CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Comm 00000047		2 Total pages fil	ed: 0
3 CANDIDATE /	MS / MRS / MR	FIRST	<u>,L</u>	MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	Mrs.	Alejandra			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/27/2024	
	Ale	Chávez				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Γ Y ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	6305 Franklin Red Dr.				Receipt #	Amount
Change of Address	El Paso, TX 79912				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	.=	
TREASURER NAME	Mrs.	Debbi				
	NICKNAME	LAST Hester		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	6102 Pinehurst Dr.					
(Residence or Business)	El Paso, TX 79912					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (915) 252-5753	NE NUMBER I	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after car appointment (office	
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Atta	
9 PERIOD COVERED	Month Day Year 10/07/2024		HROUGH	Month Day 10/26/2024	Year 4	
	10/01/2024	••	11.000	10/20/202	+	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	X Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OFFICE	OFFICE RELD (II ally)			City Representat		ct 1 El Paso
	, <u>I</u>					
		GO 1	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Chávez, Alejandra (N	Mrs.)	14 Filer ID 0000047	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or office	eholder's knowledge or			
X Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
<u> </u>	X GENERAL	Texas Realtors Political Action Committee					
	02.12.0.2	COMMITTEE ADDRESS					
	SPECIFIC	P.O. Box 2246					
		Austin, TX 78768-2246					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Cantu, Leslie					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		P.O. Box 2246					
		Austin, TX 78768-2246					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	, ,	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 17,105.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 24,703.52			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 19,077.18			
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
17 AFFIDAVIT		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
			Alejandra Chávez Candidate or Officeho	lder .			
		Signature of	Candidate of Officerio	iuo:			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath			

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH **ADDENDUM**

				Page 3 of 20
C / OH NAME	Chávez, Alejandra (N	nrs.)	Filer ID 00000047	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political con been made without the candidate's or o d to report this information only if they	officeholder's knowledge or c	onsent. Candidates and
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
	l	El Paso Sheriff's Officers Associa	ation	
	X GENERAL	COMMITTEE ADDRESS		
		747 E. San Antonio Ave.		
	SPECIFIC	Suite 103		
		El Paso, TX 79901		
		COMMITTEE CAMPAIGN TREASUR	DED NAME	
		Torrez, Robert	CER IVAIVIE	
			AED ADDDECC	
		COMMITTEE CAMPAIGN TREASUR 747 E. San Antonio Ave.	ER ADDRESS	
		Suite 103		
		El Paso, TX 79901		
		E11 430, 17 73301		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 20									
	18 FILER NAME Chávez, Alejandra (Mrs.) 19 Filer ID (Ethics Commission Filers) 00000047								
20 SCHEDUL NAME OF	SUBTOTAL AMO	UNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17	7,105.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 24	1,703.52					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/20		
2	FILER NAME Chávez, Ale	jandra (Mrs.)		3	Filer ID (Ethics Commission 00000047	on Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Chapman, Jack T. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_Eisen, Susan Contributor address; City; State; Zip Code 5857 N. Mesa St. Suite 19 El Paso, TX 79912			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Eisenberg, Cliff Contributor address; City; State; Zip Code 2211 E. Missouri Ave. #320 El Paso, TX 79903)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ El Paso Sherriff's Officers Assocation (PAC) Contributor address; City; State; Zip Code 747 E. San Antonio No. 103 El Paso, TX 79901			Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/5 Rpt: 6/20	
2	FILER NAME Chávez, Alej	andra (Mrs.)		3	Filer ID (Ethics Commission 00000047	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Evelina Ortega Campaign 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
8	Principal occu		9 Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2024 Foster, Robert F. Contributor address; City; State; Zip Code 6080 Surety Dr. Ste. 300 El Paso, TX 79905			Amount of Contribution (\$)	\$1,000.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Goodman, Leonard Contributor address; City; State; Zip Code 4911 Meadowlark Dr.)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Joseph Moody Campaign Contributor address; City; State; Zip Code PO Box 920827 El Paso, TX 79902			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Lopez, Rogelio Contributor address; City; State; Zip Code 736 Colchester Dr. El Paso, TX 79912				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/20	
2	FILER NAME Chávez, Alej	jandra (Mrs.)		3	Filer ID (Ethics Commission 00000047	on Filers)
4			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Luciano, Donald & Luciano Contributor address; City; State; Zip Code 718 Blacker El Paso, TX 79902			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Luttrell, George Contributor address; City; State; Zip Code 1121 Eagle Ridge			Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_Martin, John C. Contributor address; City; State; Zip Code 609 Mt. Cristo Rey El Paso, TX 79922			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ McCallum, Richard & Mary Elizabeth Contributor address; City; State; Zip Code 6259 Franklin Hawk Ave. El Paso, TX 79912)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 4/5 Rpt: 8/20	
2	FILER NAME Chávez, Alej	andra (Mrs.)		3	Filer ID (Ethics Commission 00000047	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/08/2024 Miranda, Carlos & Dolores 6 Contributor address; City; State; Zip Code 5849 Diamond Point Circle El Paso, TX 79912		7	Amount of Contribution (\$)	\$200.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Palacios, Raymond & Kathy Contributor address; City; State; Zip Code 5025 Meadowlark Dr. TX 79922			Amount of Contribution (\$)	\$2,500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				;)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Porras, Gary & Cecilia Contributor address; City; State; Zip Code 805 Wingfoote			Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Shiloff, Stuarty & Nancy Contributor address; City; State; Zip Code 433 Golden Springs Dr. El Paso, TX 79912			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 TREPAC - Texas Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		•				

2 FILER NAME Chávez, Alejano 4 Date 10/18/2024 5	Full name of contributor out-of-state PAC (ID#:_ Tovar Printing, Inc.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/20 3 Filer ID (Ethics Commission Filers) 00000047	
Chávez, Alejano 4 Date 5 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Tovar Printing, Inc.)		
4 Date 5 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Tovar Printing, Inc.)		
	1230 Texas Ave El Paso, TX 79901	Date 10/18/2024 5 Full name of contributor out-of-state PAC (ID#:) Tovar Printing, Inc. 6 Contributor address; City; State; Zip Code 1230 Texas Ave		
8 Principal occupat	tion / Job title (See Instructions)	9 Employer (See Instructions	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.
1	. •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 10/20	Chávez, Alejandra (Mrs.)		00000047
4		5 Payee name		
L	10/15/2024	Airport Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$8,393.00	7 Leigh Fisher Blvd.		
		FI D TV 70000		
Ļ		El Paso, TX 79906		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense] (d <u>.</u>]	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense	į	Check if Austin, TX, officeholder living expense
			r	mailer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
┡	·			
	Date	Payee name		
L	10/09/2024	All Print of El Paso		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$259.80	7230 Gateway Blvd E.		
l		#D		
L		El Paso, TX 79915		
	PURPOSE OF	2 (()) () () () () () () () (] (d כ	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Printing Expense	Ė	Check if Austin, TX, officeholder living expense
			5	signs
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
┡	·			
	Date	Payee name		
L	10/09/2024	All Print of El Paso		
	Amount (\$) \$714.45	Payee address; City; State; Zip Code	е	
	\$714.45	7230 Gateway Blvd E. #D		
l		#D El Paso, TX 79915		
┡	PURPOSE		'b\ _	2 diation
l	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	υ, ι Γ	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Tilling Expense	į	Check if Austin, TX, officeholder living expense
			5	signs
\vdash	Complete ONE V if direct	Condidate/Officeholder norse	b+	Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	HL	Office held

SCHEDULE F1

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 11/20	Chávez, Alejandra (Mrs.) 00000047
4	Date	5 Payee name
	10/15/2024	All Print of El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$378.88	7230 Gateway Blvd E.
		#D
		El Paso, TX 79915
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
Г	Date	Payee name
	10/23/2024	All Print of El Paso
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$438.41	7230 Gateway Blvd E.
		#D
		El Paso, TX 79915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		signs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.24	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 12/20	Chávez, Alejandra (Mrs.)		00000047
4	Date	5 Payee name		-
	10/23/2024	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$14.60			
		TX		
8	PURPOSE	(a) Category (Car Carrain Franch at the care of this selection)	(b)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) office supplies	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	55		Check if Austin, TX, officeholder living expense
				office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experiorare to benefit C/O	'		
	Date	Payee name		
	10/23/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$48.90			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				online contribution fees
	Commission ONII V if disposit	Candidate/Officeledday rays		Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	JIIL	Office held
	Date	Payee name		
	10/10/2024	Carmona, Mario		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$2,000.00			
		TX		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Canvassing
				3
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI		, -	· · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 4/11 Rpt: 13/20	Chávez, Alejandra (Mrs.)		00000047
4	Date	5 Payee name		
	10/23/2024	Carmonda, Mario		
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Cod TX	le	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ıht	Office held
	Date	Payee name		
	10/11/2024	Castaneda, Oscar		
	Amount (\$) \$620.00	Payee address; City; State; Zip Cod	le	
		тх		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic designer		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense graphic designs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
Г	Date	Payee name		
l	10/26/2024	Castaneda, Oscar		
	Amount (\$) \$435.00	Payee address; City; State; Zip Cod	le	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic designer		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense graphic designs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense Printing Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 14/20	Chávez, Alejandra (Mrs.)		00000047	
4	Date	5 Payee name			
	10/26/2024	Castaneda, Oscar			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
•	\$480.00	TX			
8	PURPOSE OF EXPENDITURE	Trinting Expense		side of Texas. Comple K, officeholder living ex	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held	I
	Date	Payee name			
	10/14/2024	Christ Chavez Photograhy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,169.10	1002 Arizona Ave. #1 El Paso, TX 79902			
	PURPOSE	·			
	OF EXPENDITURE	photography	in, TX	side of Texas. Comple <, officeholder living ex	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held	I
	Date	Payee name			
	10/21/2024	Constant Contact			
	Amount (\$) \$37.31	Payee address; City; State; Zip Code			
		TX			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense	in, TX	side of Texas. Comple <, officeholder living ex IS	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held	I

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 15/20	Chávez, Alejandra (Mrs.)	0000047
4	Date	5 Payee name	·
	10/07/2024	EPMOA	
6	Amount (\$) \$208.34	7 Payee address; City; State; Zip Code	
		TX	
8	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense vent advertisement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/18/2024	El Paso Inc.	
	Amount (\$) \$690.00	Payee address; City; State; Zip Code 209 Noble St.	
		El Paso, TX 79901	
	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rint ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/23/2024	El Paso Mail & Print	
	Amount (\$) \$268.89	Payee address; City; State; Zip Code 1144 Vista de Oro	
		El Paso, TX 79935	
	PURPOSE OF EXPENDITURE	Printing Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense oor hangers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbu Accounting/Banking Fees Office Overhead/Rental E Consulting Expense Food/Beverage Expense Polling Expense

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 16/20	Chávez, Alejandra (Mrs.)		0000047
4	Date	5 Payee name		<u> </u>
	10/21/2024	Lowes		
6	Amount (\$) \$30.22	7 Payee address; City; State; Zip Coo	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sign supplies	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sign supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	10/21/2024	MSquared Media		
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Coo 1389 Vista Granada Dr.	de	
		El Paso, TX 79936-6942		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Marketing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
Г	Date	Payee name		
l	10/16/2024	Meza, Jovany		
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Coo	de	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Analysis
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exporting Populations Made By - Griff Wayards/Memory

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	<u> </u>	٠)
	1 0		9)
	Sch: 8/11 Rpt: 17/20	Chávez, Alejandra (Mrs.) 00000047	
4	Date	5 Payee name	
	10/15/2024	NGP Van, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$171.80	48 Grove Street, Suite 202	
		Somonvillo, MA 02144	
		Somerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Marketing Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense robocall	
		Tobocaii	
Ļ	0 1. 5		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	10/22/2024	NGP Van, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$142.70	48 Grove Street, Suite 202	
	¥=.=		
		Companielle MAA 004.44	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense robocall	
		Ιουουαίι	
	Opening the ONII Wife discort	Out the tark of the shall be a second to the s	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/23/2024	Ortiz, Daniel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.00		
		TX TX	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		canvassing	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 9/11 Rpt: 18/20	Chávez, Alejandra (Mrs.)		0000047
4	Date	5 Payee name		<u> </u>
	10/15/2024	Outreach Circle Inc.		
6	Amount (\$) \$1,190.29	7 Payee address; City; State; Zip C	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense P2P MMS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
Γ	Date	Payee name		
	10/19/2024	Perea, Berenice		
	Amount (\$) \$80.00	Payee address; City; State; Zip C	ode	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense promotioanl product
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
Г	Date	Payee name		
L	10/07/2024	Sun Mountain Handyman		
	Amount (\$) \$350.00	Payee address; City; State; Zip C 5511 Parkcrest Dr. Suite 103	ode	
		Austin, TX 78731		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Installation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

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

	Credit Card Payment		The Instruction Guide explains	how to cor	nple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
l	Sch: 10/11 Rpt: 19/20		Chávez, Alejandra (Mrs.)			0000047
4	Date	5	Payee name			<u>'</u>
l	10/15/2024		Sun Mountain Handyman			
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de	
l	\$200.00		5511 Parkcrest Dr. Suite 103			
l						
l			Austin, TX 78731			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	andula)	(b)	Description
ľ	OF	``	Salaries/Wages/Contract Labor	ledule)	(,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		3			Check if Austin, TX, officeholder living expense
						Sign installation
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght	Office held
L	experience to borionic Grou					
	Date		Payee name			
	10/15/2024		Sun Mountain Handyman			
	Amount (\$)		Payee address; City; State	; Zip Co	de	
	\$350.00		5511 Parkcrest Dr. Suite 103			
			Austin, TX 78731			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Sign Installation
						Sign installation
┝	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name 0	Office soud	ht	Office held
l	expenditure to benefit C/O		January Chiconology Harris	000 000,	,	Cinco nois
H	Date	Т	Davida nama			
	10/21/2024		Payee name Sun Mountain Handyman			
H		┝		r: Zin Cor	40	
	Amount (\$) \$100.00		Payee address; City; State 5511 Parkcrest Dr. Suite 103	e; Zip Co	JE	
	Ψ100.00		33111 directest Dr. Julie 103			
			Auctin TV 70721			
		<u> </u>	Austin, TX 78731	1		
l	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if Austin, TX, officeholder living expense
						Sign Installation
Г	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/O	H				
Г						
l						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission F	-ilers)
	Sch: 11/11 Rpt: 20/20	Chávez, Alejandra (Mrs.)	0000047	
4	Date	5 Payee name	·	
l	10/23/2024	Sun Mountain Handyman		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
l	\$275.00	5511 Parkcrest Dr. Suite 103		
l				
		Austin, TX 78731		
8	PURPOSE		Description	
ľ	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Sign installation	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
L	experialture to beliefft C/O	'		
	Date	Payee name		
	10/07/2024	The Home Depot		
Г	Amount (\$)	Payee address; City; State; Zip Code		
l	\$25.43			
		TX		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
	OF EXPENDITURE	supplies	Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE		Check if Austin, TX, officeholder living expense	
			supplies for signs	
┡	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held	
	expenditure to benefit C/O	9	Office field	
⊨	<u> </u>	_		
	Date	Payee name		
	10/10/2024	The Home Depot		
	Amount (\$)	Payee address; City; State; Zip Code		
l	\$15.16			
L		TX		
	PURPOSE OF	,	Description	
l	EXPENDITURE	sign supplies	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l			sign supplies	
			- 0	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			
\vdash				
ı				