CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commission 00000047	on Filers)	2 Total pages	filed: 17	
3 CANDIDATE /	MS/MRS/MR	FIRST	•	MI	OFFICE	USE ONLY	
OFFICEHOLDER	Mrs.	Alejandra			OFFICE	USE UNLT	
NAME	IVII 5.	Alejanura			Date Received		
					ELECTRONIC	CALLY FILED	
						,,,,	
	NICKNAME	LAST		SUFFIX	01/12/2025		
	Ale	Chávez					
4 CANDIDATE /	ADDRESS / PO BOX; APT	Γ/SUITE#; CIT	·V·	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER		1 / 3011E #, CIT	Ι,	ZIF CODE	Bato Haria donvorda	or Bato i dounanou	
MAILING	6305 Franklin Red Dr.					- I	
ADDRESS					Receipt #	Amount	
Change of Address	El Paso, TX 79912						
	LIF 430, 1X 79912				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>		
TREASURER							
NAME	Mrs.	Debbi					
	NICKNAME	LAST		SUFFIX			
		Hester					
		: - : - : - : - : - : - : - : - :		21.11=2.11			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO) BOX PLEASE);	API/	SUITE #; CITY;	SI	TATE; ZIP CODE	
ADDRESS	6102 Pinehurst Dr.						
(Residence or Business)	El Paso, TX 79912						
	Li 1 430, 17, 73312						
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION				
TREASURER		NE NOMBER	27(12)(0)(0)(
PHONE	(915) 252-5753						
8 REPORT		_	_		_		
TYPE	X January 15	30th day before	e election R	unoff	15th day after c appointment (of	ampaign treasurer	
					-		
	July 15	8th day before		ceeded modified porting limit	Final Report (At	tach C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	12/05/2024	T⊦	IROUGH	12/31/202	4		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
20 222011011	Month Day Year		rimary	Runoff	Other		
	Monar Bay roa	U	Tilliar y				
		∏G	eneral	Special			
				_			
11 OFFICE	OFFICE HELD (if any)	I	I1	L2 OFFICE SOUGHT	(if known)		
TI OFFICE		ivo Dlago El Dac		LZ OFFICE SOUGHT	(II KIIOWII)		
	City Council Representat Paso	ive Place El Pas	O DISHICL I EI				
	1 430						
		00.7	TO DACE 2				
		GU I	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Chávez, Alejandra (M	1rs.)	14 Filer ID (00000047	Ethics Commis	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowle	edge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	TREPAC - Texas Realtors PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	P.O. Box 2246			
		Austin, TX 78768-2246			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Cantu, Leslie			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		P.O. Box 2246			
		Austin, TX 78768-2246			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 8,250.0				8,250.00
EXPENDITURE TOTALS	E 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$	8,872.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
		Mrs.	Alejandra Chávez		
			f Candidate or Officehold	der	
AEEIV NO	TARY STAMP / SEAL AB	OVE			
AFFIX NO	TART STANIF / SEAL AD	OVE			
		aid	, this the	c	lay
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering (oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 17						
18 FILER NAM Chávez, A	ME Alejandra (Mrs.)	19 Filer ID 00000047	(Ethics Commission	า Filers)			
	NAME OF SCHEDULE						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
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 CONTRIBUTIONS	S	\$	19,794.38			
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.	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 ITO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/2 Rpt: 4/17	
2	FILER NAME Chávez, Alej	iandra (Mrs.)		3	Filer ID (Ethics Commission 00000047	on Filers)
4	4 Date 12/18/2024 5 Full name of contributor out-of-state PAC (ID#:) Goodman, Leonard 6 Contributor address; City; State; Zip Code 4911 Meadowlark Dr. El Paso, TX 79922		7	Amount of Contribution (\$)	\$350.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Harris, Brent Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	Employer (See Instructions)		
	•					
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Palacios, Raymond & Kathy Contributor address; City; State; Zip Code 5025 Meadowlark Dr.)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	TX 79922 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_Schwartz, Douglas Contributor address; City; State; Zip Code El Paso, TX 79922			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Bridget Contributor address; City; State; Zip Code 900 Via Corta CT El Paso, TX 79912)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to complete this fo	Total pages Schedule A1: Sch: 2/2 Rpt: 5/17			
2	FILER NAME Chávez, Alejandra (Mrs.)			3	Filer ID (Ethics Commission 00000047	on Filers)
4			7	Amount of Contribution (\$)	\$500.00	
_	<u> </u>	El Paso, TX 79922	5 1 (0 1 1 ii			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Date 12/05/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Wolf, Gene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		El Paso, TX 79932				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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 complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 6/17	Chávez, Alejandra (Mrs.)	00000047
4	Date	5 Payee name	·
	12/10/2024	Airport Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,699.00	7 Leigh Fisher Blvd.	
		El Paso, TX 79906	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ription
	OF EXPENDITURE	I many Expense	neck if travel outside of Texas. Complete Schedule T.
		I — I —	neck if Austin, TX, officeholder living expense materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	12/06/2024	All Print of El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	7230 Gateway Blvd E.	
		#D	
		El Paso, TX 79915	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ription
	OF EXPENDITURE	Printing Expense	neck if travel outside of Texas. Complete Schedule T.
		l —	neck if Austin, TX, officeholder living expense materials
		pint	materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	12/06/2024	All Print of El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,404.53	7230 Gateway Blvd E.	
		#D	
		El Paso, TX 79915	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Printing Expense	neck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		neck if Austin, TX, officeholder living expense
		print	materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinos riola
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 2/12 Rpt: 7/17	Chávez, Alejandra (Mrs.) 00000047
4	Date	5 Payee name
	12/06/2024	All Print of El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$508.76	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		print materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	12/05/2024	All Print of El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		printing materials
	Commission ONII V if dispost	Condidate/Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.20	1340 Poydras St.
		Suite 1770
		El Paso, TX 70112
	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.
		Check if Austin, TX, officeholder living expense online contribution fees
		Offiliae Contribution fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 8/17	Chávez, Alejandra (Mrs.)	00000047
4	Date	5 Payee name	•
	12/16/2024	Anson 11	
6	Amount (\$) \$205.30	7 Payee address; City; State; Zip Code	
		El Paso, TX	
8	PURPOSE OF EXPENDITURE	ch	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense er expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/18/2024	Carmona, Mario	
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code	
		El Paso, TX	
	PURPOSE OF EXPENDITURE	Jaianes/Wages/Contract Eabor	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/29/2024	Carmona, Mario	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code	
		El Paso, TX	
	PURPOSE OF EXPENDITURE	Jaianes/Wages/Contract Labor	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 4/12 Rpt: 9/17	Chávez, Alejandra (Mrs.)		0000047
4	Date	5 Payee name		<u>'</u>
	12/09/2024	Castaneda, Oscar		
6	Amount (\$) \$765.00	7 Payee address; City; State; Zip C	ode	
Ļ		El Paso, TX	1	
8	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 marketing
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soil	ught	Office held
	Date	Payee name		
	12/16/2024	Circle K		
	Amount (\$) \$6.05	Payee address; City; State; Zip C	ode	
		El Paso, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held
Г	Date	Payee name		
	12/19/2024	Constant Contact		
	Amount (\$) \$37.31	Payee address; City; State; Zip C	ode	
		TX		
	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 email campaigns
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sol	ught	Office held

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: 5/12 Rpt: 10/17	Chávez, Alejandra (Mrs.)		0000047
4	Date	5 Payee name		
	12/16/2024	Firehouse Subs		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$36.64			
		El Paso, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				lunch expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	experience to benefit Gree			
	Date	Payee name		
	12/18/2024	Garcia, Gabriela		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$149.31			
		El Paso, TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	decorations		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ynı	Office field
_				
	Date	Payee name		
	12/16/2024	Great American		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$316.26			
		El Paso, TX 79912		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				dinner expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		a	Since field

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 6/12 Rpt: 11/17	Chávez, Alejandra (Mrs.) 00000047
4	Date	5 Payee name
	12/16/2024	Great American
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$492.41	
		TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense dinner expense
		diffici experise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	12/11/2024	Hernandez, Baltazar
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	rayee address, City, State, Zip Code
	Ψ210.00	
		FI Dogo TV
L	D. 100.00	El Paso, TX
	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
		salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/20/2024	Hernandez, Baltazar
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 7/12 Rpt: 12/17	Chávez, Alejandra (Mrs.)		0000047
4	Date	5 Payee name		'
	12/11/2024	Hernandez, Patricia		
6	Amount (\$) \$216.00	7 Payee address; City; State; Zip Co	ode	
		El Paso, TX		
8	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 Salary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
l	12/11/2024	Martinez, Ramiro		
	Amount (\$) \$216.00	Payee address; City; State; Zip Co	ode	
		El Paso, 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 salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
Г	Date	Payee name		
l	12/20/2024	Martinez, Ramiro		
	Amount (\$) \$175.00	Payee address; City; State; Zip Co	ode	
		El Paso, 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 Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held

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 complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_			
	Sch: 8/12 Rpt: 13/17	Chávez, Alejandra (Mrs.) 00000047				
4	Date	5 Payee name				
	12/21/2024	Martinez, Ramiro				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$185.00					
		El Paso, TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
l		Check if Austin, TX, officeholder living expense salary				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI					
F	Date	Payee name	=			
l	12/18/2024	Meza, Jovany				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$1,000.00					
l						
		El Paso, TX				
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
l	OF EXPENDITURE	Salaries/Wages/Contract Labor				
l		Check if Austin, TX, officeholder living expense salary				
		Salary				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-			
	expenditure to benefit C/OI					
H	Date	Payee name	-			
	12/06/2024	NGP Van, Inc.				
⊢	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$50.84	48 Grove Street, Suite 202				
		Somerville, MA 02144				
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF EXPENDITURE	Marketing Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Robocall				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OH					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense 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

	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: 9/12 Rpt: 14/17	Chávez, Alejandra (Mrs.) 00000047				
4	Date	5 Payee name				
	12/10/2024	NGP Van, Inc.				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$58.72	48 Grove Street, Suite 202				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Marketing Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense robocall				
		Tobotali				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
\vdash	Date	Dougo nama				
		Payee name				
	12/13/2024	NGP Van, Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$101.18	48 Grove Street, Suite 202				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Marketing Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense robocall				
		Tobocaii				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data	Davies same				
	Date 12/16/2024	Payee name NGP Van, Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$84.91	48 Grove Street, Suite 202				
		Somerville, MA 02144				
	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				
		Tobocan				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 10/12 Rpt: 15/17	2 FILER NAME Chávez, Alejandra (Mrs.) 3 Filer ID (Ethics Commission Filers) 00000047			
4 Date 12/09/2024	5 Payee name Noe, Olga			
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 5801 Silver Springs Dr. Apt 512 El Paso, TX 79912			
8 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 salary			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date 12/20/2024	Payee name Ortega, Alma			
Amount (\$) \$270.00	Payee address; City; State; Zip Code			
DUDDOCE	El Paso, 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 Salary			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 12/11/2024	Payee name Outreach Circle Inc.			
Amount (\$) \$1,095.97	Payee address; City; State; Zip Code			
	TX			
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 texting			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/12 Rpt: 16/17	Chávez, Alejandra (Mrs.)		00000047
4	Date	5 Payee name		<u> </u>
	12/16/2024	Party City		
6	Amount (\$) \$32.99	7 Payee address; City; State; Zip Cod	de	
		El Paso, TX 79912		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) decorations	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense balloons
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
Γ	Date	Payee name		
	12/29/2024	Sandoval, Hugo		
	Amount (\$) \$250.00	Payee address; City; State; Zip Cod	de	
		El Paso, TX 79912		
	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 Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
Г	Date	Payee name		
	12/16/2024	Sun Mountain Handyman		
	Amount (\$) \$85.00	Payee address; City; State; Zip Coo 5511 Parkcrest Dr. Suite 103	de	
		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 soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense - Gift/Awards/Memorials Expense I Committee Legal Services The Instruction Guide explains	Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chávez, Alejandra (Mrs.)		0000047
5 Payee name	l	
Sun Mountain Handyman		
7 Payee address; City; State	; Zip Code	
5511 Parkcrest Dr. Suite 103		
Austin, TX 78731		
(a) Category (See Categories listed at the top of this set	nedule) (b) Description	
	·	outside of Texas. Complete Schedule T.
Ğ		, TX, officeholder living expense
	sign installatio	on
Condidate Office helder regree	Office accept	Office heald
dandidate/Onicendider hame	Office Sought	Office held
	Git/Awards/Memorials Expense Legal Services The Instruction Guide explains 2 FILER NAME Chávez, Alejandra (Mrs.) 5 Payee name Sun Mountain Handyman 7 Payee address; City; State 5511 Parkcrest Dr. Suite 103 Austin, TX 78731 (a) Category (See Categories listed at the top of this sci Salaries/Wages/Contract Labor Candidate/Officeholder name	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Chávez, Alejandra (Mrs.) 5 Payee name Sun Mountain Handyman 7 Payee address; City; State; Zip Code 5511 Parkcrest Dr. Suite 103 Austin, TX 78731 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel of the Check if Austin sign installation.