#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mrs.	FIRST Analisa	<u>.</u>	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST Cordova Sil	lverst	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #; C	CITY; STATE;	ZIP CODE	12/09/2022 : <u> <i>City Clork's Office</i></u> City Clork's Office - Diana Rumez (De	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	N	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr Hon.	FIRST Kathleen	H.	MI		
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Processed 12/(	09/2022 3:29 PM
		Olivares	Ret		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	J		
9 REPORT TYPE	January 15	30th day before e	lection 🔳 Runof	f	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele		ded Modified ting Limit		t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	11/01/20	22	THROUGH	12/09/20/	22 /	
11 ELECTION	ELECTION DA Month Day 12/17/2022	Year Primary	E Runoff Special	LECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SO City Cou			resentative
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WIT	THOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME An	alisa	Cordo	va Silvers	it	16 Filer	D (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	PL	TAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAN DNTRIBUTIONS MADE ELECT	NTEES OF LO		AN .	\$	
		TAL POLITICAL CONTRIB		NTEES OF LOANS	6)	\$ <b>\$</b> 18	8,994.44
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITUR	RE.		\$	
	4. TO	TAL POLITICAL EXPENDIT	URES			\$\$25	,883.11
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIO	ONS MAINTAI	NED AS OF THE L	AST DAY	\$676	61.27
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING		NDING LOANS AS (	OF THE	\$	
		under penalty of perjury, that orted by me under Title 15, Ele		panying report is tr	ue and co	rrect and incl	udes all information
		n electronically signing here nk if it does not apply to me.	Analisa (	<i>Cordova Silve</i> Silverstein (Dec 9, 2022 15:	<u>Prstein</u> 18 MST)		
				Signature of C	Candidate	or Officehold	er
		Please comple	ete either	option belo	w:		
(1) Affidavit							
NOTARY STAMP/SEA	AL						
Sworn to and subscribed	d before me by	Analisa Cordova S	ilverstein	this da	te 12/09	9/2022 <sub>, t</sub>	o certify which,
witness my hand and seal	of office					·	•
<u>City Clerk's Office - Diana N</u> City Clerk's Office - Diana NUnez (Dec 9, 2022 15:29 MST)		Diana Nunez				Notary Pi	ıblic
Signature of officer administ	ering oath	Printed name of office	er administering	g oath			r administering oath
			OR				
(2) Unsworn Declarat	ion						
My name is			and	I my date of birth	is		
				,	,	3	
		(street)		(city)	(state)	(zip code)	(country)
Executed in	Cour	nty, State of	, on the	day of	nth)	, 20	÷
				(mor	)	(3001)	
				Signature of Cano	didate/Offic	eholder (Dec	larant)

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	IP FILER NAME     20 Filer ID (Ethics C       Analisa Cordova Silverstein     20 Filer ID (Ethics C					
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	518,894.44		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$100.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00		
4.	SCHEDULE E: LOANS		\$	\$0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	25,883.11		
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 FUN	IDS	\$	\$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	NTRIBUTIONS	\$	\$0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Analisa C	ordova Silverstein		
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
11/01/2022	Chi-Tai Tang		50.00
			50.00
	6 Contributor address; City;	State; Zip Code	
	855 W Chiva Ct, Midvale, Ut	an, 84047, US	
	pation / Job title (See Instructions)	9 Employer (See Instruc	,
Forensi	c Scientist	State of Utal	٦
Data	Full name of contributor 🛛 out-of-state PAC	; (ID#: )	
Date		, (ID#)	Amount of contribution (\$)
11/00/2022	Gilbert Cordova		103.30
	Contributor address; City;	State; Zip Code	
	56 Berwick Street, Unit 1, Belmont, Massa	chusetts, 02478, US	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Financia	al Administrator	Massachusett	s Institute of Technology
Date	Full name of contributor 🗌 out-of-state PAC	: (ID#:)	Amount of contribution (\$)
11/07/2022	Jim and Adrienne Walsh		51.80
	Contributor address; City;	State; Zip Code	01100
	5832 N Mobile Ave, Chicago, Illi	11015, 00040, 03	
	pation / Job title (See Instructions)	Employer (See Instruc	
Philanth	nropic Advisor	Mercy Home	e for Boys & Girls
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
11/08/2022	El Paso Electric Company E	mployee PAC	750.00
	Contributor address; City;	State; Zip Code	
	P.O. Box 982, El Paso, Texas, 7	79960-0001, US	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
N/A			
		1	
	ATTACH ADDITIONAL COPIES (		
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa C	ordova Silverstein		
4 Date	5 Full name of contributor out-of-stat	e PAC (ID#:)	7 Amount of contribution (\$)
11/08/2022	Lee M. Chayes		100.00
	<b>6</b> Contributor address; City;	State; Zip Code	
	845 Rosinante, El Paso, T	exas, 79922, US	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
11/11/2022	Taryn Jones		36.35
	Contributor address; City;	State; Zip Code	30.00
		· •	
	520 N Jackson St, Golden, C	olorado, 80403, US	
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Marketi	ng	Kong	
Date	Full name of contributor	e PAC (ID#: )	Amount of contribution (\$)
11/11/2022	Jane Snow	·,	100.00
	Contributor address; City;	State; Zip Code	100.00
	1063 Los Jardines Cir., El Paso	D, Texas, 79912, US	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date		e PAC (ID#:)	Amount of contribution (\$)
11/11/2022	Vanessa Aguilar		36.35
	Contributor address; City;	State; Zip Code	
	3300 Jackson Ave, El Paso,	Texas, 79930, US	
	pation / Job title (See Instructions)	Employer (See Instrue	ctions)
Marketi	ng Director	Lauterbach	, Borschow & Co.
		ES OF THIS SCHEDULE AS I	
	If contributor is out-of-state PAC, please see	instruction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Analisa C	ordova Silverstein			
4 Date	5 Full name of contributor	(ID#: )	<b>7</b> Amount of contribution (\$)	
11/11/2022	Robert Olivares Jr	(10),)		
			200.00	
	6 Contributor address; City;	State; Zip Code		
	1259 Franklin Perch PI, El Paso, T	exas, 79912, US		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc		
Physicia	an	Texas Tech	HSC	
		(ID#:)	Amount of contribution (\$)	
11/17/2022	Eliot G. Shapleigh		400.00	
	Contributor address; City;	State; Zip Code		
	701 S. Vrain, El Paso, Texa			
	· · ·	• •	· · · · ·	
Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor			
11/18/2022		(ID#:)	Amount of contribution (\$)	
11/10/2022	Lillian Salcido		200.00	
	Contributor address; City;	State; Zip Code		
	6001 Dimm Way, Richmond, California	a 94805-1215 US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
11/22/2022	Woody L. and Gayle G. Hun	t	5000 00	
			5000.00	
	Contributor address; City;	State; Zip Code		
P.O. Box 12667, El Paso, Texas, 79913-0667, US				
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
N/A				
	ATTACH ADDITIONAL COPIES (			
	If contributor is out-of-state PAC, please see Instru	action guide for additional	reporting requirements.	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Analisa C	ordova Silverstein		
4 Date	5 Full name of contributor	; (ID#: )	7 Amount of contribution (\$)
11/24/2022	Crysti Couture	(10#)	51.80
			51.00
	6 Contributor address; City;	State; Zip Code	
	232 Buena Vista St, El Paso, Te	exas, 79905, US	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	'
Strategi	st	React Repub	blic
Date	Full name of contributor 🛛 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
11/29/2022	Robert A Olivares MD		556.44
11/25/2022			550.44
	Contributor address; City;	State; Zip Code	
	5913 Quinta Real Ct, El Paso, Te	exas, 79912, US	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#: )	
12/01/2022		(10#)	Amount of contribution (\$)
	Paul L Foster		10000.00
	Contributor address; City;	State; Zip Code	
	123 W. Mills Ave. Ste 600, El Paso,	Texas, 79901, US	
Principal occu	Deation / Job title (See Instructions)	Employer (See Instruc	tions)
		; (ID#:)	Amount of contribution (\$)
12/01/2022	Donald R Margo II		1000.00
	Contributor address; City;	State; Zip Code	
	4845 Villa Encanto, El Paso, Te	xas, 79922, US	
Principal occu	Deation / Job title (See Instructions)	Employer (See Instruc	tions)
CEO			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 5
<sup>2</sup> FILER NAME Analisa C	ordova Silverstein		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2022	5 Full name of contributor Gilbert Cordova	C (ID#:)	7 Amount of contribution (\$) 103.30
	6 Contributor address; City;	State; Zip Code	
	56 Berwick Street, Unit 1, Belmont, Mass	achusetts, 02478, US	
	pation / Job title (See Instructions) Al Administrator	9 Employer (See Instruct Massachusett	ts Institute of Technology
Date 12/07/2022	Full name of contributor       Out-of-state PA         Jim and Adrienne Walsh         Contributor address;       City;         5832 N Mobile Ave, Chicago, III	State; Zip Code	Amount of contribution (\$) 51.80
	nation / Job title (See Instructions)	Employer (See Instruct Mercy Home	e for Boys & Girls
Date 12/07/2022	Full name of contributor <b>Kristyn Ingram</b> Contributor address; City; 321 Vista Del Rey Dr, El Paso, 7	C (ID#:) State; Zip Code Cexas, 79912, US	Amount of contribution (\$) . 103.30
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	;tions)
Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule A1: 5
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ordova Silvaratain		
A	nalisa C	ordova Silverstein		
4	Date	5 Full name of contributor	state PAC (ID#:)	<b>7</b> Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
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	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
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	Duin ain al a ann			() ()
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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SCHEDULE A1

	The	Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule A1: 5
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ordova Silvaratain		
A	nalisa C	ordova Silverstein		
4	Date	5 Full name of contributor	state PAC (ID#:)	<b>7</b> Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
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	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
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		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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		ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS I	NEEDED
		If contributor is out-of-state PAC, please s		
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SCHEDULE A1

	The	Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule A1: 5
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ordova Silvaratain		
A	nalisa C	ordova Silverstein		
4	Date	5 Full name of contributor	state PAC (ID#:)	<b>7</b> Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
			ý <b>1</b>	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Duin ain al a ann			() ()
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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		ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS I	NEEDED
		If contributor is out-of-state PAC, please s		
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SCHEDULE A1

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		ordova Silvaratain		
A	nalisa C	ordova Silverstein		
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		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
			ý <b>1</b>	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Duin ain al a ann			() ()
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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SCHEDULE A1

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

	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         5					
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
		ordova Silvaratain				
A	nalisa C	ordova Silverstein				
4	Date	5 Full name of contributor	state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City	State; Zip Code			
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	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Duin ain al a ann			() ()		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
		Contributor address; City;	State, Zip Code			
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
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SCHEDULE A1

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2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
		ordova Silvaratain				
A	nalisa C	ordova Silverstein				
4	Date	5 Full name of contributor	state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City	State; Zip Code			
			ý <b>1</b>			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
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	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
		Contributor address; City;	State, Zip Code			
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
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		If contributor is out-of-state PAC, please s				
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SCHEDULE A1

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	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	clions)
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		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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SCHEDULE A1

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

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A	nalisa C	ordova Silverstein		
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		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
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	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
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		Contributor address; City;	State; Zip Code	
		Contributor address; City;	State, Zip Code	
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SCHEDULE A1

	The	Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule A1: 5
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
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A	nalisa C	ordova Silverstein		
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	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
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	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
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	Duin ain al a ann			() ()
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	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
		Contributor address; City;	State, Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)		
Analisa	Cordova Silverstein			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 100.00	
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of 9 In-kind contribution Contribution \$ description	
	Carlos Loweree			
11/08/2022	7 Contributor address; City; State;	Zip Code	100.00	
	7444 Gtwy Blvd E. El Paso, TX	79915	 Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Manager		Food Cit	у	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code		
			I Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			

SCHEDULE A2

	The Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: <b>1</b>
<sup>2</sup> FILER NA	a Cordova Silverstein	3 Filer ID (Ethics Co	mmission Filers)	
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	<b>7</b> Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal o	pecupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI/	•
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
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Principal c	Procupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	-
Contributo	or's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
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Contributo	r's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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Contributo	r's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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<b>10</b> Principal o	pecupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI/	•
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	     de of Texas. Complete Schedule T.
Principal c	Procupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	-
Contributo	or's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
lf contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

	The Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: <b>1</b>
<sup>2</sup> FILER NA	a Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	<b>7</b> Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal o	pecupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI/	•
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	     de of Texas. Complete Schedule T.
Principal c	Procupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	-
Contributo	or's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
lf contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

	The Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: <b>1</b>
<sup>2</sup> FILER NA	a Cordova Silverstein		3 Filer ID (Ethics Co	mmission Filers)
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	<b>7</b> Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal o	pecupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI/	•
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;		Check if travel outsi	     de of Texas. Complete Schedule T.
Principal c	Procupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	-
Contributo	or's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
lf contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

#### PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

The I	nstruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
	ordova Silverst	ein			,
4 TOTAL OF		GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
		City; Sta	ate; Zip Code	Check if travel outs	,       ide of Texas. Complete Schedule T.
		-4:)			
10 Principal occup	ation / Job title (See Instru	ctions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution   description 
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	ΔΤΤΔΩΗ	ADDITIONAL COPIES	OF THIS SCHEDU		
lfc	ontributor is out-of-state			-	ı requirements.

#### PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

The I	nstruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
	ordova Silverst	ein			,
4 TOTAL OF		GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
		City; Sta	ate; Zip Code	Check if travel outs	,        . ide of Texas. Complete Schedule T.
		-4:)			
10 Principal occup	ation / Job title (See Instru	ctions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution   description 
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instruc	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occupa	ation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	ΔΤΤΔΩΗ	ADDITIONAL COPIES	OF THIS SCHEDU		
lfc	ontributor is out-of-state			-	ı requirements.

#### SCHEDULE E

	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		rdava Cilvaratain		
μ	nalisa Col	rdova Silverstein		
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan	<b>7</b> Name of lender	AC (ID#:)	9 Loan Amount (\$)
	Date of loan		(IUm)	9 Loan Amount (\$)
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			<b>11</b> Maturity date
12	Principal occupation	13 Employer (See Instructions)		
14				
14 Description of Collateral     15       none     Check if personal fun account (See Instruct			Check if personal func account (See Instructi	ls were deposited into political ons)
16	GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
		<b>19</b> Cuprenter address: Citur		
<b>18</b> Guarantor address; City; State; Zip Code				
not applicable				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender 🗌 out-of-state P,	AC (ID#: )	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	• • • •			
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Chook if personal first	le wore deposited into political
	none		account (See Instructi	ls were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
_			<u> </u>	
	lf le	ATTACH ADDITIONAL COPI ander is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

#### SCHEDULE E

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E:	
2 FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)	
Analisa Cordova Silverstein					
4 TOTAL OF UNITEMIZED LOANS			\$		
5	Date of Ioan 7 Name of lender Out-of-state PAC (ID#:			9 Loan Amount (\$)	
				Coan Amount (\$)	
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
	Y N			<b>11</b> Maturity date	
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instructions)					
14	Description of Coll	ateral	15		
	Ch Ch		Check if personal fund	Check if personal funds were deposited into political account (See Instructions)	
16	GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)	
	19 Quarantar addreas: Citur: State: Zin C				
	<b>18</b> Guarantor address; City; State; Zip Code				
	not applicable				
20 Principal Occupation (See Instructions)       21 Employer (See Instructions)					
	Date of loan Name of lender Out-of-state		AC (ID#: )	Loan Amount (\$)	
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
	Institution? Y N			Maturity date	
Principal occupation / Job title (See Instructions)		on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral			le wore deposited into political		
none			Check if personal funds were deposited into political account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
not applicable					
Principal Occupation (See Instructions)			Employer (See Instructions)		
_			<u> </u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

### SCHEDULE E

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

The Instruction Guide explains how to complete this form.								
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
		rdava Cilvaratain						
μ	nalisa Col	rdova Silverstein						
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	<b>7</b> Name of lender	AC (ID#:)	9 Loan Amount (\$)				
	Date of loan		9 Loan Amount (\$)					
6	ls lender a financial Institution?	8 Lender address; City;	10 Interest rate					
	Y N			<b>11</b> Maturity date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	15					
	none		Check if personal func account (See Instructi	ls were deposited into political ons)				
16	GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)				
		<b>18</b> Guarantor address; City;						
		<b>18</b> Guarantor address; City;	State; Zip Code					
	not applicable							
20 Principal Occupation (See Instructions) 21 Employer (See I								
	Date of loan	Name of lender 🗌 out-of-state P,	AC (ID#: )	Loan Amount (\$)				
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution? Y N			Maturity date				
	• • • •							
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colla	ateral	Chook if personal first	le wore deposited into political				
none			account (See Instructi	ls were deposited into political ions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
	Principal Occupati	on (See Instructions)	Employer (See Instructions)					
_			<u> </u>					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

### SCHEDULE E

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

The Instruction Guide explains how to complete this form.								
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
		rdava Cilvaratain						
μ	nalisa Col	rdova Silverstein						
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	<b>7</b> Name of lender	AC (ID#:)	9 Loan Amount (\$)				
	Date of loan		9 Loan Amount (\$)					
6	ls lender a financial Institution?	8 Lender address; City;	10 Interest rate					
	Y N			<b>11</b> Maturity date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	15					
	none		Check if personal func account (See Instructi	ls were deposited into political ons)				
16	GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)				
		<b>18</b> Guarantor address; City;						
		<b>18</b> Guarantor address; City;	State; Zip Code					
	not applicable							
20 Principal Occupation (See Instructions) 21 Employer (See I								
	Date of loan	Name of lender 🗌 out-of-state P,	AC (ID#: )	Loan Amount (\$)				
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution? Y N			Maturity date				
	• • • •							
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colla	ateral	Chook if personal first	le wore deposited into political				
none			account (See Instructi	ls were deposited into political ions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
	Principal Occupati	on (See Instructions)	Employer (See Instructions)					
_			<u> </u>					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

### SCHEDULE E

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

The Instruction Guide explains how to complete this form.								
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
		rdava Cilvaratain						
μ	nalisa Col	rdova Silverstein						
4	TOTAL OF UN	IITEMIZED LOANS		\$				
5	Date of loan	<b>7</b> Name of lender	AC (ID#:)	9 Loan Amount (\$)				
	Date of loan		9 Loan Amount (\$)					
6	ls lender a financial Institution?	8 Lender address; City;	10 Interest rate					
	Y N			<b>11</b> Maturity date				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14	Description of Coll	ateral	15					
	none		Check if personal func account (See Instructi	ls were deposited into political ons)				
16	GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)				
		<b>18</b> Guarantor address; City;						
		<b>18</b> Guarantor address; City;	State; Zip Code					
	not applicable							
20 Principal Occupation (See Instructions) 21 Employer (See I								
	Date of loan	Name of lender 🗌 out-of-state P,	AC (ID#: )	Loan Amount (\$)				
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
	Institution? Y N			Maturity date				
	• • • •							
	Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)					
	Description of Colla	ateral	Chook if personal first	le wore deposited into political				
none			account (See Instructi	ls were deposited into political ions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
		Guarantor address; City;	State; Zip Code					
	not applicable							
	Principal Occupati	on (See Instructions)	Employer (See Instructions)					
_			<u> </u>					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	·	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 11		AME Cordova Silverstein			3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee na					
11/02/2022	Facebo	ok				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
99.59						
8	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct	Candic	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
Date	Payee na	ame				
11/03/2022	The Piz	zza Joint				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
33.90						
	Category	/ (See Categories listed at the top of this s	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	1 expense
Complete ONLY if direct	Candid	late / Officeholder name		Office sought	., ,	Office held
expenditure to benefit C/OH				-3		
Date	Payee na	ame				
11/03/2022	Vistago	Print LLC				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
618.93						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
·	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct	Candid	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OH				5		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# SCHEDULE F1

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

		EXTENDITORE OATE		ON BOX O(u)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Exp Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expens	se
1 Total pages Schedule F1: 11		AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)	)
4 Date	5 Payee na	Ime					
11/04/2022	Faceboo						
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code	
125.00							
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
DUDDOOD							
PURPOSE OF							
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF				emee eeugni		o noo	
•							
Date	Payee na	me					
11/07/2022	Faceboo	ok					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	-
184.51							
	Category	(See Categories listed at the top of this	schedule)	Description			
BUBBOSE							
PURPOSE OF							
EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule I.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
11/07/2022	Whatab	urger					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
13.81							
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE							
OF							
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe					g expense	
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF				e eodgin			
	AT	TACH 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.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over           Food/Beverage Expense         Polling Expense           By         Gift/Awards/Memorials Expense         Printing Exp		pense /ages/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: 11		AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
11/09/2022		hicken & Custard					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
96.20							
8	(a) Catego	ry (See Categories listed at the top of the	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
11/10/2022	Happy's	Barley & Vine					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
714.12							
	Categor	(See Categories listed at the top of this	schedule)	Description			
PURPOSE							
OF EXPENDITURE							
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
11/18/2022	Mailchir	np					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
11.73							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED		

# SCHEDULE F1

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

Accounting/Banking     Fees     Office Ow       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/Donations Made By     Gift/Awards/Memorials Expense     Printing Expense		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	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: 11	<sup>2</sup> FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/20/2022	Zoom Inc.					
<b>6</b> Amount (\$)	7 Payee address;	City;	State; Zip Code			
15.98						
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE OF EXPENDITURE						
	(C) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/29/2022	Celisse Villagrana					
Amount (\$)	Payee address;	City;	State; Zip Code			
500.00						
	Category (See Categories listed at the top of this so	hedule) Description				
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
12/05/2022	Fair Data, LLC					
Amount (\$)	Payee address;	City;	State; Zip Code			
754.79						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense		
1 Total pages Schedule F1:       2 FILER NAME       3 Filer ID (Ethics Commission         11       Analisa Cordova Silverstein       3 Filer ID (Ethics Commission)								
4 Date 12/06/2022	5 Payee n	Payee name Fovar Printing						
6 Amount (\$) 1526.33	7 Payee a	ddress;	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 S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense		
9 Complete ONLY if direct Candidate / Officeholder name				Office sought		Office held		
Date	Payee n	ame						
12/07/2022	Facebo	ok						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
190.90								
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
12/08/2022	Vistago	Print LLC						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
61.65								
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense		
1 Total pages Schedule F1: 11	1 Total pages Schedule F1:       2 FILER NAME       3 Filer ID (Ethics Commission Filers)         11       Analisa Cordova Silverstein       3 Filer ID (Ethics Commission Filers)							
4 Date 12/09/2022	5 Payee na Daniel F							
6 Amount (\$) 160.00	7 Payee ad	ddress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
12/09/2022	Kimberl	y Sanchez						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
12/09/2022	Michelle	Flores						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
2100.00								
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this set (See Categories listed at the top of top of the top of	chedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 11		AME Cordova Silverstein			3 Filer ID (Ethic:	s Commission Filers)
4 Date	5 Payee na					
12/09/2022	Airport F					
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
9458.18						
8	(a) Categor	y (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 Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/09/2022	Stripe					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
45.49						
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł					
Date	Payee na	ame				
	-					
12/09/2022	Mauro F	Rincon				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
504.00						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH 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.** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
1 Total pages Schedule F1: 11		IAME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
12/09/2022	Jose Lu	iis Flores				
<b>6</b> Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
882.00						
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/09/2022	Adam R	Romero				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
320.00						
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/09/2022	Deboral	h Paz				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
624.00						
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	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED	

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1: 11		IAME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	ame				
12/09/2022		Carrera Jr.		Oit ::	Chatta.	7:- 0- 1-
6 Amount (\$) 984.00	7 Payee a	daress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/09/2022	Jovanie	Alvarez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
272.00						
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/09/2022	Chris H	ernandez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
3500.00						
PURPOSE OF EXPENDITURE	Categor	/ (See Categories listed at the top of this a	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH 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.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 11	2 FILER N Analisa	AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
12/09/2022	Jes Dor					
<b>6</b> Amount (\$)	7 Payee a	<u> </u>		City;	State;	Zip Code
360.00						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/09/2022	Jesus C	livas				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
144.00						
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł					
Date	Payee n	ame				
12/09/2022	Hazel P					
Amount (\$)	Payee a			City;	State;	Zip Code
	. ajoo a			City,	oluto,	
344.00						
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this :	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH 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.** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 11		IAME Cordova Silverstein			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee n					
12/09/2022	Mac Ca					
6 Amount (\$) 870.00	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (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 <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (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 <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S 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/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:					
11	Analisa Cordova Silverstein				
4 Date	5 Payee name		1		
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:					
11	Analisa Cordova Silverstein				
4 Date	5 Payee name		1		
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:					
11	Analisa Cordova Silverstein				
4 Date	5 Payee name		1		
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:			<b>3</b> Filer ID (Ethics Commission Filers)
11	Analisa Cordova Silverstein		
4 Date	5 Payee name		1
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:			<b>3</b> Filer ID (Ethics Commission Filers)
11	Analisa Cordova Silverstein		
4 Date	5 Payee name		1
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
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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

Event Expense Fees Food/Beverage Expense Git/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)

<b>1</b> Total pages Schedule F1:			<b>3</b> Filer ID (Ethics Commission Filers)
11	Analisa Cordova Silverstein		
4 Date	5 Payee name		1
<b>6</b> Amount (\$)	<b>7</b> 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	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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Amount (\$)	Payee address;	City;	State; Zip Code
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
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Amount (\$)	Payee address;	City;	State; Zip Code
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11	Analisa Cordova Silverstein		
4 Date	5 Payee name		1
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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Amount (\$)	Payee address;	City;	State; Zip Code
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<b>1</b> Total pages Schedule F1:	I: 2 FILER NAME 3 Filer ID (Ethics Commission File						
11	Analisa Cordova Silverstein						
4 Date	5 Payee name		1				
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
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Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
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Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
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# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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 expl	ains how to complete this form.	r					
<b>1</b> Total pages Schedule F2:	<sup>2</sup> FILER NAME Analisa Cordova Silverste	in	<b>3</b> Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEN	/IIZED UNPAID INCURRED OBI	LIGATIONS	\$					
5 Date	6 Payee name							
7 Amount (\$)	<b>8</b> Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description						
	(c) Check if travel outside of Texas. Complet	te Schedule T. Check if Aus	stin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held								
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description						
	Check if travel outside of Texas. Compl	ete Schedule T. Check if A	ustin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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 expla	ins how to complete this form.	r					
<b>1</b> Total pages Schedule F2:	Total pages Schedule F2: 2 FILER NAME Analisa Cordova Silverstein							
4 TOTAL OF UNITEN	/IIZED UNPAID INCURRED OBL	IGATIONS	\$					
5 Date	6 Payee name							
7 Amount (\$)	<b>8</b> Payee address;	City;	State; Zip Code					
9 TYPE OF EXPENDITURE	Political	Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of top	his schedule) (b) Description						
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Aus	tin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held								
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
TYPE OF EXPENDITURE	Political	Non-Political						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of top of top of the top of the top of the top of	his schedule) Description						
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Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held					
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.** 

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
<sup>2</sup> FILER NAME	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; Cit	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
<sup>2</sup> FILER NAME	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; Cit	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4		
If the requested inforr	nation is not applicable, <b>DO NOT in</b>	clude this page in the rep	port.		
	EXPENDITURE CATE	GORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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)		
<b>1</b> Total pages Schedule F4:	2 FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
5 Date	6 Payee name				
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description			
	(C) Check if travel outside of Texas. Complet	e Schedule T. Check if Au	ustin, TX, officeholder living expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	nis schedule) Description			
	Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense		
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EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4		
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## SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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 G:	2 FILER NA	a Cordova Silver	stein		3 Filer ID (Ethics	Commission Filers)
4	Date	5 Payee nan					
6	Amount (\$) Reimbursement from political contributions intended	7 Payee add	lress;		City;	State;	Zip Code
8	8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE						
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#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
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4 Date	5 Business	name						
<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
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<b>1</b> Total pages Schedule H:	2 FILER N. Analisa	AME Cordova Silverstein		-	3 Filer ID	(Ethics	Commission Filers)	
4 Date	5 Business	name						
<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	bense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held	
Date	Business	name						
Amount (\$) Business address;				City;	S	tate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held	
Date	Business	name						
Amount (\$)	Business	address;		City;	S	tate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held	
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#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Relate Travel In District Travel Out Of District Other (enter a category not listed at		ent & Related Expense	
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	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	bense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held	
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Amount (\$) Business address;				City;	S	tate;	Zip Code	
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<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	bense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held	
Date	Business	name						
Amount (\$) Business address;				City;	S	tate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
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Date	Business	name						
Amount (\$)	Business	address;		City;	S	tate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description				
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
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4 Date	5 Business	name						
<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
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4 Date	5 Business	name						
<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code	
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#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)			
<b>1</b> Total pages Schedule H:	2 FILER N. Analisa	AME Cordova Silverstein		-	3 Filer ID	(Ethics (	Commission Filers)
4 Date	5 Business	name					
<b>6</b> Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
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SCHEDULE |

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

The Instruction Guide explains how to complete this form.								
<b>1</b> Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers						
	Analisa Cordova Silverstein							
4 Date	5 Payee name	·						
<b>6</b> Amount (\$)	7 Payee address;	City State Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)						
Date	Payee name							
Amount (\$)	Payee address;	City State Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
Date	Payee name							
Amount (\$)	Payee address;	City State Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
Date	Payee name							
Amount (\$)	Payee address;	City State Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
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Date	Payee name							
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
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Amount (\$)	Payee address;	City State Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
Date	Payee name							
Amount (\$)	Payee address;	City State Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Forms provided by Texas Ethics Commission

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

SCHEDULE K

The	dule K:								
2 FILER NAME	3 Filer ID (Ethic	s Commission Filers)							
Analisa Cordova Silverstein									
4 Date	5 Name of person from whom amount is received		8 Amount (\$)						
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code							
	7 Purpose for which amount is received Check if	political contribution	returned to filer						
Date	Name of person from whom amount is received		Amount (\$)						
	Address of person from whom amount is received; City; Sta	ate; 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; Sta	te; 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; Sta	ate; Zip Code							
	Purpose for which amount is received Check if	political contribution	returned to filer						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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

SCHEDULE K

The	dule K:								
2 FILER NAME	3 Filer ID (Ethic	s Commission Filers)							
Analisa Cordova Silverstein									
4 Date	5 Name of person from whom amount is received		8 Amount (\$)						
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code							
	7 Purpose for which amount is received Check if	political contribution	returned to filer						
Date	Name of person from whom amount is received		Amount (\$)						
	Address of person from whom amount is received; City; Sta	ate; 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; Sta	te; 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; Sta	ate; Zip Code							
	Purpose for which amount is received Check if	political contribution	returned to filer						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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

SCHEDULE T

The Instruction Guide explains how to complete this form.										
<sup>2</sup> FILER NAME Analisa Cordova Si	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Analisa Cordova Silverstein       3									
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
5 Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule F2       Schedule F4         Schedule G       Schedule H										
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling									
	8 Departu	re city or na	me of departure loc	ation						
	9 Destinat	ion city or n	ame of destination	location						
10 Means of transportati	ion	11 Purpos	se of travel (includin	g name of conference, s	seminar, or other event)					
Name of Contributor /	Corporation	or Labor Or	rganization / Pledgo	r / Payee						
Contribution / Expend Schedule A2										
Dates of travel	Name o	f person(s) f	traveling							
	Departu	re city or na	ame of departure loc	ation						
	Destinat	ion city or n	name of destination	location						
Means of transportat	ion	Purpos	se of travel (includin	g name of conference,	seminar, or other event)					
Name of Contributor	Corporation	or Labor Or	rganization / Pledgo	r / Payee						
Contribution / Expend	liture reported	d on:								
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule F2       Schedule F4       Schedule G       Schedule H       Schedule COH-UC       Schedule B-SS									
Dates of travel	Dates of travel     Name of person(s) traveling									
	Departure city or name of departure location									
Destination city or name of destination location										
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

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

SCHEDULE T

The Instruction Guide explains how to complete this form.										
<sup>2</sup> FILER NAME Analisa Cordova Si	2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Analisa Cordova Silverstein       3									
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
5 Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule F2       Schedule F4         Schedule G       Schedule H										
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling									
	8 Departu	re city or na	me of departure loc	ation						
	9 Destinat	ion city or n	ame of destination	location						
10 Means of transportati	ion	11 Purpos	se of travel (includin	g name of conference, s	seminar, or other event)					
Name of Contributor /	Corporation	or Labor Or	rganization / Pledgo	r / Payee						
Contribution / Expend Schedule A2										
Dates of travel	Name o	f person(s) f	traveling							
	Departu	re city or na	ame of departure loc	ation						
	Destinat	ion city or n	name of destination	location						
Means of transportat	ion	Purpos	se of travel (includin	g name of conference,	seminar, or other event)					
Name of Contributor	Corporation	or Labor Or	rganization / Pledgo	r / Payee						
Contribution / Expend	liture reported	d on:								
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedule F2       Schedule F4       Schedule G       Schedule H       Schedule COH-UC       Schedule B-SS									
Dates of travel	Dates of travel     Name of person(s) traveling									
	Departure city or name of departure location									
Destination city or name of destination location										
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

	The Instruction Guide explains how to complete this form.								
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH I				<b>2</b> Filer ID (Ethics Commission Filers)				
	Analisa Cordova Silverst								
3	SIGN/	ATURE							
	design	ating a report as a final r	cal contributions or political expenditures in co eport terminates my campaign treasurer appoin e any campaign expenditures without a campai 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	inderstand that I may not accept any				
4		WHO IS NOT AN OF	FICEHOLDER <i>Iy</i> if you are not an officeholder. ••						
	Α.	CAMPAIGN FUNDS							
	Chec	k only one:							
		l do not have unexpen	ded contributions or unexpended interest or in	come earned fro	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.								
	В.	ASSETS							
	Chec	k only one:							
		l do not retain assets p	purchased with political contributions or interes	t or other incom	ne from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.								
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.		Signature of Candidate				
5		l am aware that I remair file. I am also aware tha an officeholder, I retain	<ul> <li>y if you are an officeholder</li> <li>a subject to filing requirements applicable to an officeholder to file reports of unexpended political contributions, interest or other income for interest or other income from political contributions.</li> <li>I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.</li> </ul>	l contributions if irom political cor utions.	, after filing the last required report as				
For	ms provid	led by Texas Ethics Comm	ission www.ethics.state.tx.us		Revised 8/17/2020				
. 01			www.ouno3.3tate.tA.u3						