

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

Alexandra

Rose

NICKNAME

LAST

SUFFIX

Annello

OFFICE USE ONLY

Date Received

10/5/2020 4:31:20 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4114 Oxford, 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

Alexandra

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, 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
07/01/2020

THROUGH

Month Day Year
09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Representative District 2

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
Alexsandra Rose Annelo

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)	\$ 1040.29
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21893.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 599.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 3540.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17118
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1432.44

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 Annelo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alexsandra R Annelo, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Adriana Rosas

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

Alexsandra Rose Annelo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20853.30
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2940.74
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	\$
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:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

07/16/2020

5 Full name of contributor

Jennifer Jolink

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

6 Contributor address; City; State; Zip Code

6513 Billy Bonney Pass, Austin, TX 78749

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Maribel Banuelos

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

Contributor address; City; State; Zip Code

4425 Buckingham, El Paso, TX 79902

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Christina Munoz

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

Contributor address; City; State; Zip Code

2820 Richmond, El Paso, TX 79930

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Jim Ward

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

Contributor address; City; State; Zip Code

309 Vista Del Rey, El Paso, TX 79912

Amount of contribution (\$)

52.23

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/14/2020

5 Full name of contributor

Robert Heyman

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

6 Contributor address; City; State; Zip Code

1200 Galloway, El Paso, TX 79902

7 Amount of contribution (\$)

52.23

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/24/2020

Full name of contributor

Erin Corrigan

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

Contributor address; City; State; Zip Code

1618 JJ Seabrook, Austin, TX 78721

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2020

Full name of contributor

Alejandro Lomeli

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

Contributor address; City; State; Zip Code

2105 Winwood St #3, Las Vegas, NV 89108

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Phillip Kingston

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

Contributor address; City; State; Zip Code

5901 Palo Pinto, Dallas, TX 75206

Amount of contribution (\$)

52.23

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/2020

5 Full name of contributor

Anastacio Valdez

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

6 Contributor address; City; State; Zip Code

3820 Skyline, El Paso, TX 79904

7 Amount of contribution (\$)

60

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor

David and Jeryl Marcus

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

Contributor address; City; State; Zip Code

442 Crown Point, El Paso, TX 79912

Amount of contribution (\$)

75.08

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2020

Full name of contributor

Juliette Schwab

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

Contributor address; City; State; Zip Code

8 Tall Pines Way, York, ME 03909

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/16/2020

Full name of contributor

Ann Marie Nafziger

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

Contributor address; City; State; Zip Code

PO BOX 170, Marfa, TX 79843

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

07/17/2020

5 Full name of contributor

Al Davis

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

6 Contributor address; City; State; Zip Code

PO BOX 863, Shafter, TX 79843

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/13/2020

Full name of contributor

Dan Halpern

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

Contributor address; City; State; Zip Code

1503 Gleason, Silver Spring MD 20902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Don Baumgart

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

Contributor address; City; State; Zip Code

901 Galloway, El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2020

Full name of contributor

Geoffrey Wright

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

Contributor address; City; State; Zip Code

1303 N. Cotton, El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/2020

5 Full name of contributor

Rene Vargas

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

6 Contributor address; City; State; Zip Code

2424 Savannah, El Paso, TX 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/01/2020

Full name of contributor

Sharon Butterworth

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

Contributor address; City; State; Zip Code

1059 Los Jardines Cir. El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/2020

Full name of contributor

Gregory Schwab

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

Contributor address; City; State; Zip Code

8 Tall Pines Way, York ME 03909

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/2020

Full name of contributor

Valeria Contreras

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

Contributor address; City; State; Zip Code

6537 Contessa Ridge, El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/20/2020

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

6 Contributor address; City; State; Zip Code
3948 Las Vegas, El Paso, TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/19/2020

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

Contributor address; City; State; Zip Code
76 Kingery Drive, El Paso, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2020

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

Contributor address; City; State; Zip Code
2831 Taylor, El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/17/2020

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

Contributor address; City; State; Zip Code
5002 La Roda, Los Angeles, CA 90041

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:
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2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

5 Full name of contributor

Nancy Schuler

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

6 Contributor address; City; State; Zip Code

3031 Wheeling, El Paso, TX 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/17/2020

Full name of contributor

Marilyn Guida

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

Contributor address; City; State; Zip Code

7465 Stoney Hill, El Paso, TX 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor

David Stout

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

Contributor address; City; State; Zip Code

2808 Grant, El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/12/2020

Full name of contributor

Ariel Juarez

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

Contributor address; City; State; Zip Code

6808 Spring Branch, Spring Branch TX 79843

Amount of contribution (\$)

100.83

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/18/2020

5 Full name of contributor

Robert Weiner

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

6 Contributor address; City; State; Zip Code

PO BOX 1374, El Paso, TX 79843

7 Amount of contribution (\$)

100.83

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/17/2020

Full name of contributor

Elizabeth Leahy

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

Contributor address; City; State; Zip Code

516 Haverhill St. Reading MA, 01867

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/28/2020

Full name of contributor

David Foley

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

Contributor address; City; State; Zip Code

12 Stoddard, Woburn, MA 01801

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/04/2020

Full name of contributor

Jessica Silva

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

Contributor address; City; State; Zip Code

1300 Elm, El Paso, TX 79930

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/12/2020

5 Full name of contributor

Armando Rodriguez

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

6 Contributor address; City; State; Zip Code

241 Brianna Ct, Canutillo, TX 79835

7 Amount of contribution (\$)

104.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Juan Pulido

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

Contributor address; City; State; Zip Code

416 Indian Bluff, El Paso, TX 79912

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

Full name of contributor

Ivan Luevanos-Elms

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

Contributor address; City; State; Zip Code

1515 1/2 N. Hollywood Way, Burbank, CA 91505

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

Full name of contributor

Rebecca Glaser

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

Contributor address; City; State; Zip Code

2709 Gold, El Paso, TX 79930

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/22/2020

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

Eli Columbus

6 Contributor address; City; State; Zip Code

7232 Rustic Valley, Dallas, TX 75248

7 Amount of contribution (\$)

104.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/22/2020

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

Fredderic Dalbin

Contributor address; City; State; Zip Code

2308 Red Bluff, El Paso, TX 79930

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/2020

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

Sushma Smith

Contributor address; City; State; Zip Code

210 Lee Barton Dr. Unit 609, Austin, TX 78704

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Homero Silva

Contributor address; City; State; Zip Code

1300 Elm Street B, El Paso, TX 79930

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/24/2020

5 Full name of contributor

Jessica Jones

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

6 Contributor address; City; State; Zip Code

PO BOX 1654, Marfa, TX 79843

7 Amount of contribution (\$)

104.15

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/24/2020

Full name of contributor

Susan Goldman

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

Contributor address; City; State; Zip Code

420 Camino Real, El Paso, TX 79922

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/08/2020

Full name of contributor

Carlos Martinez

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

Contributor address; City; State; Zip Code

6301 Jebel Way, El Paso, TX 79912

Amount of contribution (\$)

156.07

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

Full name of contributor

Evelina Ortega

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

Contributor address; City; State; Zip Code

1201 Cincinnati, El Paso, TX 79902

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
10/5/2020 4:48:15 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/30/2020

5 Full name of contributor

Richard Wright

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

6 Contributor address; City; State; Zip Code

611 E. River, El Paso, TX 79902

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor

Eduardo Castillo

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

Contributor address; City; State; Zip Code

10651 Janway, El Paso, TX 79935

Amount of contribution (\$)

208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/2020

Full name of contributor

Josh Acevedo

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

Contributor address; City; State; Zip Code

2626 Jackson, El Paso, TX 79903

Amount of contribution (\$)

208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2020

Full name of contributor

Elisa Tamayo

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

Contributor address; City; State; Zip Code

6400 Edgemere Blvd. Apt 100, El Paso, TX 79925

Amount of contribution (\$)

208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

07/19/2020

5 Full name of contributor

Kylie Augustine

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

6 Contributor address; City; State; Zip Code

963 Lucile, Los Angeles, CA 90026

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/24/2020

Full name of contributor

Cesar Blanco

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

Contributor address; City; State; Zip Code

PO BOX 27074, El Paso, TX 79926

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2020

Full name of contributor

James Scherr

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

Contributor address; City; State; Zip Code

109 N. Oregon, El Paso, TX 79901

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/12/2020

Full name of contributor

Savannah Gonzalez

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

Contributor address; City; State; Zip Code

1308 Manzano, Edinburg, TX 78539

Amount of contribution (\$)

259.82

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.
10/5/2020 4:48:15 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

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

Stuart Schwartz

6 Contributor address; City; State; Zip Code

1025 Singing Hills, El Paso, TX 79912

7 Amount of contribution (\$)

259.82

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/28/2020

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

Suzanne Dipp

Contributor address; City; State; Zip Code

PO BOX 3532, El Paso, TX 79902

Amount of contribution (\$)

259.92

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/18/2020

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

Judy Ackerman

Contributor address; City; State; Zip Code

3344 Eileen Dr. El Paso, TX 79904

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

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

Richard Teschner

Contributor address; City; State; Zip Code

1800 N. Stanton Apt 302, El Paso, TX 79902

Amount of contribution (\$)

300

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.
10/5/2020 4:48:15 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/01/2020

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

Judy Ackerman

6 Contributor address; City; State; Zip Code

3344 Eileen, El Paso, TX 79904

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

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

Mary Gonzalez

Contributor address; City; State; Zip Code

PO BOX 450, Clint, TX 79836

Amount of contribution (\$)

311.84

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2020

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

Clay Baron

Contributor address; City; State; Zip Code

5708 Mira Grande, El Paso, TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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 (\$)

500

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.
10/5/2020 4:48:15 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

08/20/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson

6 Contributor address; City; State; Zip Code
PO BOX 17428, Austin, TX 78760

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/27/2020

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 (\$)

515

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/03/2020

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

Contributor address; City; State; Zip Code
PO BOX 1319, Marfa, TX 79843

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2020

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

Contributor address; City; State; Zip Code
PO Box 1391, Marfa, TX 79843

Amount of contribution (\$)

1000

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.
10/5/2020 4:48:15 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 Date

09/09/2020

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

E.C. Houghton, JR

6 Contributor address; City; State; Zip Code

210 N. Campbell, El Paso, 79901

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/19/2020

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

Suzanne Azar

Contributor address; City; State; Zip Code

2424 Altura, El Paso, 79930

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

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

Richard Aguilar

Contributor address; City; State; Zip Code

444 Executive Center Blvd. El Paso, TX 79912

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

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

TREPAC

Contributor address; City; State; Zip Code

PO BOX 2246, Austin, TX 78768

Amount of contribution (\$)

3000

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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10/5/2020 4:48:15 PM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

0

2 FILER NAME

Alexsandra Rose Annelo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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

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

12 Contributor's principal occupation (FOR JUDICIAL)

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

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

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

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

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

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

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.

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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

Alexsandra Rose Annelo

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: 3	2 FILER NAME Alexsandra Rose Annelo	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2020	5 Payee name Orlando Zapanta	
6 Amount (\$) 162.37	7 Payee address; City; State; Zip Code 3410 Wickman, El Paso, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(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 08/26/2020	Payee name Regency Printing	
Amount (\$) 168.87	Payee address; City; State; Zip Code 2313 N Piedras St, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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	Office sought	Office held

Date 08/28/2020	Payee name Regency Printing	
Amount (\$) 168.87	Payee address; City; State; Zip Code 2313 N Piedras St, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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	Office sought	Office held

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City Clerk Dept.
10/5/2020 4:48:15 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: 3		2 FILER NAME Alexsandra Rose Annelo		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/2020		5 Payee name Airport Printing			
6 Amount (\$) 215		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) Advertising Expense		(b) Description Door Hangers		
	(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	
Date 07/22/2020		Payee name Orlando Zapanta			
Amount (\$) 216.5		Payee address; City; State; Zip Code 3410 Wickham, El Paso, TX 79904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard Signs		
	<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	
Date 08/12/2020		Payee name City of El Paso			
Amount (\$) 254.9		Payee address; City; State; Zip Code 300 N Campbell St, El Paso, TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Filing Fee		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 3		2 FILER NAME Alexsandra Rose Annelo		3 Filer ID (Ethics Commission Filers)	
4 Date 09/23/2020		5 Payee name Nicole Drury			
6 Amount (\$) 372		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		Office sought	
Date 07/24/2020		Payee name Dirt Cheap Signs			
Amount (\$) 564.24		Payee address; City; State; Zip Code 6707 Lohman Ford, Lago Vista, TX 78645			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard Signs		
	<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	
Date 09/10/2020		Payee name Patriot Wholesale Direct LLC			
Amount (\$) 817.99		Payee address; City; State; Zip Code 260 Engelwood Dr #D, Orion Charter Township, MI 48359			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Door Hangers		
	<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	

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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 Alexsandra Rose Annello	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

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

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
--	-------------------------------	---------------	-------------

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

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

Alexsandra Rose Annelo

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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City Clerk Dept.
10/5/2020 4:48:15 PM

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 | 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 F4: 0	2 FILER NAME Alexsandra Rose Anello	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

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

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
---	-------------------------------	---------------	-------------

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

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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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City Clerk Dept.
10/5/2020 4:48:15 PM

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: 0	2 FILER NAME Alexsandra Rose Annello	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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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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 Alexsandra Rose Anello	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 Alexsandra Rose Annelo	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address;	City	State	Zip Code
----------------------	-------------------------	------	-------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Alexsandra Rose Anello

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

Alexsandra Rose Annelo

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

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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