# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS ALEXSANDRA	ROSE	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	ANNELLO		12/4/2020 4:24:31 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 4114 OXFORD AVE., EL PASC	D, TX 79903	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 502-0257	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS ALEXSANDRA	ROSE	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	ANNELLO	001111	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 4114 OXFORD AVE., EL PAS		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915 ) 502-0257	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
	our day before elect	Reporting Limit	Tinarreport (Attach 0/011-111)
10 PERIOD COVERED	Month Day Year 10/25/2020	THROUGH 12/04	Day Year <b>/2020</b>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	12/12/2020 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	CITY REPRESENTATIVE, DIS	TRIC CITY REPRESEN	TATIVE, DISTRICT 2
	GO ТО	PAGE 2	

# City Clerk Dept. 9/4/2020 4:35:38 PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)
MRS ALEXSAND	RA ROSE AN	NELLO	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 505.51
		POLITICAL CONTRIBUTIONS 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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 1,101.42
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	\$ 1,432.44
<b>18</b> AFFIDAVIT			perjury, that the accompanying report is primation required to be reported by me
		Alexsandra R Annello	
		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me	by the said Alexsandra R Annello	, this the 4
day of Decembe	r , 20 20 ,	to certify which, witness my hand and seal of office.	
	Jo	hn Glendon	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission File	ers)
MRS ALEXSANDRA ROSE ANNELLO		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO AMO	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,23	9.86
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CON	STRIBUTIONS \$3,950	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS \$ 19590	).44
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FR	OM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM	PERSONAL FUNDS \$93.63	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTR	IBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	M POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, A TO FILER	ND CONTRIBUTIONS RETURNED \$	

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/18/2020	6 Contributor address; City; State; Zip Code 617 WESTVIEW AVE., EL PASO, TX, 79912	52.23
8 Principal occu	g Employer (See I	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
11/20/2020	DEBORAH NATHAN  Contributor address; City; State; Zip Code  47 PORFIRIO DIAZ ST., EL PASO, TX 79902	100
Principal occu	pation / Job title (See Instructions)  Employer (See I	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
11/28/2020	CINDY HERNANDEZ LANDEROS Contributor address; City; State; Zip Code  10584 SANTA PAULA DR., EL PASO, TX 79927	104.15
Principal occu	pation / Job title (See Instructions)  Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
11/24/2020	ANA REZA  Contributor address; City; State; Zip Code  9133 CUERNAVACA DR. , EL PASO, TX 79907	104.15
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	- AS NEEDED

	### Principal occupation / Job title (See Instructions)  ### Principal occupation / Job title (See Instructi	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
PHILLIP KINGSTON 6 Contributor address; City: State; Zip Code 5901 PALO PINTO AVE., DALLAS, TX 75206  8 Principal occupation / Job title (See Instructions)  Date	PHILLIP KINGSTON 6 Contributor address; City: State: Zip Code 5901 PALO PINTO AVE., DALLAS, TX 75206  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDs: Amount of contribution (S)  MARILYN GUIDA  Contributor address; City: State: Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDs: Amount of contribution (S)  LINNEA TONEY Contributor address; City: State: Zip Code 156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (S)  LYNN SACHS Contributor address; City: State: Zip Code 208  273 CARROLL ST, BROOKLYN,NY 11231	_	SANDRA ROSE ANNELLO		3 Filer ID (Ethics Commission Filers
11/28/2020  6 Contributor address; City; State; Zip Code 5901 PALO PINTO AVE., DALLAS, TX 75206  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  MARILYN GUIDA  Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	11/28/2020  6 Contributor address; City; State; Zip Code 5901 PALO PINTO AVE., DALLAS, TX 75206  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  MARILYN GUIDA  Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code 156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code 156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code 208  273 CARROLL ST, BROOKLYN,NY 11231	4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
5901 PALO PINTO AVE., DALLAS, TX 75206  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  MARILYN GUIDA  12/01/2020  Contributor address;  City;  State;  Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  LINNEA TONEY  Contributor address;  City;  State;  Zip Code 156.07  Amount of contribution (\$)  LINNEA TONEY  Contributor address;  City;  State;  Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:  LYNN SACHS  Contributor address;  City;  State;  Zip Code 156.07  Amount of contribution (\$)  LYNN SACHS  Contributor address;  City;  State;  Zip Code 208	S901 PALO PINTO AVE., DALLAS, TX 75206   S Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)		PHILLIP KINGSTON		
Date  Full name of contributor   out-of-state PAC (ID#:	Date  Full name of contributor  MARILYN GUIDA  2/01/2020  Contributor address;  City;  State;  Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  LINNEA TONEY  Contributor address;  City;  State;  Zip Code 104.15  Amount of contribution (\$)  LINNEA TONEY  Contributor address;  City;  State;  Zip Code 156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  208  10/30/2020  Contributor address;  City;  State;  Zip Code 208  273 CARROLL ST, BROOKLYN,NY 11231	11/28/2020		•	104.15
MARILYN GUIDA Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	MARILYN GUIDA Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  LINNEA TONEY Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)
2/01/2020  Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor LINNEA TONEY Contributor address; City; State; Zip Code 156.07  17/10/2020  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: LYNN SACHS Contributor address; City; State; Zip Code 156.07  Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 208	2/01/2020 Contributor address; City; State; Zip Code 2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code 156.07  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code 208  273 CARROLL ST, BROOKLYN,NY 11231	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  273 CARROLL ST, BROOKLYN,NY 11231	2505 SCENIC CREST CIRCLE, EL PASO, TX 79930  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  LYNN SACHS  Contributor address; City; State; Zip Code  208		MARILYN GUIDA		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  LYNN SACHS  Contributor address; City; State; Zip Code  208	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LINNEA TONEY  Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  LYNN SACHS  Contributor address; City; State; Zip Code  208	2/01/2020	-	•	104.15
Date  Full name of contributor   out-of-state PAC (ID#:	Date  Full name of contributor  LINNEA TONEY  Contributor address;  City;  State;  Zip Code  156.07  5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  LYNN SACHS  Contributor address;  City;  State;  Zip Code  156.07  Amount of contribution (\$)  LYNN SACHS  Contributor address;  City;  State;  Zip Code  208		2505 SCENIC CREST CIRCLE, EL I	PASO, 1X 79930	
LINNEA TONEY Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	LINNEA TONEY Contributor address; City; State; Zip Code 5002 LA RODA AVE., LOS ANGELES, 90041  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ttions)
1/10/2020   Contributor address; City; State; Zip Code   156.07	1/10/2020   Contributor address; City; State; Zip Code   156.07	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5002 LA RODA AVE., LOS ANGELES, 90041   Society	Tivito/2020   5002 LA RODA AVE., LOS ANGELES, 90041   Tivitorial occupation / Job title (See Instructions)   Employer (See Instructions)		LINNEA TONEY		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  273 CARROLL ST, BROOKLYN,NY 11231	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  LYNN SACHS  Contributor address; City; State; Zip Code  273 CARROLL ST, BROOKLYN,NY 11231	1/10/2020	Contributor address; City;	State; Zip Code	156.07
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231		5002 LA RODA AVE., LOS ANGELE	S, 90041	
LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	LYNN SACHS Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
10/30/2020 Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	10/30/2020 Contributor address; City; State; Zip Code 273 CARROLL ST, BROOKLYN,NY 11231	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
273 CARROLL ST, BROOKLYN,NY 11231	273 CARROLL ST, BROOKLYN,NY 11231		LYNN SACHS		
		10/30/2020	,	•	208
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		273 CARROLL ST, BROOKLYN,NY	11231	
		Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
<u> </u>					

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	SANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/17/2020	6 Contributor address; City; State; Zip Code 1800 N. STANTON ST. APT. #302, EL PASO,TX 79	300 902
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See In	structions)
Date	Full name of contributor	Amount of contribution (\$)
11/24/2020	DIANE ANNELLO ACCUACCA  Contributor address; City; State; Zip Code  8 MANOMET RD., PEABODY, MA 01960	311.84
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
11/25/2020	WESLEY LAWRENCE Contributor address; City; State; Zip Code	415.68
	10900 STONEBRIDGE, EL PASO, TEXAS 79934	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/04/2020	DEBORAH KASTRIN  Contributor address; City; State; Zip Code  3940 FLAMINGO, EL PASO, TX 79902	519.52
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MRS ALEXS	ANDRA ROSE ANNELLO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ✓ out-of-state PAC FRONTERA VISION PAC	(ID#: 1228414 )	7 Amount of contribution (\$)
11/03/2020		State; Zip Code  3, WASHINGTON, I	1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
12/17/2020	JOSE RODRIGUEZ CAMPAIGN Contributor address; City; 911 DALLAS, EL PASO, TX 79902	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/19/2020	THE EL PASO ASSOCIATION OF F Contributor address; City;	IRE FIGHTERS, LO	1000
	3112 FORNEY DR., EL PASO, TX 7	9935	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/16/2020	ROBERT HALPERN  Contributor address; City;  P.O. BOX 1391, MARFA, TX 79843	State; Zip Code	2500
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME MRS ALEXS	SANDRA ROSE ANNELLO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC  JP BRYAN, DBA BYRAN LEASE AC	,,	7 Amount of contribution (\$)
11/16/2020	6 Contributor address; City; PO BOX 372, MARATHON, TX 7984	State; Zip Code	3000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
<sup>2</sup> FILER NAME MRS ALEX	SANDRA ROSE ANNELLO		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 11/28/2020	6 Full name of contributor  ut-of-state PAC (ID#:	Zip Code TX 79901	8 Amount of Contribution \$ 2500  Check if travel out	9 In-kind contribution description CAMPAIGN VIDEO
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (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#: C000)  WORKING FAMILIES PARTY PAC  Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution description TEXT BANKING
Dringing! ago	81 PROSPECT ST., BROOKLYN, NY 112 upation / Job title (FOR NON-JUDICIAL) (See Instructions)			side of Texas. Complete Schedule T.
Fillicipal occ	upation / Job title (FOR NON-JODICIAL) (See Instituctions)	Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	II F AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLE	DGED CONTRIBUTIONS			SCHEDULE B
	The Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER N	IAME EXSANDRA ROSE ANNELLO		3 Filer ID (Ethics C	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; Sta	te; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
<b>10</b> Principa	I occupation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	te; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal	occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
				ide of Texas. Complete Schedule T.
Principa	I occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outs	ide 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.

LOAN	IS		SCHEDULE <b>E</b>
	The Instruction Guide explains how to compl	lete this form.	Total pages Schedule E:     O
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
MRS ALE	(SANDRA ROSE ANNELLO		
1 TOTAL C	F UNITEMIZED LOANS		\$
Date of loa	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal or	ccupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description	of Collateral	15 Check if personal fund	ds were deposited into political
none		account (See Instruct	ions)
6 GUARANTO	ION		19 Amount Guaranteed (\$)
not app		State; Zip Code	
20 Principal C	occupation (See Instructions)	21 Employer (See Instructions)	
Date of loar	Name of lender  ut-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)	
Description  none	of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANT( INFORMAT			Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not app	licable		
Principal O	ccupation (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

### SCHEDULE F1

#### **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

ing Expense Travel Out Of District

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categor	ry not listed above)	
1 Total pages Schedule F1:	2 FILER NAME MRS ALEXSANDRA ROSE ANNEL	.LO	3 Filer ID (Ethics	Commission Filers	;)
4 Date 11/19/2020	5 Payee name LIZETH CERVANTES				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
102	12724 RODOLFO ANCHONDO, EL	-		<b></b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONT	TACT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  ALEXSANDRA ANNELLO DI	Office sought STRICT 2 CITY		Office held	RE
Date	Payee name				
11/25/2020	FACEBOOK				
Amount (\$)	Payee address;	City;	State;	Zip Code	
108	1 HACKER WAY, MENLO PARK, C	CA, 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	ONLINE AD			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  ALEXSANDRA ANNELLO  DI	Office sought STRICT 2 CITY		Office held	RE
Date	Payee name				
11/19/2020	NICHOLAS VASQUEZ				
Amount (\$)	Payee address;	City;	State;	Zip Code	
120	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 CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  ALEXSANDRA ANNELLO  DI	Office sought	REPR DISTR	Office held	RE
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED		

#### SCHEDULE F1

#### **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

Expense Travel In District

Expense Travel Out Of District

Contract Labor Other Contract Lab

Other (enter a category not listed above)

Gredit Gard'i ayment	The Instruction Guide explains how t	o complete this form.			
1 Total pages Schedule F1:	2 FILER NAME MRS ALEXSANDRA ROSE ANNE	LLO	3 Filer ID (Ethics	Commission File	rs)
4 Date	5 Payee name	-			
11/25/2020	NICHOLAS VASQUEZ				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
120	1913 E. RIO GRANDE AVE., APT.	#3			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONT	TACT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  ALEXSANDRA ANNELLO D	Office sought ISTRICT 2 CITY		Office held	/ RE
Date	Payee name				
11/29/2020	NGPVAN, INC.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
120	445 NEW YORK AVE. NW, SUITE	200, WASHINGT	ON, D.C. 200	001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	VOTER CONT	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO D	ISTRICT 2 CITY	REPR DISTR	RICT 2 CITY	/ RE
Date	Payee name				
11/10/2020	KRYSTIAN REYNOZO				
Amount (\$)	Payee address;	City;	State;	Zip Code	
150	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 CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1 ALEXSANDRA ANNELLO D	ISTRICT 2 CITY I	REPR DISTR	ICT 2 CITY	′ RE
	ATTACH ADDITIONAL CODIES OF TH	IIS SCHEDI II E AS NEE	DED		

#### SCHEDULE F1

#### **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 Salaries/Wages/Contract Labor

xpense Travel Out Of District
Vages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form.

	The instruction during explains now to t	ompiete tina form.			
1 Total pages Schedule F1:		_	3 Filer ID	(Ethics Commis	ssion Filers)
13	MRS ALEXSANDRA ROSE ANNELL	.0			
4 Date	5 Payee name				
11/12/2020	VICTOR DIAZ				
6 Amount (\$)	7 Payee address;	City;	Stat	e; Zip (	Code
150	550 E. MCKELLIGAN RD. APT # 20 <sup>-</sup>	14, MESA, AZ 8	35203		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	ADVERTISING EXPENSE	GRAPHIC DE	SIGN		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholde	er living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought TRICT 2 CITY	REPR DI	Office h	
Date	Payee name				
11/06/2020	REGENCY PRITING INC.				
Amount (\$)	Payee address;	City;	Stat	e; Zip (	Code
168.87	2313 PIEDRAS, EL PASO, TX 79930	)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	Description PUSH CARDS	6		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholde	er living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office h	eld
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY	REPR DI	STRICT 2	2 CITY RE
Date	Payee name				
11/11/2020	REGENCY PRINTING INC.				
Amount (\$)	Payee address;	City;	Stat	e; Zip (	Code
168.87	2313 PIEDRAS, EL PASO, TX 79930	)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	PUSH CARDS	3		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholde	er living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office I	held
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	TRICT 2 CITY	REPR DI	STRICT 2	2 CITY RE
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E V S NEE	DED		

#### SCHEDULE F1

#### **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

Travel In District
Travel Out Of District

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	s Commission Filer	s)
13	MRS ALEXSANDRA ROSE ANNEL	LO			
4 Date	5 Payee name				
11/26/2020	NGPVAN, INC.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
173.3	445 NEW YORK AVE. NW, SUITE 2	200, WASHINGT	TON, D.C. 200	001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VOTER CONT	ГАСТ		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	j expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought	REPR DISTF	Office held RICT 2 CITY	' RE
Date	Payee name				
11/26/2020	NICHOLAS VASQUEZ				
Amount (\$)	Payee address;	City;	State;	Zip Code	
180	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 CONT	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	STRCIT 2 CITY	REPR DISTE	RICT 2 CITY	' RE
D. (					
Date	Payee name				
12/06/2020	NICOLE DRURY				
Amount (\$)	Payee address;	City;	State;	Zip Code	
180	14228 LASSO, EL PASO, TX 79938				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	VOTER CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY I	REPR DISTR	RICT 2 CITY	RE
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Travel In District
Travel Out Of District

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 File	rs)
13	MRS ALEXSANDRA ROSE ANNEL	LO			
4 Date	5 Payee name				
11/18/2020	JUAN GARCIA				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
192	608 FRANCIS, EL PASO, TX 79905				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONT	ACT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1 ALEXSANDRA ANNELLO DIS	STRICT 2 CITY F	REPR DISTE	RICT 2 CITY	/ RE
Date	Payee name				
11/26/2020	KATHERYN VEGA				
Amount (\$)	Payee address;	City;	State;	Zip Code	
198	2809 N YARBROUGH APT #4, EL F	PASO, TX 79925	; 		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY F	REPR DISTF	RICT 2 CITY	/ RE
Date	Payee name				
11/19/2020	NICOLE DRURY				
Amount (\$)	Payee address;	City;	State;	Zip Code	
198	14228 LASSO, EL PASO, TX 79938	· 			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	VOTER CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY F	REPR DISTR	RICT 2 CITY	′ RE
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

#### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Travel In District
Travel Out Of District

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Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salarie  The Instruction Guide explains how	es/Wages/Contract Labor	Other (enter a categor	ry not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers	
13	MRS ALEXSANDRA ROSE ANNE	LLO	(2		• •
4 Date	5 Payee name				
11/26/2020	NICOLE DRURY				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
210	14228 LASSO, EL PASO, TX 7993	38			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CONT	ACT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	-	Office held	
expenditure to benefit C/OF	<sup>↑</sup> ALEXSANDRA ANNELLO D	ISTRICT 2 CITY F	REPR DISTR	ICT 2 CITY	RE
Date	Payee name				
11/18/2020	REGENCY PRINTING, INC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
214.34	2313 PIEDRAS, EL PASO, TX 799	930			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICES	PUSH CARD			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO D	ISTRICT 2 CITY I	REPR DISTR	RICT 2 CITY	RE
Date	Payee name				
11/26/2020	SEBASTIAN CARRASCO				
Amount (\$)	Payee address;	City;	State;	Zip Code	
222	2101 HAPPER AVE, EL PASO, TX	79903			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	VOTER CONT	ACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1 ALEXSANDRA ANNELLO D	ISTRICT 2 CITY F	REPR DISTR	ICT 2 CITY	RE
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED		
Forms provided by Toyon Eth	vice Commission	ty ue		Povisod 1/1	12020

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ry not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers	;)
13	MRS ALEXSANDRA ROSE ANNELL	_O			
4 Date	5 Payee name				
11/26/2020	KRYSTIAN REYNOZO				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
228	2920 JACKSON #9, EL PASO, TX, 7	79930			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CON	ГАСТ		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought		Office held	R
Date	Payee name				
11/18/2020	MARK ALEXANDER				
Amount (\$)	Payee address;	City;	State;	Zip Code	
240	1300 N. OREGON APT #110, EL PA	SO, TX 79902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	VOTER CON	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY	REPR DISTR	RICT 2 CITY	R
Date	Payee name				
11/26/2020	NICOLE DRURY				
Amount (\$)	Payee address;	City;	State;	Zip Code	
246	14228 LASSO, EL PASO, TX 79938/	A			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, VOTER CONTACT	Description VOTER CONT	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	TRICT 2 CITY	REPR DISTR	ICT 2 CITY	RI
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	-DFD		

#### SCHEDULE F1

#### **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 Salaries/Wages/Contract Labor

ing Expense Travel Out of District
ries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filer	rs)
13	MRS ALEXSANDRA ROSE ANNELL	_0_			
4 Date	5 Payee name				
11/18/2020	KATHERYN VEGA				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
288	2809 N YARBROUGH APT #4, EL P	ASO, TX 79925	5		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CON	TACT		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought	REPR DIST	Office held RICT 2 CITY	′ RE
Date	Payee name				
10/30/2020	PERKEY PRESS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
308	11385 JAMES WATT DR. #16, EL P.	ASO, TX 79936	3		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description PUSH CARDS	5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	4	TRICT 2 CITY	REPR DIST		/ RE
Date	Payee name				
11/02/2020	NICHOLAS VASQUEZ				
Amount (\$)	Payee address;	City;	State;	Zip Code	
320	1913 E. RIO GRANDE AVE., APT. #	3			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	VOTER CONT	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	TRICT 2 CITY	REPR DIST	RICT 2 CITY	' RE
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

### SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

#### **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

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

notivistian Civida avalaina hayi ta aamalata thia farm

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MRS ALEXSANDRA ROSE ANNELLO 13 4 Date 5 Payee name 11/02/2020 SCALE TO WIN 6 Amount (\$) 7 Payee address; Zip Code 13742 HARPER ST, SANTA ANA, CA 92703 322.88 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ADVERTISING EXPENSE TEXT BANKING **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH **ALEXSANDRA ANNELLO** DISTRICT 2 CITY REPR DISTRICT 2 CITY RE Payee name Date 11/07/2020 JACOB BRYAN Amount (\$) City; State: Zip Code Payee address; 348 9037 PARKLAND, EL PASO, TX 79925 Category (See Categories listed at the top of this schedule) Description VOTER CONTACT SALARY, WAGES, CONTRACT **PURPOSE** OF LABOR **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ALEXSANDRA ANNELLO DISTRICT 2 CITY REPR DISTRICT 2 CITY RE Payee name Date REGENCY PRINTING INC 11/19/2020 Amount (\$) Payee address: City; State: Zip Code 214.34 2313 PIEDRAS, EL PASO, TX 79930 Category (See Categories listed at the top of this schedule) Description PRINTING SERVICES PUSH CARDS **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH DISTRICT 2 CITY REPR DISTRICT 2 CITY RE ALEXSANDRA ANNELLO 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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	3	. 3	oution (or not a datage.	j mornord abovo,	
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 File	rs)
13	MRS ALEXSANDRA ROSE ANNEL	LO			
4 Date	5 Payee name				
11/02/2020	REGENCY PRINTING INC				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
389.7	2313 PIEDRAS, EL PASO, TX 7993	30			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING SERVICES	(b) Description PUSH CARDS	5		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	(	Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY	REPR DISTR	ICT 2 CITY	/ RE
Date	Payee name				
11/06/2020	KATHERY VEGA				
Amount (\$)	Payee address;	City;	State;	Zip Code	
504	2809 N YARBROUGH APT #4, EL F	PASO, TX 79925	5		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CON	ТАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(	Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY	REPR DISTR	ICT 2 CITY	/ RE
Date	Payee name				
11/23/2020	AIRPORT PRINTING SERVICES				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1807.81	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALEXSANDRA ANNELLO DIS	STRICT 2 CITY	REPR DISTR	ICT 2 CITY	'RE
	ATTACH ADDITIONAL CODIES OF THIS	S SCHEDIII E V S NEE	EDED		

### SCHEDULE F1

#### **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

ense Travel In District
pense Travel Out Of District
Pense/Contract Labor Other (enters entered)

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	,	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers	s)
13	MRS ALEXSANDRA ROSE ANNE	LLO			
4 Date	5 Payee name				
11/23/2020	AIRPORT PRINTING SERVICES	0''		7: 0 1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
2936.63	7 LEIGH FISHER BLVD, EL PASO	, TX 79906			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	MAILER			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1 ALEXSANDRA ANNELLO D	ISTRICT 2 CITY	REPR DISTR	ICT 2 CITY	RE
Date	Payee name				
11/16/2020	AIRPORT PRINTING SERVICES				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2998.71	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO D	ISTRICT 2 CITY	REPR DISTR	ICT 2 CITY	RE
Date	Payee name				
10/28/2020	AIRPORT PRINTING SERVICES				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4023.72	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO D	ISTRICT 2 CITY	REPR DISTR	ICT 2 CITY	RE
	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 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
Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The manuation datae explains now to e	ompiete tins form.			
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filer	s)
13	MRS ALEXSANDRA ROSE ANNELL	.0			
4 Date	5 Payee name				
11/26/2020	JUAN GARCIA				
6 Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code	
300	608 FRANCIS, EL PASO, TX 79905				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER OUTF	REACH		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought TRICT 2 CITY	REPR DISTI	Office held RICT 2 CITY	′ RE
Date	Payee name				
11/26/2020	MARK ALEXANDER				
Amount (\$)	Payee address;	City;	State;	Zip Code	
468	1300 N. OREGON APT #110, EL PA	SO, TX 79902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CON	TACT		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	TRICT 2 CITY	REPR DIST	RICT 2 CITY	′ RE
Date	Payee name				
11/26/2020	NICOLE DRURY				
Amount (\$)	Payee address;	City;	State;	Zip Code	
228	14228 LASSO, EL PASO, TX 79938	Ą			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	Description VOTER CON	ГАСТ		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ALEXSANDRA ANNELLO DIS	TRICT 2 CITY	REPR DISTE	RICT 2 CITY	' RE
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Travel In District
Travel Out Of District

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

	The Instruction Guide explains how to d	complete this form.			
1 Total pages Schedule F1: 13	2 FILER NAME MRS ALEXSANDRA ROSE ANNELL	0	3 Filer ID (Ethic	s Commission File	rs)
4 Date	5 Payee name				
11/26/2020	KATHERYN VEGA				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
318	2809 N YARBROUGH APT #4, EL P	ASO, TX 79925	5		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARY, WAGES, CONTRACT LABOR	(b) Description VOTER CON	ГАСТ		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  ALEXSANDRA ANNELLO DIS	Office sought	REPR DISTI	Office held RICT 2 CITY	/ RE
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

١ (	Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			Memorials Expense	P	Polling Exp Printing Exp		·	Travel Ir Travel O	District out Of District	not listed above)
			The Instru	uction Guide exp			_		`	0 7	,
1	Total pages Schedule F2:	2 FILE	R NAME						3 Filer I	D (Ethics Co	mmission Filers)
0		MRS /	ALEXSAN	DRA ROSE	E AN	NELL	0				
4	TOTAL OF UNITEM	1IZED L	JNPAID INC	CURRED OF	BLIGA	ATIONS	3		\$		
5	Date	6 Paye	ee name								
7	Amount (\$)	8 Paye	ee address;					City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political			Non-Poli	tical				
10		(a) Cate	gory (See Categor	ries listed at the top o	f this sch	nedule)	(b) Desc	cription			
	PURPOSE OF EXPENDITURE										
		(c)	Check if travel or	utside of Texas. Compl	ete Sche	dule T.		Check if Aus	stin, TX, office	eholder living ex	pense
11	Complete ONLY if direct expenditure to benefit C/OH		andidate / Offi	ceholder name		Of	fice soug	ht		Office held	d
	Date	Paye	ee name								
	Amount (\$)	Paye	ee address;					City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political			Non-Pol	itical				
		Cate	gory (See Categor	ries listed at the top o	f this sch	nedule)	Des	scription			
	PURPOSE OF										
	EXPENDITURE										
			Check if travel	outside of Texas. Com	plete Sch	edule T.		Check if Au	ustin, TX, offi	ceholder living e	expense
	Complete ONLY if direct expenditure to benefit C/OH		andidate / Offi	iceholder name		Of	ffice soug	ht		Office held	d
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

# City Clerk Dept. //4/2020 4:35:38 PM

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
FILER NAME  WRS ALEXS	SANDRA ROSE ANNELLO	3 Filer ID (Ethics Commission Filers)				
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					
	Description of investment					
	Amount of investment (\$)					
·	·					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME MRS ALEXSANDRA ROSE	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
<b>5</b> Date	6 Payee name				
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Descript	ion		
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete	e Schedule T. Che	ck if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	is schedule) Descrip	tion		
	Check if travel outside of Texas. Complet	e Schedule T. Che	ck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDILLE A	CNEEDED		

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
<ul><li>1 Total pages Schedule G:</li><li>1</li></ul>	2 FILER NAME MRS ALEXSANDRA ROSE ANNELL	3 Filer ID (Ethics	3 Filer ID (Ethics Commission Filers)		
4 Date 10/31/2020	5 Payee name WALGREENS				
6 Amount (\$) 15.11 Reimbursement from political contributions intended	<sup>7</sup> Payee address; 2879 MONTANA AVE, EL PASO, TX	79903 <sup>City;</sup>	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description STAPLER			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ALEXSANDRA ANNELLO DISTR	Office sought	PRES DISTR	Office held ICT 2 CITY RE	
Date 11/24/2020	Payee name ALBERTSONS				
Amount (\$) 78.52 Reimbursement from political contributions intended	Payee address; 5200 MONTANA AVE, EL PASO, TX	79903 <sup>City;</sup>	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	SENIOR CEN	TER BAGS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH ALEXSANDRA ANNELLO DISTR	Office sought	PRES DISTR	Office held ICT 2 CITY RE	
Date	Payee name				
Amount (\$)  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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

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

The Instruction Guide explains how to complete this form.

		p			
1 Total pages Schedule H:	2 FILER NAME MRS ALEXSANDRA ROSE ANNELI	LO	3 Filer ID (Ethics Co	mmission 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) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expens	se	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Offi	ce 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			
	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	Office sought	Offic	ce 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			
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Offi	ce held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

### SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME MRS ALEXSANDRA ROSE ANNELLO		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
		-			

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

# City Clerk Dept. 2/4/2020 4:35:38 PM

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

## SCHEDULE K

The	dule K:				
<sup>2</sup> FILER NAME MRS ALEXS	s 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; Sta				
	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; Stat				
	Purpose for which amount is received	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
		ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

## SCHEDULE T

The Instruction Guid	1 Total pages Schedule T: 0					
<sup>2</sup> FILER NAME MRS ALEXSANDRA ROS	3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reporte	d on:					
Schedule A2 Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2 Sch	nedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	of person(s) traveling					
8 Departu	ure city or name of departure locatio	n				
0.5						
<b>9</b> Destina	tion city or name of destination loca	ation				
10 Means of transportation	11 Purpose of travel (including na	ame of conference, se	minar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / F	Payee				
Contribution / Expenditure reporte	d on:					
	edule B Schedule B(J)					
Schedule A2 Sch	edule 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	of person(s) traveling					
Departi	ure city or name of departure locatio	on				
Destina	tion city or name of destination loca	ation				
Means of transportation	Purpose of travel (including na	ame of conference, se	minar, or other event)			
		,				
Name of Contributor / Corporation	or Labor Organization / Pledgor / F	Payee				
Contribution / Expenditure reporte	d on:					
Schedule A2 Sched	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	ule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of	Dates of travel Name of person(s) traveling					
Departure city or name of departure location						
Destina	tion city or name of destination loca	ation				
Means of transportation	Purpose of travel (including na	ame of conference, se	minar, or other event)			
	<u> </u>					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  ◆ Complete only if "Report Type" on page 1 is marked "Final Report" ◆				
	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
N.	IRS AL	EXSANDRA ROSE ANNELLO			
	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.				
		Signatu	re of Candidate / Officeholder		
ŀ		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••  CAMPAIGN FUNDS			
	Λ.	CAMI AIGHT GREE			
	Checl	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
		I have unexpended contributions or unexpended interest or income earned from po may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned on political contributions in accordance with the requirements of Electronse earned	me earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing ontributions and unexpended interest or		
	B.	ASSETS			
	Check	conly one:			
		I do not retain assets purchased with political contributions or interest or other incompared to the contribution of the contributions of interest or other incompared to the contribution of the contribution	ne from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with politic requirements of Election Code, § 254.204.	er income from political contributions to		
			Signature of Candidate		
•	_	EHOLDER plete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an		
			ignature of Officeholder		