#### 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 (Et	hics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mrs.	FIRST Analisa		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Cordova Si	lverst	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #; C	CITY; STA	TE; ZIP CODE	10/31/2022 <u>CITY CLERK'S 0777</u> CITY CLERK'S OFFICE - Diana Nuncz (DC	3:25 PM <u>FICE Diana Nunez</u> 31,2021 IY-05 MOT)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr Hon.	FIRST Kathleen	Н.	MI		
NAME	NICKNAME	LAST		SUFFIX	Date Flocesse 10/3	31/2022 5:08 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	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	_	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	10/11/20	22 /	THROUGH	10/30/20	22	
11 ELECTION	ELECTION DA	Primary	Runoff	ELECTION TYPE		
	Month Day			Description		
	11/08/2022	General	Special			
12 OFFICE	OFFICE HELD (if any)			Council Dis		oresentative
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	38		
		GO 10	PAGE 2			

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME And	lisa Co	rdova Silverst	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		FICAL CONTRIBUTIONS (OTHER THA ARANTEES OF LOANS, OR LECTRONICALLY)	AN \$
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	<b>RIBUTIONS</b> OANS, OR GUARANTEES OF LOAN	<sup>(s)</sup> \$\$10,512.8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPE	NDITURES	\$\$19,942.4
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE L	ast day \$\$5,366.4
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE \$
	vear, or affirm, under penalty of perjur uired to be reported by me under Title 1		true and correct and includes all informat
	knowledge I am electronically signing h	ere and the	
	eaving this blank if it does not apply to n	ne	
		Signature of C	Candidate or Officeholder
	Please cor	nplete either option belo	<b>NW</b> '
			<b>JW</b> .
(1) Affidavit			
NOTARY STAMP/SEA	Analisa Cordov	a Silverstein	10/31/2022
Sworn to and subscribed	before me by	this da	10/31/2022, to certify which,
witness my hand and seal <u>CITY CLERK'S DFFICE - D</u> <u>CITY CLERK'S OFFICE - D</u>		- Notary Public	
Signature of officer administe	ing oath Printed name of	officer administering oath	Title of officer administering oa
		OR	
(2) Unsworn Declarat	n		
My name is		. and my date of birth	is
			,,,,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mot	, 20 nth) (vear)
			, (jear)
		Signature of Can	ndidate/Officeholder (Declarant)

#### SUBTOTALS - C/OH

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

	9 FILER NAME     20 Filer ID (Ethics Co       Analisa Cordova Silverstein     20 Filer ID (Ethics Co					
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$7	,012.88		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \$3	3,500.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00		
4.	SCHEDULE E: LOANS		\$	\$0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$ \$1	9,942.40		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	ITRIBUTIONS	\$	\$0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	\$0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH	\$	\$0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS	\$	\$0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED	\$	\$0.00		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	<b>1</b> Total pages Schedule A1:	
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 (\$)	
10/10/2022	Vanessa Gurrola		50.00	
		State; Zip Code	30.00	
	513 Russett, El Paso, Texa			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/11/2022	Ambar Calvillo-Rivera		103.30	
		Otata Zin Orada	103.30	
	Contributor address; City;	State; Zip Code		
2504 Nashville Ave, El Paso, Texas, 79930				
	pation / Job title (See Instructions)	Employer (See Instruc	-	
Director	•	Campaign fo	r Great Public Schools	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/13/22	Daniel Collins	· · · · · · · · · · · · · · · · · · ·		
	•••••••••••••••••••••••••••••••••••••••		25.00	
	Contributor address; City;	State; Zip Code		
	7393 Golden Sage Dr., El Paso	, Texas, 79911		
	pation / Job title (See Instructions)	Employer (See Instruc	,	
Attorne	y l	EP County A	ttorney's Office	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/14/22	Shannon Rhoads	(·-···/	100.00	
	Contributor address; City;	State; Zip Code	100.00	
		· ·		
	809 Pintada, El Paso, Te	exas, 79912		
	pation / Job title (See Instructions)	Employer (See Instruc	,	
Attorne	у	Helen of Tro	У	
	ATTACH ADDITIONAL COPIES C			
	If contributor is out-of-state PAC, please see Instru	iction guide for additional	reporting requirements.	

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	<b>1</b> Total pages Schedule A1:		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
-	ordova Silverstein				
4 Date	5 Full name of contributor 🗌 out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)		
10/15/22	Claire Jacobs		206.28		
	<b>6</b> Contributor address; City;	State; Zip Code	200.20		
	704 Gary Lane, Elpaso,	•			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)		
10/15/2022	Antonio Davalos		200.00		
	Contributor address; City;	State; Zip Code	200.00		
	6232 Los Altos, El Paso,	Texas, 79912			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor 🛛 out-of-state P/	AC (ID#:)	Amount of contribution (\$)		
10/17/22	Woody Hunt		5,000.00		
	Contributor address; City;	State; Zip Code	0,000.00		
	515 Woodland Ave, El Paso	, Texas, 79922			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
-	Chairman of the Board	Hunt Compa	inies, Inc.		
Date		•			
		AC (ID#:)	Amount of contribution (\$)		
10/16/2022	Robert Olivares		100.00		
	Contributor address; City;	State; Zip Code			
	1259 Franklin Perch, El Paso, Texas, 79912				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Physici	an	Rio Bravo Phy	sician Anesthesia Services		
	ATTACH ADDITIONAL COPIES				
	If contributor is out-of-state PAC, please see Inst				
1					

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
_	ordova Silverstein		•••••••••••••••••••••••••••••••••••••••
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
10/19/2022	Carolyn Rhea Drapes		25.00
	•••••••••••••••••••••••••••••••••••••••		20.00
	6 Contributor address; City;	State; Zip Code	
	6409 Via Aventura, El Paso,	Texas, 79912	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/19/2022	Francisco James		50.00
	Contributor address; City;	State; Zip Code	
	507 Crown Point, El Paso, 1	exas, 79912	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Project	Manager	BD	
_			
Date	- · · · · · ·	(ID#:)	Amount of contribution (\$)
10/21/2022	Omar Villa		50.00
	Contributor address; City;	State; Zip Code	
	1420 Camino Alto, El Paso, T	- exas, 79902,	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Attorne		EP County	
7.0000	y		
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/24/22	Johnny Escalante		1 000 00
	······································		1,000.00
	Contributor address; City;	State; Zip Code	
	1018 Kelly Way, El Paso	, TX, 79902	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	
Owner		J&K Present	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	v to complete this	s form.	<b>1</b> Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	ordova Silverstein			
4 Date	<b>5</b> Full name of contributor	out-of-state PA	C (ID#:)	<b>7</b> Amount of contribution (\$)
10/25/2022	Raquel Lintker	_		103.30
				100.00
	6 Contributor address;	City;	State; Zip Code	
• • • • •	511 Cedar St, Van	•		
8 Principal occu	upation / Job title (See Instructions)	)	9 Employer (See Instruc	stions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		City.		
	Contributor address;	City;	State; Zip Code	
			1	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	1			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	
	,			
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
			(ID#)	
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PA	C, please see Inst	ruction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🗌 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
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A	nalisa C	ordova Silverstein		
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			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
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	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🗌 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🗌 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
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SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
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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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
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SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🗌 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🗌 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
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SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
				, another of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete	this form.	<b>1</b> Total pages Schedule A1:
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	e PAC (ID#:)	<b>7</b> Amount of contribution (\$)
			(ID#)	· · · · · · · · · · · · · · · · · · ·
		<b>6</b> Contributor address; City;		
		<b>6</b> Contributor address, City,	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	5.4	Full name of contributor		
	Date		e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	<b>D</b> · · ·			(* ) \
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor 🛛 out-of-sta	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
			IES OF THIS SCHEDULE AS N	IEEDED
		If contributor is out-of-state PAC, please see		
		in contributor is out-or-state PAC, please see	menuction guide for additional	reporting requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	E		3 Filer ID (Ethics Cor	mmission Filers)
Analisa	Cordova Silverstein			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,500.0	00
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution
	Carlos Corral		Contribution \$	description
10/22/22		Zip Code	3500.00	
				de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	AL)(See Instructions)
Owner		MindWar		
	s principal occupation (FOR JUDICIAL) ssett Ave, El Paso, TX 79901	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsic	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r 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		-	requirements
1	in contributor is out-or-state FAG, please see instructi	on guide lor	additional reporting	, requirements.

SCHEDULE A2

	he Instruction Guide explains how to complete this for	n.	<b>1</b> Total pages Schedule A2:
<sup>2</sup> FILER NAM Analisa	<sup>₌</sup> Cordova Silverstein	3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	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	r 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	   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	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

	he Instruction Guide explains how to complete this for	n.	<b>1</b> Total pages Schedule A2:
<sup>2</sup> FILER NAM Analisa	<sup>₌</sup> Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State;	Zip Code	L L Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	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	r 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	   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	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

	he Instruction Guide explains how to complete this for	n.	<b>1</b> Total pages Schedule A2:
<sup>2</sup> FILER NAM Analisa	<sup>₌</sup> Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description	
	7 Contributor address; City; State;	Zip Code	L L Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	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)
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#### 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)	
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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				
	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	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 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 Check if personal fur account (See Instruct			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)			
_						
	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>		
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μ	nalisa Col	rdova Silverstein						
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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	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 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							
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μ	nalisa Col	rdova Silverstein						
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	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	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					
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	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
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	Description of Colla	ateral	Chook if personal first	le wore deposited into political				
	none		account (See Instructi	ls were deposited into political ions)				
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	not applicable							
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		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 B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						
1 Total pages Schedule F1: 8	<sup>2</sup> FILER NAME Analisa Cordova Silverstein		3 Filer ID (Ethics Commission Filers)					
4 Date 10/18/2022	2022 Mailchimp							
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
11.73								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description						
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
10/19/2022	Postal Annex							
Amount (\$) <b>14.04</b>	Payee address;	City;	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule) 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							
10/20/2022	Airport Printing Services							
Amount (\$)	Payee address;	City;	State; Zip Code					
9996.00								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description						
	Check if travel outside of Texas. Complete Sch	edule 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 O	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 By Candidate/Officeholder/Politica Credit Card Payment	xcounting/Banking         Fees         Office Over possibiliting Expense           possulting Expense         Food/Beverage Expense         Polling Expense           pontributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense           Candidate/Officeholder/Political Committee         Legal Services         Salaries/W		pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1: 8		2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Analisa Cordova Silverstein       3							
4 Date	5 Payee na								
10/20/2022	Zoom In								
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code			
15.98									
8 PURPOSE OF EXPENDITURE	<b>(a)</b> Categor	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	(b) Description					
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
Date	Payee na	me							
10/20/2022	NGP V	AN, INC							
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code			
132.20									
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description					
		Check if travel outside of Texas. Complete S	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 na	ame							
10/24/2022	El Paso	Inc.							
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code			
1292.00									
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	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 B Candidate/Officeholder/Politica 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		Travel In District Travel Out Of Distric	pment & Related Expense	
1 Total pages Schedule F1: 8	2 FILER N	IAME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n					
10/29/2022	Dunkin					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
15.61						
8	(a) Catego	ry (See Categories listed at the top of this	sschedule)	(b) Description		
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 <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/30/2022	Miguel	Carrera Jr.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
408.00						
	Categor	y (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 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				
10/30/2022	Kimber	ly Sanchez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
224.00						
PURPOSE OF EXPENDITURE	Categor	<ul> <li>(See Categories listed at the top of this a</li> </ul>	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	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       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 F1: 8		AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
10/30/2022	Jes Dor					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
472.00						
8	(a) Catego	ry (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	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	late / Officeholder name		Office sought		Office held	
Date	Payee na	ame				
10/30/2022	Jesus C	Dlivas				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
189.00						
	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 Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candic	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł					
Dete	Davias n	ama				
Date	Payee n					
10/30/2022	Sofia M	lunoz				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
350.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	] expense
Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
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       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/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
1 Total pages Schedule F1: 8	2 FILER N. Analisa	AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
10/30/2022	Adam R					
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
42.00						
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 Austir	n, TX, officeholder living	g expense
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł			5		
Date	Payee na	ame				
10/30/2022	Josue H	Hackleen				
Amount (\$)	Payee ac	Idroce:		City;	State;	Zip Code
161.00	i uyoo uu			,,	,	
	Category	v (See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/30/2022	Jovanie	e Alvarez				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
42.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
LAILNDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	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 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	pense /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: 8	2 FILER N Analisa	AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
10/30/2022	Mauro F			Oit ::	Chatta -	7:- 0- 4-
6 Amount (\$) 348.60	7 Payee ad	Jaress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	sschedule)	(b) Description		
	(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				
10/30/2022	Hazel P	rado				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
359.10						
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/30/2022	Tovar P	rinting				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
139.60						
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this a (See Categories listed at the top of the see (See Categories listed at th	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		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 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 categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)
8 4 Date	5 Payee na					
10/30/2022	Stripe	ame				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
205.54						
8	(a) Catego	Y (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	in, TX, officeholder living	g 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				
10/30/2022	Deboral	n Paz				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1224.00						
	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	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/30/2022	Facebo	ook				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
150.00						
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 Austin, TX, officeholder living expense					expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / 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 Ove 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: 8	<sup>2</sup> FILER NAME Analisa Cordova Silverstein			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame				
10/30/2022 6 Amount (\$)	7 Payee a	ernandez		Citra	Ctata	Zin Cada
2000.00	/ Payee a	Juress,		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 S	Schedule T.	Check if Austin	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				
10/30/2022	Michell	e Flores				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
2150.00						
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 Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this at the top of to	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ΔΤ	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE		

# 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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
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# SCHEDULE F1

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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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
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Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
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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
		,	,,,
		<b>D</b>	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
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PURPOSE OF			
EXPENDITURE			
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expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
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PURPOSE			
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expenditure to benefit C/OF	1		
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expenditure to benefit C/OF	1		
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Date			
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EXPENDITURE			
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expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
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EXPENDITURE			
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expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
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8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
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EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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		<b>D</b>	
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PURPOSE OF			
EXPENDITURE			
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expenditure to benefit C/OF	1	-	
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PURPOSE OF					
EXPENDITURE					
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<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	4	-			
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PUPPOSE					
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
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PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	avel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
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expenditure to benefit C/OF	1	-			
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expenditure to benefit C/OF	4	-			
Date	Payee name				
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6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Dato			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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)
8	Analisa Cordova Silverstein		
4 Date	5 Payee name		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
		-	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Chook 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
		,	,,,
		<b>D</b>	
	Category (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 expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	-	
	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:		3 Filer ID (Ethics Commission Filers)			
8	Analisa Cordova Silverstein				
4 Date	5 Payee name				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code		
0	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF					
EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
Date	Payee name				
Dato					
Amount (\$)	Payee address;	City;	State; Zip Code		
		-			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Chook 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		
		,	,,,		
		<b>D</b>			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1	-			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

# 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:	1 Total pages Schedule F2: 2 FILER NAME Analisa Cordova Silverstein							
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:	2 FILER NAME Analisa Cordova Silverstei	n	<b>3</b> Filer ID (Ethics Commission Filers)					
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						
	Check if travel outside of Texas. Comple	te Schedule T. Check if Au	ustin, TX, officeholder living expense					
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 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)				
<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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED				

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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 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)				
1 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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED				

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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		(b) Description				
		(c) (	check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held
	Date	Payee nan	ie				
	Amount (\$)	Payee add	lress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date	Payee nan	le				
	Amount (\$) Reimbursement from	Payee add	lress;		City;	State;	Zip Code
	political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED	

#### 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		(b) Description				
		(c) (	check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held
	Date	Payee nan	ie				
	Amount (\$)	Payee add	lress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date	Payee nan	le				
	Amount (\$) Reimbursement from	Payee add	lress;		City;	State;	Zip Code
	political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED	

#### 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		(b) Description				
		(c) (	check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held
	Date	Payee nan	ie				
	Amount (\$)	Payee add	lress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date	Payee nan	le				
	Amount (\$) Reimbursement from	Payee add	lress;		City;	State;	Zip Code
	political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED	

#### 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		(b) Description				
		(c) (	check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candid	ate / Officeholder name		Office sought		Office held
	Date	Payee nan	ie				
	Amount (\$)	Payee add	lress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date	Payee nan	le				
	Amount (\$) Reimbursement from	Payee add	lress;		City;	State;	Zip Code
	political contributions intended						
PURPOSE OF EXPENDITURE		Category	(See Categories listed at the top of this	schedule)	Description		
		(	check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living ex	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED	

#### 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense			
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	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this a	schedule)	(b) Description					
		(c) (	check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living ex	pense			
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
	Date	Payee nan	ie							
	Amount (\$)	Payee add	lress;		City;	State;	Zip Code			
	Reimbursement from political contributions intended									
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description					
		(	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held			
	Date	Payee nan	le							
	Amount (\$) Reimbursement from	Payee add	lress;		City;	State;	Zip Code			
	political contributions intended									
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description					
		(	check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living ex	pense			
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
		ATTA	CH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED				

#### 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	
<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	
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED			

#### 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	
<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	
<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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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
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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			
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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				
		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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<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	
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	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	in, TX, officeholder living expense			
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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				
		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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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	
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Amount (\$) Business address;				City;	S	tate;	Zip Code	
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Amount (\$)	Business	address;		City;	S	tate;	Zip Code	
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		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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4 Date	5 Business	name						
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<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	
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	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	in, TX, officeholder living expense			
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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				
		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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		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				
	(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	
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	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	in, TX, officeholder living expense			
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	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	
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED			

#### 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						
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	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 Sci	hedule T.	Check if Austin,	TX, officeholder	living exp	ense
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
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

#### 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						
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	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 Sci	hedule T.	Check if Austin,	TX, officeholder	living exp	ense
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
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

#### 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						
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		С	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 Sci	hedule T.	Check if Austin,	TX, officeholder	living exp	ense
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 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						
	(c) (	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder	living exp	pense
<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 Sci	hedule T.	Check if Austin,	TX, officeholder	living exp	ense
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
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

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.)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Forms provided by Texas Ethics Commission

SCHEDULE |

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<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.)						
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						