

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                                                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                  |        |
|-------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The C/OH Instruction Guide explains how to complete this form.                                        |                       | 1 Filer ID<br>(Ethics Commission Filers)<br>00000047                                                                                                                                                                                                                                                                                                                                                                               |                    | 2 Total pages filed:<br>19                                                                                                                                                                       |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>Mrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST<br>Alejandra | MI                                                                                                                                                                                               |        |
|                                                                                                       | NICKNAME<br>Ale       |                                                                                                                                                                                                                                                                                                                                                                                                                                    | LAST<br>Chávez     | SUFFIX                                                                                                                                                                                           |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address |                       | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>6305 Franklin Red Dr.<br><br>El Paso, TX 79912                                                                                                                                                                                                                                                                                                                                           |                    | ZIP CODE                                                                                                                                                                                         |        |
|                                                                                                       |                       | OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                  |        |
|                                                                                                       |                       | Date Received<br>ELECTRONICALLY FILED<br>10/04/2026                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                                                                                  |        |
|                                                                                                       |                       | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                  |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       |                       | MS / MRS / MR<br>Mrs.                                                                                                                                                                                                                                                                                                                                                                                                              |                    | FIRST<br>Debbi                                                                                                                                                                                   | MI     |
|                                                                                                       |                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | LAST<br>Hester                                                                                                                                                                                   | SUFFIX |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     |                       | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>6102 Pinehurst Dr.<br><br>El Paso, TX 79912                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                  |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      |                       | AREA CODE PHONE NUMBER EXTENSION<br>(915) 252-5753                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                                                  |        |
| 8 REPORT<br>TYPE                                                                                      |                       | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |                    |                                                                                                                                                                                                  |        |
| 9 PERIOD<br>COVERED                                                                                   |                       | Month Day Year    THROUGH    Month Day Year<br>07/01/2026    09/24/2026                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                                                                                  |        |
| 10 ELECTION                                                                                           |                       | ELECTION DATE<br>Month Day Year<br>11/03/2026                                                                                                                                                                                                                                                                                                                                                                                      |                    | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |        |
| 11 OFFICE                                                                                             |                       | OFFICE HELD (if any)<br>City Representative District District 1 El Paso                                                                                                                                                                                                                                                                                                                                                            |                    | 12 OFFICE SOUGHT (if known)<br>City Representative Place El Paso District District 1                                                                                                             |        |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 19

|                |                          |             |                            |
|----------------|--------------------------|-------------|----------------------------|
| 13 C / OH NAME | Chávez, Alejandra (Mrs.) | 14 Filer ID | (Ethics Commission Filers) |
|                |                          | 00000047    |                            |

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|                                                                                        | COMMITTEE TYPE                                                                                                                                                                                                                                                                                                                                                                                 | COMMITTEE NAME                       |
|                                                                                        | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | COMMITTEE ADDRESS                    |
|                                                                                        | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |                                                                                                                                       |               |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00       |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 11,150.00  |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ 0.00       |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 30,645.17  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ 102,729.66 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0.00       |

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Alejandra Chávez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 19

|                                                  |                                                                                                             |                                                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Chávez, Alejandra (Mrs.) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00000047 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 11,150.00                                              |
| 2.                                               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 3.                                               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                                        |
| 4.                                               | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                                        |
| 5.                                               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 30,645.17                                              |
| 6.                                               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                                        |
| 7.                                               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                                                        |
| 8.                                               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                                        |
| 9.                                               | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                                                        |
| 10.                                              | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                                                        |
| 11.                                              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                                                        |
| 12.                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                  |                                                                                                                                                                                                |                                                          |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                | <b>1</b> Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/19  |
| <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                  |                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047 |
| <b>4</b> Date<br>08/22/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Dan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/22/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bonner, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78633             | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>07/07/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chavez, Ruben<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79936                  | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>09/06/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Deming, Stanley<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>08/10/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dupree, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75238                    | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                  |                                                                                                                                                                                                                                      |                                                          |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/19  |
| <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                  |                                                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047 |
| <b>4</b> Date<br>08/28/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gaddy, Charles & Mary<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                              | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/15/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Galenski, Joe<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902                                                        | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                      | Employer (See Instructions)                              |
| Date<br>09/04/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzalez, Gabriel<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79913                                                    | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                      | Employer (See Instructions)                              |
| Date<br>07/01/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>International Brotherhood of Electrical Workers PAC VoluntaryFund<br><hr/> Contributor address; City; State; Zip Code<br><br>Washington, DC 20001 | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                      | Employer (See Instructions)                              |
| Date<br>07/01/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joseph Moody Campaign<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902                                                | Amount of Contribution (\$)<br><br>\$750.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                                                                      | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                  |                                                                                                                                                                                            |                                                          |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                            | <b>1</b> Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/19  |
| <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                  |                                                                                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047 |
| <b>4</b> Date<br>08/31/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lange, Richard<br><b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                            | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/08/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laster, Nancy<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                    | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                            | Employer (See Instructions)                              |
| Date<br>07/06/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lilly, Ann Morgan<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902                | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                            | Employer (See Instructions)                              |
| Date<br>08/08/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lucatero, Javier<br>Contributor address; City; State; Zip Code<br><br>Pleasanton, CA 94566              | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                            | Employer (See Instructions)                              |
| Date<br>07/30/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Luttrell, George<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                 | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                            | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                  |                                                                                                                                                                                               |                                                          |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/19  |
| <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                  |                                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047 |
| <b>4</b> Date<br>08/31/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntosh, Francie<br><b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79922 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/31/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntosh, Lillie<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                    | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>07/28/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schmid, Michael<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79912                     | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>09/24/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Urrea, Barbara<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79922                      | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                               | Employer (See Instructions)                              |
| Date<br>09/24/2026                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Urrea, Luis<br>Contributor address; City; State; Zip Code<br><br>El Paso, TX 79922                         | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)              |                                                                                                                                                                                               | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                  |                                                                                                                                                                                                 |                                                          |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:<br>Sch: 5/5 Rpt: 8/19  |
| <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                  |                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047 |
| <b>4</b> Date<br>09/14/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Urrea, Robert<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79922 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)                     |

|                                                            |                                                                                                                                                                                             |                                                    |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Date</b><br>09/21/2026                                  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Urrea, Robert<br><hr/> <b>Contributor address; City; State; Zip Code</b><br><br>El Paso, TX 79922 | <b>Amount of Contribution (\$)</b><br><br>\$500.00 |
| <b>Principal occupation / Job title (See Instructions)</b> |                                                                                                                                                                                             | <b>Employer (See Instructions)</b>                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                  |                                                                                                                                                                                                 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 9/19            | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                        |
| <b>4</b> Date<br>07/23/2026                                         | <b>5</b> Payee name<br>All Print of El Paso                                                      |                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$2,706.25                                  | <b>7</b> Payee address; City; State; Zip Code<br>7230 Gateway Blvd E.<br>#D<br>El Paso, TX 79915 |                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                  |                                                                                                                                                                                                 |
| Date<br>09/04/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                 |
| Payee name<br>All Print of El Paso                                  |                                                                                                  |                                                                                                                                                                                                 |
| Amount (\$)<br>\$216.50                                             | Payee address; City; State; Zip Code<br>7230 Gateway Blvd E.<br>#D<br>El Paso, TX 79915          |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>push cards   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                  |                                                                                                                                                                                                 |
| Date<br>09/18/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                 |
| Payee name<br>All Print of El Paso                                  |                                                                                                  |                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,190.75                                           | Payee address; City; State; Zip Code<br>7230 Gateway Blvd E.<br>#D<br>El Paso, TX 79915          |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>signs        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                  |                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                |                                                                                                                                                                                                             |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 10/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                    |
| <b>4</b> Date<br>07/10/2026                                         | <b>5</b> Payee name<br>Amazon                                                                  |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$30.30                                     | <b>7</b> Payee address; City; State; Zip Code<br>410 Terry Ave. North<br><br>Seattle, WA 98109 |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>campaign supplies   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign supplies |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                |                                                                                                                                                                                                             |
| Date<br>07/13/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |                                                                                                                                                                                                             |
| Payee name<br>Amazon                                                |                                                                                                |                                                                                                                                                                                                             |
| Amount (\$)<br>\$32.47                                              | Payee address; City; State; Zip Code<br>410 Terry Ave. North<br><br>Seattle, WA 98109          |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>campaign supplies          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign supplies        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                |                                                                                                                                                                                                             |
| Date<br>09/09/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                    |                                                                                                                                                                                                             |
| Payee name<br>Amazon                                                |                                                                                                |                                                                                                                                                                                                             |
| Amount (\$)<br>\$29.22                                              | Payee address; City; State; Zip Code<br>410 Terry Ave. North<br><br>Seattle, WA 98109          |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>campaign supplies          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign supplies        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/11 Rpt: 11/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                 |
| <b>4</b> Date<br>09/24/2026                                         | <b>5</b> Payee name<br>Anedot                                                                                                                                               |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$181.10                                    | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras St.<br>Suite 1770<br>El Paso, TX 70112                                                                        |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                                                                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fees           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                                                 | Office sought Office held                                                                                                                                                                                |
| Date<br>07/23/2026                                                  | Payee name<br>Campaign Verify                                                                                                                                               |                                                                                                                                                                                                          |
| Amount (\$)<br>\$95.00                                              | Payee address; City; State; Zip Code<br>1215 31st St. NW #3554<br><br>Washington, DC 20079-9998                                                                             |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>text messaging |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                                                 | Office sought Office held                                                                                                                                                                                |
| Date<br>07/23/2026                                                  | Payee name<br>Carmona, Mario                                                                                                                                                |                                                                                                                                                                                                          |
| Amount (\$)<br>\$4,000.00                                           | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>TX |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                                                 | Office sought Office held                                                                                                                                                                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                                                                                                                                                                                 |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/11 Rpt: 12/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                        |
| <b>4</b> Date<br>08/25/2026                                         | <b>5</b> Payee name<br>Carmona, Mario                                                                              |                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$4,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>El Paso, TX 79935 |                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                        | Office sought Office held                                                                                                                                                                       |
| Date<br>08/07/2026                                                  | Payee name<br>Castaneda, Oscar                                                                                     |                                                                                                                                                                                                 |
| Amount (\$)<br>\$760.00                                             | Payee address; City; State; Zip Code<br>6704 Byron St.<br><br>El Paso, TX 79904                                    |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                        | Office sought Office held                                                                                                                                                                       |
| Date<br>09/03/2026                                                  | Payee name<br>Castaneda, Oscar                                                                                     |                                                                                                                                                                                                 |
| Amount (\$)<br>\$1,180.00                                           | Payee address; City; State; Zip Code<br>6704 Byron St.<br><br>El Paso, TX 79904                                    |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                        | Office sought Office held                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                |                                                                                                                                                                                                                       |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 13/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                              |
| <b>4</b> Date<br>07/20/2026                                         | <b>5</b> Payee name<br>City of El Paso                                                         |                                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$254.95                                    | <b>7</b> Payee address; City; State; Zip Code<br>300 N. Campbell<br><br>El Paso, TX 79901      |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>registration fee            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |
| Date<br>07/20/2026                                                  | Payee name<br>Constant Contact                                                                 |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$37.31                                              | Payee address; City; State; Zip Code<br>3675 Precision Dr.<br><br>Loveland, CO 80538           |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription for Newsletter |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |
| Date<br>08/19/2026                                                  | Payee name<br>Constant Contact                                                                 |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$37.31                                              | Payee address; City; State; Zip Code<br>3675 Precision Dr.<br><br>Loveland, CO 80538           |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription for Newsletter |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                |                                                                                                                                                                                                                       |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 14/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                              |
| <b>4</b> Date<br>09/21/2026                                         | <b>5</b> Payee name<br>Constant Contact                                                        |                                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$37.31                                     | <b>7</b> Payee address; City; State; Zip Code<br>3675 Precision Dr.<br><br>Loveland, CO 80538  |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Subscription for Newsletter |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |
| Date<br>09/08/2026                                                  | Payee name<br>El Paso Central Labor Union                                                      |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$230.00                                             | Payee address; City; State; Zip Code<br>PO Box 971365<br><br>El Paso, TX 79997                 |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>magazine advertisement      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |
| Date<br>09/16/2026                                                  | Payee name<br>El Paso Inc.                                                                     |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$660.00                                             | Payee address; City; State; Zip Code<br>209 Noble St.<br><br>El Paso, TX 79901                 |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                |                                                                                                                                                                                                               |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 15/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                      |
| <b>4</b> Date<br>09/01/2026                                         | <b>5</b> Payee name<br>El Paso Mail & Print                                                    |                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$7,785.60                                  | <b>7</b> Payee address; City; State; Zip Code<br>1144 Vista de Oro<br><br>El Paso, TX 79935    |                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>mailer              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                     |
| Date<br>09/14/2026                                                  | Payee name<br>El Paso Matters                                                                  |                                                                                                                                                                                                               |
| Amount (\$)<br>\$525.00                                             | Payee address; City; State; Zip Code<br>500 W. Overland<br><br>El Paso, TX 79901               |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                     |
| Date<br>09/11/2026                                                  | Payee name<br>Empire Cookies                                                                   |                                                                                                                                                                                                               |
| Amount (\$)<br>\$168.00                                             | Payee address; City; State; Zip Code<br>4408 Loma de Luna Dr.<br><br>El Paso, TX 79934         |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>marketing materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                    | Office sought Office held                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                             |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/11 Rpt: 16/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                    |
| <b>4</b> Date<br>08/17/2026                                         | <b>5</b> Payee name<br>Lowes                                                                                                                                                |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$33.41                                     | <b>7</b> Payee address; City; State; Zip Code<br>430 E. Redd Rd.<br><br>El Paso, TX 79912                                                                                   |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>campaign supplies                                                                                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign supplies |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                                             |                                                                                                                                                                                                             |
| Date<br>09/08/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                 |                                                                                                                                                                                                             |
| Payee name<br>MSquared Media                                        |                                                                                                                                                                             |                                                                                                                                                                                                             |
| Amount (\$)<br>\$2,000.00                                           | Payee address; City; State; Zip Code<br>1389 Vista Granada Dr.<br><br>El Paso, TX 79936-6942                                                                                |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>digital marketing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                             |                                                                                                                                                                                                             |
| Date<br>07/23/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                                                 |                                                                                                                                                                                                             |
| Payee name<br>Meza, Jovany                                          |                                                                                                                                                                             |                                                                                                                                                                                                             |
| Amount (\$)<br>\$1,000.00                                           | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>TX |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                             |                                                                                                                                                                                                             |
|                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                                                                                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 17/19           | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                 |
| <b>4</b> Date<br>09/23/2026                                         | <b>5</b> Payee name<br>Meza, Jovany                                                                                |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$2,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>El Paso, TX 79902 |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>wages          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                    |                                                                                                                                                                                                          |
| Date<br>09/16/2026                                                  | Candidate/Officeholder name<br>NGP Van, Inc.                                                                       |                                                                                                                                                                                                          |
| Amount (\$)<br>\$129.74                                             | Office sought<br>48 Grove Street, Suite 202<br><br>Somerville, MA 02144                                            |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>access to data                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>access to data |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                                                                                                                                                                                          |
| Date<br>08/06/2026                                                  | Candidate/Officeholder name<br>RC Graphic Designs & Printing                                                       |                                                                                                                                                                                                          |
| Amount (\$)<br>\$822.70                                             | Office sought<br>12230 Coral Gate Dr<br><br>El Paso, TX 79936                                                      |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>door hangers   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                                                                                                                                                                                          |
|                                                                     |                                                                                                                    |                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                                            |                                                                                                                                                                                                        |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 18/19          | <b>2</b> FILER NAME<br>Chávez, Alejandra (Mrs.)                                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                               |
| <b>4</b> Date<br>08/06/2026                                         | <b>5</b> Payee name<br>RC Graphic Designs & Printing                                                                                                                                       |                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$48.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>12230 Coral Gate Dr<br><br>El Paso, TX 79936                                                                                              |                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                                                                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>stickers     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                                                            |                                                                                                                                                                                                        |
| Date<br>08/17/2026                                                  | Candidate/Officeholder name<br>Payee name<br>Sanchez, Ray                                                                                                                                  |                                                                                                                                                                                                        |
| Amount (\$)<br>\$186.55                                             | Payee address; City; State; Zip Code<br>12230 Coral Gate Dr<br><br>El Paso , TX 79936                                                                                                      |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                                                                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>door hangers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                                            |                                                                                                                                                                                                        |
| Date<br>09/07/2026                                                  | Candidate/Officeholder name<br>Payee name<br>Sandoval, Diego                                                                                                                               |                                                                                                                                                                                                        |
| Amount (\$)<br>\$200.00                                             | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>El Paso, TX 79912 |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                                                                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lit Drop     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                                            |                                                                                                                                                                                                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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  
Gift/Awards/Memorials Expense  
Legal Services

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                         |                                                                                                                                                                                                      |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 11/11 Rpt: 19/19          | 2 FILER NAME<br>Chávez, Alejandra (Mrs.)                                                | 3 Filer ID (Ethics Commission Filers)<br>00000047                                                                                                                                                    |
| 4 Date<br>09/14/2026                                         | 5 Payee name<br>Walmart                                                                 |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$67.70                                     | 7 Payee address; City; State; Zip Code<br>7831 Paseo del Norte<br><br>El Paso, TX 79912 |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>campaign supplies   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                             | Office sought<br><br>Office held                                                                                                                                                                     |