-of-state PAC (ID#: _____)

DEBORAH NATHAN

Contributor address; City; State; Zip Code

47 PORFIRIO DIAZ ST., EL PASO, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/2020

Full name of contributor out-of-state PAC (ID#: _____)

CINDY HERNANDEZ LANDEROS

Contributor address; City; State; Zip Code

10584 SANTA PAULA DR., EL PASO, TX 79927

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)

ANA REZA

Contributor address; City; State; Zip Code

9133 CUERNAVACA DR. , EL PASO, TX 79907

Amount of contribution (\$)

104.15

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
PHILLIP KINGSTON

6 Contributor address; City; State; Zip Code
5901 PALO PINTO AVE., DALLAS, TX 75206

7 Amount of contribution (\$)

104.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
MARILYN GUIDA

Contributor address; City; State; Zip Code
2505 SCENIC CREST CIRCLE, EL PASO, TX 79930

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
LINNEA TONEY

Contributor address; City; State; Zip Code
5002 LA RODA AVE., LOS ANGELES, 90041

Amount of contribution (\$)

156.07

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2020

Full name of contributor out-of-state PAC (ID#: _____)
LYNN SACHS

Contributor address; City; State; Zip Code
273 CARROLL ST, BROOKLYN,NY 11231

Amount of contribution (\$)

208

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

RICHARD TESCHNER

6 Contributor address; City; State; Zip Code

1800 N. STANTON ST. APT. #302, EL PASO, TX 79902

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)

DIANE ANNELLO ACCUACCA

Contributor address; City; State; Zip Code

8 MANOMET RD., PEABODY, MA 01960

Amount of contribution (\$)

311.84

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/2020

Full name of contributor out-of-state PAC (ID#: _____)

WESLEY LAWRENCE

Contributor address; City; State; Zip Code

10900 STONEBRIDGE, EL PASO, TEXAS 79934

Amount of contribution (\$)

415.68

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/2020

Full name of contributor out-of-state PAC (ID#: _____)

DEBORAH KASTRIN

Contributor address; City; State; Zip Code

3940 FLAMINGO, EL PASO, TX 79902

Amount of contribution (\$)

519.52

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2020

5 Full name of contributor out-of-state PAC (ID#: 1228414)
FRONTERA VISION PAC

6 Contributor address; City; State; Zip Code
611 PENNSYLVANIA AVE., SE #143, WASHINGTON, D

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
JOSE RODRIGUEZ CAMPAIGN

Contributor address; City; State; Zip Code
911 DALLAS, EL PASO, TX 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
THE EL PASO ASSOCIATION OF FIRE FIGHTERS, LC

Contributor address; City; State; Zip Code
3112 FORNEY DR., EL PASO, TX 79935

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT HALPERN

Contributor address; City; State; Zip Code
P.O. BOX 1391, MARFA, TX 79843

Amount of contribution (\$)

2500

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/2020

5 Full name of contributor

out-of-state PAC (ID#: _____)

JP BRYAN, DBA BYRAN LEASE ACCOUNT

6 Contributor address;

City;

State;

Zip Code

PO BOX 372, MARATHON, TX 79842

7 Amount of contribution (\$)

3000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1

2 FILER NAME
MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
11/28/2020

6 Full name of contributor out-of-state PAC (ID#: _____)
MINDWARP FILMS, LLC

7 Contributor address; City; State; Zip Code
1601 BASSET AVE. STE. 1B, EL PASO, TX 79901

8 Amount of Contribution \$
2500

9 In-kind contribution description
CAMPAIGN VIDEO

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
11/30/2020

Full name of contributor out-of-state PAC (ID#: C00606962)
WORKING FAMILIES PARTY PAC

Contributor address; City; State; Zip Code
81 PROSPECT ST., BROOKLYN, NY 11201

Amount of Contribution \$
1450

In-kind contribution description
TEXT BANKING

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

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 a financial Institution?

Y 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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13		2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO		3 Filer ID (Ethics Commission Filers)	
4 Date 11/19/2020		5 Payee name LIZETH CERVANTES			
6 Amount (\$) 102		7 Payee address; City; State; Zip Code 12724 RODOLFO ANCHONDO, EL PASO, TX 79938			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR		(b) Description VOTER CONTACT		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name ALEXSANDRA ANNELLO		Office sought DISTRICT 2 CITY REPR	
Date 11/25/2020		Payee name FACEBOOK			
Amount (\$) 108		Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA, 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ONLINE AD		
	<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 ALEXSANDRA ANNELLO		Office sought DISTRICT 2 CITY REPR	
Date 11/19/2020		Payee name NICHOLAS VASQUEZ			
Amount (\$) 120		Payee address; City; State; Zip Code 1913 E. RIO GRANDE AVE., APT. #3			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALALRY WAGES, CONTRAT, LABOR		Description VOTER CONTACT		
	<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 ALEXSANDRA ANNELLO		Office sought DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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12/4/2020 4:35:38 PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2020	5 Payee name NICHOLAS VASQUEZ	
6 Amount (\$) 120	7 Payee address; City; State; Zip Code 1913 E. RIO GRANDE AVE., APT. #3	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/29/2020	Payee name NGPVAN, INC.	
Amount (\$) 120	Payee address; City; State; Zip Code 445 NEW YORK AVE. NW, SUITE 200, WASHINGTON, D.C. 20001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/10/2020	Payee name KRYSTIAN REYNOZO	
Amount (\$) 150	Payee address; City; State; Zip Code 2920 JACKSON #9, EL PASO, TX, 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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12/4/2020 4:35:38 PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2020	5 Payee name VICTOR DIAZ	
6 Amount (\$) 150	7 Payee address; City; State; Zip Code 550 E. MCKELLIGAN RD. APT # 2014, MESA, AZ 85203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description GRAPHIC DESIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/06/2020	Payee name REGENCY PRITING INC.	
Amount (\$) 168.87	Payee address; City; State; Zip Code 2313 PIEDRAS, EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description PUSH CARDS
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/11/2020	Payee name REGENCY PRINTING INC.	
Amount (\$) 168.87	Payee address; City; State; Zip Code 2313 PIEDRAS, EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description PUSH CARDS
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2020	5 Payee name NGPVAN, INC.	
6 Amount (\$) 173.3	7 Payee address; City; State; Zip Code 445 NEW YORK AVE. NW, SUITE 200, WASHINGTON, D.C. 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
Date 11/26/2020	Payee name NICHOLAS VASQUEZ	
Amount (\$) 180	Payee address; City; State; Zip Code 1913 E. RIO GRANDE AVE., APT. #3	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office held DISTRICT 2 CITY RE
Date 12/06/2020	Payee name NICOLE DRURY	
Amount (\$) 180	Payee address; City; State; Zip Code 14228 LASSO, EL PASO, TX 79938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2020	5 Payee name JUAN GARCIA	
6 Amount (\$) 192	7 Payee address; City; State; Zip Code 608 FRANCIS, EL PASO, TX 79905	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/26/2020	Payee name KATHERYN VEGA	
Amount (\$) 198	Payee address; City; State; Zip Code 2809 N YARBROUGH APT #4, EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/19/2020	Payee name NICOLE DRURY	
Amount (\$) 198	Payee address; City; State; Zip Code 14228 LASSO, EL PASO, TX 79938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2020	5 Payee name NICOLE DRURY	
6 Amount (\$) 210	7 Payee address; City; State; Zip Code 14228 LASSO, EL PASO, TX 79938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/18/2020	Payee name REGENCY PRINTING, INC	
Amount (\$) 214.34	Payee address; City; State; Zip Code 2313 PIEDRAS, EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description PUSH CARD
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/26/2020	Payee name SEBASTIAN CARRASCO	
Amount (\$) 222	Payee address; City; State; Zip Code 2101 HAPPER AVE, EL PASO, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2020	5 Payee name KRYSTIAN REYNOZO	
6 Amount (\$) 228	7 Payee address; City; State; Zip Code 2920 JACKSON #9, EL PASO, TX, 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/18/2020	Payee name MARK ALEXANDER	
Amount (\$) 240	Payee address; City; State; Zip Code 1300 N. OREGON APT #110, EL PASO, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/26/2020	Payee name NICOLE DRURY	
Amount (\$) 246	Payee address; City; State; Zip Code 14228 LASSO, EL PASO, TX 79938A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, VOTER CONTACT	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2020	5 Payee name KATHERYN VEGA	
6 Amount (\$) 288	7 Payee address; City; State; Zip Code 2809 N YARBROUGH APT #4, EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 10/30/2020	Payee name PERKEY PRESS	
Amount (\$) 308	Payee address; City; State; Zip Code 11385 JAMES WATT DR. #16, EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description PUSH CARDS
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/02/2020	Payee name NICHOLAS VASQUEZ	
Amount (\$) 320	Payee address; City; State; Zip Code 1913 E. RIO GRANDE AVE., APT. #3	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2020	5 Payee name SCALE TO WIN	
6 Amount (\$) 322.88	7 Payee address; City; State; Zip Code 13742 HARPER ST, SANTA ANA, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description TEXT BANKING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/07/2020	Payee name JACOB BRYAN	
Amount (\$) 348	Payee address; City; State; Zip Code 9037 PARKLAND, EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/19/2020	Payee name REGENCY PRINTING INC	
Amount (\$) 214.34	Payee address; City; State; Zip Code 2313 PIEDRAS, EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description PUSH CARDS
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2020	5 Payee name REGENCY PRINTING INC	
6 Amount (\$) 389.7	7 Payee address; City; State; Zip Code 2313 PIEDRAS, EL PASO, TX 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING SERVICES	(b) Description PUSH CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/06/2020	Payee name KATHERY VEGA	
Amount (\$) 504	Payee address; City; State; Zip Code 2809 N YARBROUGH APT #4, EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/23/2020	Payee name AIRPORT PRINTING SERVICES	
Amount (\$) 1807.81	Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD, EL PASO, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description MAILER
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2020	5 Payee name AIRPORT PRINTING SERVICES	
6 Amount (\$) 2936.63	7 Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD, EL PASO, TX 79906	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	(b) Description MAILER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/16/2020	Payee name AIRPORT PRINTING SERVICES	
Amount (\$) 2998.71	Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD, EL PASO, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description MAILER
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 10/28/2020	Payee name AIRPORT PRINTING SERVICES	
Amount (\$) 4023.72	Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD, EL PASO, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description MAILER
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2020	5 Payee name JUAN GARCIA	
6 Amount (\$) 300	7 Payee address; City; State; Zip Code 608 FRANCIS, EL PASO, TX 79905	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER OUTREACH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/26/2020	Payee name MARK ALEXANDER	
Amount (\$) 468	Payee address; City; State; Zip Code 1300 N. OREGON APT #110, EL PASO, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE
Date 11/26/2020	Payee name NICOLE DRURY	
Amount (\$) 228	Payee address; City; State; Zip Code 14228 LASSO, EL PASO, TX 79938A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONTACT
	<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 ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
		Office held DISTRICT 2 CITY RE

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2020	5 Payee name KATHERYN VEGA	
6 Amount (\$) 318	7 Payee address; City; State; Zip Code 2809 N YARBROUGH APT #4, EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONTACT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPR
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held DISTRICT 2 CITY RE
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 0	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 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	

11 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
----------------------------	------------------------------------	--

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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date 10/31/2020	5 Payee name WALGREENS	
6 Amount (\$) 15.11 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2879 MONTANA AVE, EL PASO, TX 79903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description STAPLER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPRES
		Office held DISTRICT 2 CITY RE

Date 11/24/2020	Payee name ALBERTSONS	
Amount (\$) 78.52 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5200 MONTANA AVE, EL PASO, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description SENIOR CENTER BAGS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO	Office sought DISTRICT 2 CITY REPRES
		Office held DISTRICT 2 CITY RE

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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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
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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
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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME
MRS ALEXSANDRA ROSE ANNELLO

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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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

MRS ALEXSANDRA ROSE ANNELLO

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

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