CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr Mrs.	FIRST Analisa	МІ	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
		Cordova Silv		05/02/2022 04:40 DM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	City Clerk's Office - Diana Nunez City Clerk's Office - Diana Nunez City Clerk's Office - Diana Nunez
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount \$
TREASURER NAME	Hon.	Kathleen	Н.	Date Processed 05/03/2023 01:52 PM
10,4012	NICKNAME	LAST	SUFFIX	
		Olivares		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	()			
9 REPORT TYPE	January 15	30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	12/10/20	22 /	тнгоидн 01/15/20	023
11 ELECTION	Month Day 12/17/2023	Year Primary	Runoff Other Description Special	:
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if know City Council Di	strict 1 Representative
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINAI	NCE REPORT			VERO	IILLI I O Z
15 C/OH NAME Ana	alisa	Cordova Silverstein			r ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					55.00
		TAL POLITICAL CONTRIBUTER THAN PLEDGES, LOANS		DANS)	\$ \$	955.00
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	12,793.65
	4. TO	TAL POLITICAL EXPENDIT	URES		\$ \$	25,587.30
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTION REPORTING PERIOD	ONS MAINTAINED AS OF TH	IE LAST DAY	\$ ()
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF A		AS OF THE	\$ 3	0.00
		, under penalty of perjury, tha orted by me under Title 15, Elec		is true and co	orrect and in	cludes all information
l a	icknowledge I a	m electronically signing here	Analisa Cordova Sanalisa Cordova Sanalisa Cordova Silverstein (May 3, 2		<u>'</u>	
			Signature	of Candidate	or Officehol	der
		Please comple	ete either option b	elow:		
(1) Affidavit						
NOTARY STAMP/SEA Sworn to and subscribed		Analisa Cordova Sil	lverstein thi	s date	3/2023	to certify which,
witness my hand and seal of City Clerk's Office - Diana City Clerk's Office - Diana Nunez (May 3, 2023 13:52 N		Diana Nunez		N	otary P	ublic
Signature of officer administe	ering oath	Printed name of office	r administering oath		Title of offic	er administering oath
		ď	DR			
(2) Unsworn Declarati	on					
My name is			, and my date of b	irth is		·
My address is					,	
		(street)	(city)	(state)	, ,	(country)
Executed in	Cou	nty, State of	, on the day of ((month)	, 20 (year)	_·

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	NAME 1 Cordova Silverstein	20 Filer ID (Ethics Con	mmis	sion Filers)
	ULE SUBTOTALS DF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$455.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$500.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$0.00
4.	4. SCHEDULE E: LOANS			\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$12,793.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$0.00

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Analisa C	ordova Silverstein			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 12/14/2022 Daniel Collins			7 Amount of contribution (\$) 50.00	
	7393 Golden Sage [Or., El Paso	State; Zip Code D, Texas, 79911	
8 Principal occu Attorne	pation / Job title (See Instructions)		9 Employer (See Instruction El Paso Cou	
Date 12/20/2022	Full name of contributor Analisa Cordova S		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	405.00
	6900 Rock Canyo	on El Pas	so, TX 79912	
•	ng Professional		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	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	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
	FILER NAME nalisa C	ordova Silverstein			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)
			_		
		ATTAOLIADDIT	TONIAL CODIEC		IEEDED

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SCHEDULE A1

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	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
	FILER NAME nalisa C	ordova Silverstein			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)
			_		
		ATTAOLIADDIT	TONIAL CODIEC		IEEDED

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SCHEDULE A1

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	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
	FILER NAME nalisa C	ordova Silverstein			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)
			_		
		ATTAOLIADDIT	TONIAL CODIEC		IEEDED

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SCHEDULE A1

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	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
	FILER NAME nalisa C	ordova Silverstein			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)
			_		
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SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedu	1 Total pages Schedule A2:	
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)
Analisa	Cordova Silverstein		1 1101 15 (211100 00	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 500.00	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	Carlos Ibrahim Sanchez		Contribution \$	description
12/17/2022	Odrios ibrariiri Odrioricz		F00 00	
,,	7 Contributor address; City; State;	Zip Code	500.00	Food for election night
	7470 Cimarron Market Ave Building 5 Suite 100, El Paso	, TX 79911	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Restaura		Lola Ros	е	
	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
Restaura		Restaura	anter	
	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
Lola Ros				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor)		
Date		,	Amount of Contribution \$	In-kind contribution description
				· ·
	Contributor address; City; State;	Zip Code		
			<u> </u>	<u> </u>
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributorio	employer/law firm (FOR JUDICIAL)	l 6		(if -:) (FOD
Contributors	s employer/law limi (i OK 30DICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	sic a shild law firms of marent/a) (if any) (FOR HIDIOIAL)			
if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Sched	ule A2:	
² FILER NAMI Analisa	E Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
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		 -
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	rupation / 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)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Sched	ule A2:	
² FILER NAMI Analisa	E Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
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		 -
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	rupation / 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)			

SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this form	1 Total pages Sched	ule A2:	
² FILER NAMI Analisa	E Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
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		 -
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autoi	 de of Texas. Complete Schedule T.
Principal occ	rupation / 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)			

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
² FILER NAME Analisa	E Cordova Silverstein		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
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 outsi	de of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	. Check if travel outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	rer (FOR NON-JUDICIA	· · · · · · · · · · · · · · · · · · ·	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(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)				

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

_						
	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule B:		
	FILER NAME Analisa C	Cordova Silverstein		3 Filer ID (Ethics C	ommission 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 Cod	le			
				Check if travel outsi	ide of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instructions) 11 Employer	(See Ir	nstructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod	de			
				Check if travel outsi	de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employer	(See I	nstructions)		
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod				
				Check if travel outsi	de of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions) Employer	r (See I	nstructions)		
	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 outsi	de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employer	r (See I	nstructions)		

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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_						
	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule B:		
	FILER NAME Analisa C	Cordova Silverstein		3 Filer ID (Ethics C	ommission 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 Cod	le			
				Check if travel outsi	ide of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instructions) 11 Employer	(See Ir	nstructions)		
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod	de			
				Check if travel outsi	de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employer	(See I	nstructions)		
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; State; Zip Cod				
				Check if travel outsi	de of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instructions) Employer	r (See I	nstructions)		
	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 outsi	de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions) Employer	r (See I	nstructions)		

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The	Instruction Guide explains h	ow to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Analisa Col	rdova Silverstein			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender [out-of-state F	PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14 Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains h	ow to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Analisa Col	rdova Silverstein			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender [out-of-state F	PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14 Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains h	ow to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Analisa Col	rdova Silverstein			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender [out-of-state F	PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14 Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains h	ow to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Analisa Col	rdova Silverstein			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender [out-of-state F	PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14 Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

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

The	Instruction Guide explains h	ow to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Analisa Col	rdova Silverstein			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender [out-of-state F	PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	1
14 Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
20 Principal Occupat	ltion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate
Institution? Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colling	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/17/2022	5 Payee name Chris Hernandez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1000.00				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/17/2022	Michelle Flores			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,100.00				
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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/17/2022	Jes Doragon			
Amount (\$)	Payee address;	City;	State;	Zip Code
56.00				
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	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

1 Total pages Schedule F1: Analisa Cordova Silverstein 4 Date 12/17/2022 5 Payee name 12/17/2022 Harland Clarke Check 5 1.20 8 PURPOSE OF EXPENDITURE (c) Oteck if travel published of Texas. Complete Schedule T. Oteck if Austin, TX, officiaholder living organise schedule T. Oteck if Austin, TX, officiaholder living organise Schedule T. Oteck if	Credit Card Payment	The Instruction Guide explains how to	complete this form.		
12/17/2022 Harland Clarke Check 5 1.20 8 PURPOSE EXPENDITURE (e) Check travel outside of Texas. Complete Schedule) (f) Category (See Categories listed at the top of this schedule) (g) Check travel outside of Texas. Complete Schedule) (h) Description (h)	1 Total pages Schedule F1:			3 Filer ID (Ethics (Commission Filers)
State					
8 PURPOSE OF EXPENDITURE (e) Check if Savel cutalide of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete QNLY if direct expenditure to benefit C/OH Date 12/117/2022 Amount (s) Payce address; Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Date 12/117/2022 Amount (s) Payce address; City: State: Zip Code Amount (s) Payce address: Category (See Categories listed at the top of this schedule) Description Purpose of Expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule)					
Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Date 12/17/2022 Amount (s) Payee name GECU Amount (s) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Payee name Check if fusetin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date 12/17/2022 Amount (s) Payee name 12/17/2022 Amount (s) Payee address; City; State; Zip Code Candidate / Officeholder name Office sought Office held Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Date 12/17/2022 Amount (s) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if fuserloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	51.20				
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
9 Complete ONLY if direct expenditure to benefit C/OH Date 12/17/2022 Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office held Description Purpose OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held	OF				
Date 12/17/2022 GECU Amount (\$) Payee address; City: State: Zip Code Purpose OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder is listed at the top of this schedule) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Payee name Mac Carr Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Date 12/17/2022 Mac Carr Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder iving expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
Amount (\$) 33.50 Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Check if Invael outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Payee name Mac Carr Amount (\$) Payee address: City: State: Zip Code Candidate / Office holder name Office sought Office held Payee name Mac Carr Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Perpose OF EXPENDITURE Check if Invael outside of Texas. Complete Schedule T. Check if Ly: State: Zip Code Category (See Categories listed at the top of this schedule) Check if Invael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Check if Invael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	· —		Office sought	C	ffice held
Amount (\$) Payee address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Payee name Mac Carr Amount (\$) Payee address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Candidate / Office held Date Payee name Mac Carr Amount (\$) Payee address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH	Date	Payee name			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH Payee name Mac Carr Amount (\$) Payee address; Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Office held Payee name Mac Carr Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	12/17/2022	GECU			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Mac Carr Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder is schedule) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Payee name Mac Carr Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	33.50				
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/17/2022 Mac Carr Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Payee name Mac Carr Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held					
Complete QNLY if direct expenditure to benefit C/OH Date					
Date 12/17/2022 Payee name Mac Carr Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
Amount (\$) Payee address; City; State; Zip Code 400.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			Office sought	0	ffice held
Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date	Payee name			
400.00 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Office sought Office held	12/17/2022	Mac Carr			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	400.00				
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct	OF				
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	kpense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	(Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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
tract Labor
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Caror (critical di catogo	.,,
1 Total pages Schedule F1:	2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics	Commission Filers)
4 Date 12/17/2022	5 Payee name Jose Luis Flores			
6 Amount (\$) 51.20	7 Payee 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 Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/20/2022	Zoom Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.98				
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	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/20/2022	Payee name Fair Data LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
479.60				
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	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	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission File	ers)	
4 Date 12/17/2022	5 Payee name NGP VAN, INC				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
45.15					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	t if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
01/05/2023	Airport Printing Services				
Amount (\$)	Payee address;	City;	State; Zip Code		
9,561.02					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
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 Aust	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Orcuit Gard'i aymeni	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/20/2022	5 Payee name			
6 Amount (\$)	7 Payee 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 Aust	tin, TX, officeholder living	g 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
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 Aust	in, TX, officeholder living	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	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Polit	tical Committee	Legal Services The Instruction G			emplete this form.	Other (e	nter a category	not listed above)
1 Total pages Schedule F		NAME a Cordova Sil	verstein			3 Filer I	D (Ethics Co	ommission Filers)
4 TOTAL OF UNITE	EMIZED UN	PAID INCURRI	ED OBLIG	ATIONS	3	\$		
5 Date	6 Payee r	name						
7 Amount (\$)	8 Payee a	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Poli	tical			
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed	at the top of this so	chedule)	(b) Description			
	(c)	Check if travel outside of Te	xas. Complete Sch	edule T.	Check if Au	ustin, TX, office	eholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/		didate / Officeholde	r name	Of	fice sought		Office he	ld
Date	Payee ı	name						
Date Amount (\$)		name address;			City;		State;	Zip Code
	Payee			Non-Poli			State;	Zip Code
Amount (\$)	Payee	address;	at the top of this so				State;	Zip Code
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee	address; Political		chedule)	Description	Austin, TX, offi	State;	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee Categor	address; Political y (See Categories listed	exas. Complete Sc	chedule)	Description	Austin, TX, offi		expense
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee Categor	address; Political y (See Categories listed Check if travel outside of	exas. Complete Sc	chedule)	tical Description Check if A	Austin, TX, offi	ceholder living	expense

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense 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

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 F2:	Analisa Cordova Silverstein		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Po	litical			
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF					
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense	
11 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name C	office sought	Office hel	ld	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical			
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 Au	ustin, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Office sought	Office he	ld	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
² FILER NAME Analisa (Cordova Silverstein	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; Cit	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
² FILER NAME Analisa (Cordova Silverstein	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; Cit	y; 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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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

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

Candidate/Officeriolder/Politica	The Instruction Guide explains how to d	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F4:	FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	blitical		
10 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 Au	stin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical		
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 Au	ustin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
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

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

Candidate/Officeriolder/Politica	The Instruction Guide explains how to d	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F4:	FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	blitical		
10 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 Au	stin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-P	olitical		
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 Au	ustin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 I ravel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor Other (enter a cate

Transportation Equipment & Related Expense 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 G:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee 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 expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	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	n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
	political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 I ravel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor Other (enter a cate

Transportation Equipment & Related Expense 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 G:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee 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 expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	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	n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
	political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 I ravel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor Other (enter a cate

Transportation Equipment & Related Expense 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 G:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee 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 expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	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	n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
	political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 I ravel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor Other (enter a cate

Transportation Equipment & Related Expense 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 G:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee 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 expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	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	n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
	political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 I ravel In District
Printing Expense Travel Out Of Dist
Salaries/Wages/Contract Labor Other (enter a cate

Transportation Equipment & Related Expense 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 G:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee 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 expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	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	n, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code		
	political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FILER NAME

Business name

(c)

Business address;

Business name

Business address;

Business name

Business address:

1 Total pages Schedule H:

PURPOSE OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF EXPENDITURE

Complete ONLY if direct

PURPOSE OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

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

Analisa Cordova Silverstein

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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

Check if Austin, TX, officeholder living expense

Description

Office sought

Description

Office sought

(b) Description

Office sought

Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

ract Labor	Other (enter a category not listed above)			
his form.				
	3 Filer	ID (Ethic	s Commission Filers)	
City;		State;	Zip Code	
cription				
Check if Austin	, TX, officel	nolder living e	expense	
ught			Office held	
				_
City;		State;	Zip Code	
ription				
Check if Austin,	TX, officeh	older living e	xpense	
ught			Office held	_
				_
City;		State;	Zip Code	
ription				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FILER NAME

Business name

(c)

Business address;

Business name

Business address;

Business name

Business address:

1 Total pages Schedule H:

PURPOSE OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF EXPENDITURE

Complete ONLY if direct

PURPOSE OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

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

Analisa Cordova Silverstein

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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

Check if Austin, TX, officeholder living expense

Description

Office sought

Description

Office sought

(b) Description

Office sought

Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

ract Labor	Other (enter a category not listed above)			
his form.				
	3 Filer	ID (Ethic	s Commission Filers)	
City;		State;	Zip Code	
cription				
Check if Austin	, TX, officel	nolder living e	expense	
ught			Office held	
				_
City;		State;	Zip Code	
ription				
Check if Austin,	TX, officeh	older living e	xpense	
ught			Office held	_
				_
City;		State;	Zip Code	
ription				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FILER NAME

Business name

(c)

Business address;

Business name

Business address;

Business name

Business address:

1 Total pages Schedule H:

PURPOSE OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF EXPENDITURE

Complete ONLY if direct

PURPOSE OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

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

Analisa Cordova Silverstein

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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

Check if Austin, TX, officeholder living expense

Description

Office sought

Description

Office sought

(b) Description

Office sought

Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

ract Labor	Other (enter a category not listed above)			
his form.				
	3 Filer	ID (Ethic	s Commission Filers)	
City;		State;	Zip Code	
cription				
Check if Austin	, TX, officel	nolder living e	expense	
ught			Office held	
				_
City;		State;	Zip Code	
ription				
Check if Austin,	TX, officeh	older living e	xpense	
ught			Office held	_
				_
City;		State;	Zip Code	
ription				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FILER NAME

Business name

(c)

Business address;

Business name

Business address;

Business name

Business address:

1 Total pages Schedule H:

PURPOSE OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF EXPENDITURE

Complete ONLY if direct

PURPOSE OF **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

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

Analisa Cordova Silverstein

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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

Check if Austin, TX, officeholder living expense

Description

Office sought

Description

Office sought

(b) Description

Office sought

Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

ract Labor	Other (enter a category not listed above)			
his form.				
	3 Filer	ID (Ethic	s Commission Filers)	
City;		State;	Zip Code	
cription				
Check if Austin	, TX, officel	nolder living e	expense	
ught			Office held	
				_
City;		State;	Zip Code	
ription				
Check if Austin,	TX, officeh	older living e	xpense	
ught			Office held	_
				_
City;		State;	Zip Code	
ription				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

FILER NAME

Business name

(c)

Business address;

Business name

Business address;

Business name

Business address:

1 Total pages Schedule H:

PURPOSE OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF EXPENDITURE

Complete ONLY if direct

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expenditure to benefit C/OH

4 Date

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Date

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Amount (\$)

Amount (\$)

6 Amount (\$)

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Analisa Cordova Silverstein

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The Instruction Guide explains how to complete this form.

ract Labor	Other (enter a category not listed above)			
his form.				
	3 Filer	ID (Ethic	s Commission Filers)	
City;		State;	Zip Code	
cription				
Check if Austin	, TX, officel	nolder living e	expense	
ught			Office held	
				_
City;		State;	Zip Code	
ription				
Check if Austin,	TX, officeh	older living e	xpense	
ught			Office held	_
				_
City;		State;	Zip Code	
ription				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID	(Ethics Co	ommission 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.)	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.)	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.)	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.)	instructions regar	ding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	² FILER NAME Analisa Cordova Silverstein		3 Filer ID	(Ethics Co	ommission 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.)	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.)	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.)	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.)	instructions regar	ding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NE	EDED				

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

SCHEDULE K

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedu			
² FILER NAME Analisa C	ordova Silverstein	3 Filer ID (Ethics	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; Sta	ate; 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; Si	tate; 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; St	ate; Zip Code		
	Purpose for which amount is received Check it	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Si	tate; Zip Code		
	Purpose for which amount is received Check if	f political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED		

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

SCHEDULE K

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedu			
² FILER NAME Analisa C	ordova Silverstein	3 Filer ID (Ethics	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; Sta	ate; 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; Si	tate; 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; St	ate; Zip Code		
	Purpose for which amount is received Check it	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Si	tate; Zip Code		
	Purpose for which amount is received Check if	f political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED		

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

SCHEDULE T

poted information is not applicable. DO NOT include this page in the

If the requested information	is not applicable, DO NOT include this pag	e in the report.			
The Instruction Guid	e explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
	d on: ledule B Schedule B(J) Schedule C2 ledule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	Dates of travel 7 Name of person(s) traveling				
8 Departu	ure city or name of departure location				
9 Destina	tion city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Schedule F2 Sch	nedule B Schedule B(J) Schedule C2 nedule F4 Schedule G Schedule H of person(s) traveling	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte Schedule A2 Sched Schedule F2 Sched		Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of person(s) traveling				
Departi	ure city or name of departure location				
Destina	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
А	TTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED			

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

SCHEDULE T

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If the requested information	is not applicable, DO NOT include this pag	e in the report.			
The Instruction Guid	e explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
	d on: ledule B Schedule B(J) Schedule C2 ledule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	Dates of travel 7 Name of person(s) traveling				
8 Departu	ure city or name of departure location				
9 Destina	tion city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Schedule F2 Sch	nedule B Schedule B(J) Schedule C2 nedule F4 Schedule G Schedule H of person(s) traveling	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporte Schedule A2 Sched Schedule F2 Sched		Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of person(s) traveling				
Departi	ure city or name of departure location				
Destina	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
А	TTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
		•• Comp	olete only if "Report Type" on page 1 is	marked "Fina	al Report" ••		
1	C/OH N				2 Filer ID (Ethics Commission Filers)		
		Analisa	Cordova Silvers	tein			
3	SIGNA	TURE					
	designa	ting a report as a final re	ical contributions or political expenditures in composite any campaign treasurer appoints any campaign expenditures without a campa I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	ntment. I also u ign treasurer ap <u>Analisa Cod</u> Analisa Cordova Silver	nderstand that I may not accept any		
4		WHO IS NOT AN OF plete A & B below on	FICEHOLDER If you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS					
	Check	k only one:					
	~	I do not have unexpen	ded contributions or unexpended interest or in	come earned fro	om political contributions.		
		may not convert unexpersonal use. I also unexpended contribution filing this final report.	ntributions or unexpended interest or income e pended political contributions or unexpended understand that I must file an annual report of ons or unexpended interest or income earned Further, I understand that I must dispose of un ned on political contributions in accordance with	interest or incompleted of unexpended control political control expended political control of the control of th	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended		
	В.	ASSETS					
	Check	k only one:					
		I do not retain assets p	ourchased with political contributions or interes	t or other incom	e from political contributions.		
		that I may not convert	hased with political contributions or interest or assets purchased with political contributions on the nderstand that I must dispose of assets purchain Code, § 254.204.	r interest or other ased with politica Analisa Col	er income from political contributions to all contributions in accordance with the endova Silverstein		
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Analisa Cordova Silve	Signature of Candidate		
5			y if you are an officeholder •• subject to filing requirements applicable to an o	fficeholder who c	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.

> I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.