FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065843 55 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rosemarie NAME Date Received **ELECTRONICALLY FILED** 01/14/2024 NICKNAME LAST **SUFFIX** Rosie Alvarado CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** William R. NAME NICKNAME LAST **SUFFIX** Elizondo **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 412-1858 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 438 Bexar

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 55

| 13 C / OH NAME | Alvarado, Rosemarie (The Honorable) 14 Filer ID 00065843 | | | Ethics Commission Filers) | |
|--|---|--|----------------------------|---------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder | political contributions accepted or political expenditual expenditual expenditures may have been made without dofficeholders are required to report this information | the candidate's or officel | holder's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| _ | GENERAL | | | | |
| | _ | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | |
| 16 CONTRIBUTION TOTALS | | | | \$ 0.00 | |
| | | TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | S) | \$ 87,591.67 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEN | , | \$ 0.00 | | |
| | 4. TOTAL POLIT | TICAL EXPENDITURES | | \$ 29,622.17 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITION REPORTING PL | CAL CONTRIBUTIONS MAINTAINED AS OF THE LEFIOD | AST DAY OF THE | \$ 105,339.38 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCII OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD | OF THE LAST DAY | \$ 333.46 | |
| 17 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | | |
| | | The Honora | ıble Rosemarie Alvara | ado | |
| | | Signature of | Candidate or Officehold | ler | |
| AFFIX NOT | TARY STAMP / SEAL AE | OVE | | | |
| Sworn to and subsc | cribed before me, by the s | said | , this the | day | |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | | |
| | | | | | |
| Signature of office | er administering oath | Printed name of officer administering oath | Title of officer | administering oath | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | JVER 31 | 3 of 55 |
|------------|---|-------------|-------------|-----------------|
| 18 FILER N | | 19 Filer ID | (Ethics Com | mission Filers) |
| | o, Rosemarie (The Honorable) | 00065843 | | |
| l | JLE SUBTOTALS F SCHEDULE | | SUBTO | TAL AMOUNT |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 87,175.00 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 416.67 |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 29,622.17 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | \$ | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|------------------|---|------------------------|--------------------------------|--|
| | The Instru | ction Guide explains ho | w to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 1/31 Rpt: 4/55 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Alvarado, R | osemarie (The Honorable) | | | 00065843 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| | 10/06/2023 | Adler, Jim | | | \$2,500.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | Houston, TX 77027 | | | |
| | Contributor's | | | 9 Contributor's Job Title | |
| 8 | | Principal Occupation | | Attorney | |
| 10 | Attorney | employer/law firm | | | nouse (if any) |
| 10 | Jim Adler & | , , | | 11 Law firm of contributor's s | pouse (ii ariy) |
| 12 | | s a child, law firm of parent(s) (i | f any) | 11/α | |
| 12 | n/a | s a criliu, law lilili or pareril(s) (i | i any) | n/a | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/14/2023 | Alecozay, Samantha | _ | | \$500.00 |
| | | Contributor address; City; | State; Zip Code | | ·· <mark>·</mark> |
| | | | | | |
| | | | | | |
| | | San Antonio, TX 78230 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | 1 |
| | Attorney | | | Attorney | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Alecozay La | w Firm, PLLC | | Bexar County District A | Attorney's Office |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | • | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 10/06/2023 | Alonso, Al | _ | | \$500.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | | | | |
| | | San Antonio, TX 78230 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | 1 |
| | Attorney | | | Attorney | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Al Alonso La | W | | n/a | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | n/a | | | n/a | |
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| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A(J)1 |
|----|---|---|--|--|
| | The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 2/31 Rpt: 5/55 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Alvarado, R | osemarie (The Honorable) | | 00065843 |
| | Date 09/15/2023 5 Full name of contributor out-of-state PAC (ID#:) Alvarez, Omar 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$2,500.00 | |
| | | San Antonio, TX 78258 | | |
| 8 | Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| | Attorney | | Attorney | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| | Law Office (| D. G. Alvarez & Associates, PC | n/a | |
| 12 | If contributor i | is a child, law firm of parent(s) (if any) | | |
| | n/a | | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/11/2023 | Aquirre, Alex (Mr.) | · | \$2,500.00 |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78231 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | Attorney | Finicipal Occupation | Attorney | |
| | | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | Aguirre Law | | N/A | ouse (ii uiiy) |
| | | is a child, law firm of parent(s) (if any) | 14/7 | |
| | N/A | s a clina, law little of parchi(s) (if arry) | N/A | |
| | Date | Full name of contributor out-of-state PAC (ID#: | 1 | Amount of Contribution (\$) |
| | 09/14/2023 | Bage, Scott (Mr.) | , | \$1,000.00 |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78212 | | |
| | Contributor's | I Principal Occupation | Contributor's Job Title | <u> </u> |
| | Attorney | | Owner | |
| | | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| | Scott M. Ba | | n/a | • |
| | If contributor i | is a child, law firm of parent(s) (if any) | | |
| | n/a | , , , , , | n/a | |
| | | | | |

| MONET | FARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|--------------------|---|---------------------------------|--|
| The Instru | action Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 3/31 Rpt: 6/55 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 Date 09/18/2023 | | | 7 Amount of Contribution (\$) \$250.00 |
| | Leon Valley, TX 78238 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm Law Firm, PLLC | 11 Law firm of contributor's sp | pouse (if any) |
| | is a child, law firm of parent(s) (if any) | 11/4 | |
| n/a | is a crillu, law liffii of parerius) (ii arry) | n/a | |
| Date | Full name of contributor ut-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/14/2023 | Bernal, Patrick (Mr.) | | \$250.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78230 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | varro Rocha Bernal & Zech, P.C. | N/A | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | is a child, law firm of parent(s) (if any) | | |
| N/A | | N/A | |
| Date 09/12/2023 | Full name of contributor out-of-state PAC (ID#: Blanton, Darryl (Mr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$1,500.00 |
| | San Antonio, TX 78212 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| Law Office | of Tammi Enochs (USAA) | N/A | |
| If contributor | is a child, law firm of parent(s) (if any) | | |
| N/A | | N/A | |
| | | | |

| | MONET | ARY POLITICAL | . CONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|----|------------------|----------------------------------|--|--------------------------------|--|
| | The Instru | ction Guide explains h | 1 Total pages Schedule A(J)1: Sch: 4/31 Rpt: 7/55 | | |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| | | osemarie (The Honorable) | | | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 09/13/2023 | Brandon Wong & Asso | | | \$500.00 |
| | | 6 Contributor address; City | | | |
| Ļ | 0 | San Antonio, TX 78204 | • | In 0 12 1 1 1 72 | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| 12 | ! If contributor | s a child, law firm of parent(s) | (if any) | 1 | |
| H | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 11/27/2023 | Brock, Karl | — | | \$1,000.00 |
| | | Contributor address; City | · State: Zin Code | | <u> </u> |
| | | | ,, , | | |
| | | San Antonio, TX 78212 | 2 | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Attorney | | | Attorney | |
| | | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Law Offices | Brock & Brock, P.C. | | n/a | |
| | If contributor | s a child, law firm of parent(s) | (if any) | | |
| | n/a | | | n/a | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| | 10/11/2023 | Brown, Olga (Mrs.) | | | \$100.00 |
| | | Contributor address; City | ; State; Zip Code | | ··· <mark> </mark> |
| | | | | | |
| | | San Antonio, TX 78209 |) | | |
| - | Contributor's | I Principal Occupation | | Contributor's Job Title | |
| | Attorney | · ····o.pa. Occapation | | Owner | |
| | | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Self Employ | | | N/A | |
| | If contributor | s a child, law firm of parent(s) | (if any) | 1 | |
| | N/A | | | N/A | |
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| MONET | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|------------------------------|---|---------------------------------|--|
| The Instru | action Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 5/31 Rpt: 8/55 |
| 2 FILER NAME Alvarado, R | cosemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 Date 09/14/2023 | Date 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$250.00 |
| | New Braunfels, TX 78132 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's | employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| Thompson (| Coe Cousins & Irons LLP | Law Office Of Bart Brzo | ozowski |
| 12 If contributor n/a | is a child, law firm of parent(s) (if any) | n/a | |
| 11/d | | | |
| Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/13/2023 | Campolo, Paul (Mr.) Contributor address; City; State; Zip Code | | \$1,000.0 |
| | Alamo Heights, TX 78209 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney Partner | |
| Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| Law Offices | of Maloney & Campolo, LLP | N/A | |
| If contributor | is a child, law firm of parent(s) (if any) | N/A | |
| | | IWA | |
| Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/13/2023 | Cano, Emma (Mr.) | | \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78205 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | <u>.</u> |
| Attorney | т тора Собаралот | Managing Partner | |
| | employer/law firm | Law firm of contributor's s | nouse (if any) |
| Jefferson C | • • | N/A | 50000 (0), |
| | is a child, law firm of parent(s) (if any) | | |
| N/A | 15 a 5 ma, nari min 51 paro n(6) (n arij) | N/A | |
| | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|--|--|--|--|--|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 6/31 Rpt: 9/55 | |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | | | 7 Amount of Contribution (\$) \$500.00 | |
| _ | Contributorio | San Antonio, TX 78230 | O Contributorio lob Titlo | |
| 8 | | Principal Occupation | 9 Contributor's Job Title | |
| 10 | Attorney | employer/law firm | Attorney 11 Law firm of contributor's sp | tougo (if any) |
| 10 | | of Jesse R. Castillo PLLC | N/A | ouse (II arry) |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | Date | Full name of contributor |) | Amount of Contribution (\$) |
| | 09/14/2023 Chiscano, Steve Contributor address; City; State; Zip Code | | | \$500.00 |
| | Contributor's I | San Antonio, TX 78216 Principal Occupation | Contributor's Job Title | |
| | Attorney | Thicipal Occupation | Attorney | |
| | | employer/law firm | Law firm of contributor's sp | nouse (if any) |
| | | hiscano Angulo & Kasson, PC | n/a | ouse (ii uiiy) |
| | | s a child, law firm of parent(s) (if any) | .,, | |
| | n/a | o a orma, raw min or parorit(o) (ii arry) | n/a | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| | 08/30/2023 | Crawford, Marco (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78255 | | \$1,000.00 |
| | Contributor's F | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney Owner | |
| Contributor's employer/law firm Law firm of contributor's sp | | ouse (if any) | | |
| Marco Crawford Law N/A | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
| | N/A | | N/A | |
| | | | | |

| MONET | ARY POLITICAL CONTRIBUT | TIONS | SCHEDULE A(J)1 |
|---|---|---|--|
| The Instru | ction Guide explains how to complete th | 1 Total pages Schedule A(J)1: Sch: 7/31 Rpt: 10/55 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Alvarado, Ro | osemarie (The Honorable) | | 00065843 |
| 4 Date 09/11/2023 5 Full name of contributor out-of-state PAC (ID#: Curl Stahl Geis PC 6 Contributor address; City; State; Zip Code | | D#:) | 7 Amount of Contribution (\$) \$1,000.00 |
| | San Antonio, TX 78205 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | l . | |
| Date | Full name of contributor out-of-state PAC (I | \D#· \ | Amount of Contribution (\$) |
| 09/21/2023 | Deyeso, Jane (Mrs.) | Dir | \$1,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | Con Antonio TV 70247 | | |
| Contributor's [| San Antonio, TX 78247 Principal Occupation | Contributor's Job Title | |
| Attorney | -inicipal Occupation | Attorney | |
| | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | f Jane Freeman Deyeso | n/a | , |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| n/a | | n/a | |
| Date | Full name of contributor ut-of-state PAC (I | D#:) | Amount of Contribution (\$) |
| 10/06/2023 | Diaz, Monique (Judge) | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | San Antonio, TX 78209 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Judge | | Judge | |
| | employer/law firm | Law firm of contributor's s | pouse (if any) |
| n/a | | n/a | |
| If contributor is n/a | s a child, law firm of parent(s) (if any) | n/a | |
| 11/4 | | 11/α | |
| | | | |

| | MONET | ARY POLITICAL | CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|----------------|--------------------------------------|------------------------|--------------------------------|---|
| | The Instru | ction Guide explains ho | ow to complete this t | form. | 1 Total pages Schedule A(J)1: Sch: 8/31 Rpt: 11/55 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Alvarado, R | osemarie (The Honorable) | | | 00065843 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| | 09/15/2023 | Diaz Jr., Reynaldo (Mr.) | | | \$1,000.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | San Antonio, TX 78212 | | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | |
| | Attorney | | | Attorney | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | Reynaldo D | iaz Law Office | | n/a | |
| 12 | If contributor | s a child, law firm of parent(s) (| f any) | | |
| | n/a | | | n/a | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| | 09/14/2023 | Don, Sylvia & Larry | | | \$25.00 |
| | | Contributor address; City; | State; Zip Code | | ···[|
| | | | | | |
| | | | | | |
| | | San Antonio, TX 78221 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Retired | | | N/A | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | N/A | | | N/A | |
| | If contributor | is a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/27/2023 | Drake, Dennis (Mr.) | | | \$250.00 |
| | | Contributor address; City; | State; Zip Code | | ··· |
| | | | | | |
| | | | | | |
| | | San Antonio, TX 78229 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Attorney | | | N/A | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | Self Employ | ed | | N/A | |
| | If contributor | s a child, law firm of parent(s) (| f any) | • | |
| | N/A | | | N/A | |
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| | MONET | ARY POLITICAL CONTRIBU | JTIC | DNS | | SCHEDULE A(J)1 |
|----|----------------------------|---|----------|---------------------------------|----------|---|
| | The Instru | ction Guide explains how to complete t | this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 9/31 Rpt: 12/55 |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 09/11/2023 | Full name of contributor out-of-state PAC Escobar Jr., Manuel (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78225 | C (ID#:_ | | 7 | Amount of Contribution (\$) \$1,000.00 |
| 8 | Contributor's F | Principal Occupation | | 9 Contributor's Job Title | <u> </u> | |
| Ŭ | Attorney | Timopai Gecapation | | Attorney | | |
| 10 | | employer/law firm | | 11 Law firm of contributor's sp | חחופ | se (if any) |
| | N/A | | | N/A | , , , | (i. d. 1)) |
| 12 | | s a child, law firm of parent(s) (if any) | | | | |
| | N/A | | | N/A | | |
| _ | Date | Full name of contributor out-of-state PAC | C (ID#: |) | Π | Amount of Contribution (\$) |
| | 09/21/2023 | Espey, Rick Contributor address; City; State; Zip Code San Antonio, TX 78260 | | | | \$500.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | - inicipal Occupation | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | חחופ | se (if any) |
| | Espey & Ass | | | n/a | , ou | oc (ii dily) |
| | | s a child, law firm of parent(s) (if any) | | | | |
| | n/a | , a , a , a , a , a , a , a , a , a , a | | n/a | | |
| | Date | Full name of contributor ut-of-state PAC | C. (ID#: |) | Г | Amount of Contribution (\$) |
| | 09/14/2023 | Espinoza & Brock, PLLC Contributor address; City; State; Zip Code San Antonio, TX 78216 | | | • | \$1,000.00 |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Continuation o | · ···································· | | | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if any) | | I | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | CONTRIBUTIO | ONS | SCHEDULE A(J)1 | |
|--|---|---|--|--|--|--|
| | The Instru | ction Guide explains how | 1 Total pages Schedule A(J)1: Sch: 10/31 Rpt: 13/55 | | | |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | 3 Filer ID (Ethics Commission Filers) 00065843 | |
| 4 | Date 09/14/2023 | 5 Full name of contributor out-of-state PAC (ID#:) 7 | | 7 Amount of Contribution (\$) \$250.00 | | |
| 8 | Contributor's I | San Antonio, TX 78215 Principal Occupation | | 9 Contributor's Job Title | | |
| | | , , | | | | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's sp | pouse (if any) | |
| 12 | If contributor i | s a child, law firm of parent(s) (if a | ny) | | | |
| Date O9/14/2023 Fowlks, Justin Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$150.00 | | | | |
| | Contributor's I | San Antonio, TX 78239 Principal Occupation | | Contributor's Job Title | <u> </u> | |
| | Attorney | - micipal Occupation | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | oouse (if any) | |
| | Thomas J. F | lenry Injury Attorneys | | n/a | | |
| | If contributor in/a | s a child, law firm of parent(s) (if a | ny) | n/a | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 12/04/2023 | Gamez, Carmen (Mrs.) Contributor address; City; St. San Antonio, TX 78230 | <u> </u> | | \$2,000.00 | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Paralegal | | | Paralegal | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | | | |
| Gamez Law Firm Gamez Law Firm | | | | | | |
| | If contributor is a child, law firm of parent(s) (if any) n/a n/a | | | n/a | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTIO | NS | | SCHEDULE | A(J)1 |
|----|--|--|----------------|-------------------------------------|----------------------------|---|------------|
| | The Instru | ction Guide explains how to com | nplete this fo | orm. | I | otal pages Schedule A(J)1 ch: 11/31 Rpt: 14/55 | L: |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | I | ler ID (Ethics Commissi | on Filers) |
| 4 | Date 09/14/2023 | e 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Ar | mount of Contribution (\$) | \$1,500.00 | |
| 8 | Contributor's | San Antonio, TX 78212 Principal Occupation | | 9 Contributor's Job Title | | | |
| | Commission | ппора Собарало | | Sommand See The | | | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's sp | oouse (| if any) | |
| 12 | ! If contributor i | s a child, law firm of parent(s) (if any) | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | Ar | mount of Contribution (\$) | \$250.00 | |
| | Cartributorlo | San Antonio, TX 78230 | | Contributor's Job Title | | | |
| | Attorney | Principal Occupation | | Attorney | | | |
| | | employer/law firm les & Associates | | Law firm of contributor's sp | oouse (| if any) | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | N/A | | | |
| | Date 09/13/2023 | Full name of contributor out-of-Gonzales, Roland Contributor address; City; State; Zip C | |) | Ar | mount of Contribution (\$) | \$1,000.00 |
| | Contributor's | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney | | | Principal Attorney | | | |
| | Contributor's of Germer | employer/law firm | | Law firm of contributor's sp N/A | oouse (| if any) | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | N/A | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL | CONTRIBUTIO | ONS | SCHEDULE A(J)1 |
|----|------------------|-------------------------------------|------------------------|--------------------------------|--|
| | The Instru | ction Guide explains ho | w to complete this f | form. | 1 Total pages Schedule A(J)1: Sch: 12/31 Rpt: 15/55 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Alvarado, R | osemarie (The Honorable) | | | 00065843 |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 09/11/2023 | Gonzalez, Charles (The | Honorable) | | \$250.00 |
| | | 6 Contributor address; City; | State; Zip Code | | |
| | | San Antonio, TX 78212 | | | |
| 8 | Contributor's | Principal Occupation | | 9 Contributor's Job Title | • |
| | Attorney | | | Attorney | |
| 10 | Contributor's | employer/law firm | | 11 Law firm of contributor's s | pouse (if any) |
| | Ogletree De | akins, P.C. | | N/A | |
| 12 | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/15/2023 | Hall, Tom | _ | | \$500.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | | | | |
| | | San Antonio, TX 78205 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Attorney | | | Attorney | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | The Law Off | fice of Thomas C. Hall, P.C. | | n/a | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | n/a | | | n/a | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/14/2023 | Hernandez, Adel | | | \$100.00 |
| | | Contributor address; City; | State; Zip Code | | |
| | | | | | |
| | | | | | |
| | | Texas, TX 78228 | | | |
| | Contributor's | Principal Occupation | | Contributor's Job Title | |
| | Retired | | | N/A | |
| | Contributor's | employer/law firm | | Law firm of contributor's s | pouse (if any) |
| | N/A | | | UTHSC | |
| | If contributor i | s a child, law firm of parent(s) (i | f any) | | |
| | N/A | | | N/A | |
| | | | | | |
| | | | | | |
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| MONE | TARY POLITICAL CONTRIBUT | IONS | SCHEDULE A(J)1 |
|-------------------|---|----------------------------------|--|
| The Instr | uction Guide explains how to complete this | s form. | 1 Total pages Schedule A(J)1: Sch: 13/31 Rpt: 16/55 |
| 2 FILER NAM | E Rosemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 Date 09/11/2023 | ate 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$2,000.00 |
| | San Antonio, TX 78207 | | |
| | s Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| | s employer/law firm | 11 Law firm of contributor's s | pouse (if any) |
| | a Law Firm | N/A | |
| N/A | r is a child, law firm of parent(s) (if any) | N/A | |
| Date | Full name of contributor out-of-state PAC (ID | D#:) | Amount of Contribution (\$) |
| 07/18/2023 | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78216 | | |
| Contributor's | L s Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's | s employer/law firm | Law firm of contributor's s | pouse (if any) |
| Hill Law Fi | rm | N/A | |
| If contributor | r is a child, law firm of parent(s) (if any) | N/A | |
| | | IV/A | |
| Date | Full name of contributor ut-of-state PAC (ID | D#:) | Amount of Contribution (\$) |
| 09/15/2023 | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| O And b A of | Shavano Park, TX 78230 | Occasilla de de Tido | |
| Attorney | s Principal Occupation | Contributor's Job Title Attorney | |
| | s employer/law firm | Law firm of contributor's s | nouse (if any) |
| | rown Law Offices | n/a | pouse (ii arry) |
| | r is a child, law firm of parent(s) (if any) | .,, | |
| n/a | (i. a.y) | n/a | |
| | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE | ∈ A(J)1 |
|----|----------------------------|--|-------------------------|-------------------------------------|-------------------|---|-----------------|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A(. Sch: 14/31 Rpt: 17/55 | |
| | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | 3 | Filer ID (Ethics Commis 00065843 | ssion Filers) |
| | Date 09/21/2023 | 5 Full name of contributor Janicek Law Firm PC 6 Contributor address; City; S | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$ | \$) \$2,500.00 |
| Q | Contributor's (| San Antonio, TX 78209 Principal Occupation | | 9 Contributor's Job Title | | | |
| 0 | | | | Continuitor 5 300 Title | | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | ous | se (if any) | |
| 12 | If contributor is | is a child, law firm of parent(s) (if a | any) | | | | |
| | Date 09/22/2023 | Full name of contributor Jay, Patricia Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (S | \$) \$500.00 |
| | Cartributorio (| San Antonio, TX 78205 | | Contributor's Job Title | \perp | | |
| | Attorney | Principal Occupation | | Attorney | | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) | |
| | Patricia Jay | Attorney at Law | | N/A | | | |
| | If contributor is N/A | s a child, law firm of parent(s) (if a | any) | N/A | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | $\overline{\top}$ | Amount of Contribution (S | \$) |
| | 09/13/2023 | Karam, Richard Contributor address; City; S San Antonio, TX 78229 | tate; Zip Code | | | | \$100.00 |
| | | Principal Occupation | | Contributor's Job Title | | | |
| | Attorney Contributor's 6 | and or low firm | | Attorney | | as (if any) | |
| | | employer/law firm of Richard J. Kazam | 1 | Law firm of contributor's sp N/A |)0us | se (II ariy) | |
| | | is a child, law firm of parent(s) (if a | any) | | | | |
| | N/A | | | N/A | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|----------------------------|---|---------------------------------|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 15/31 Rpt: 18/55 |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 09/12/2023 | Full name of contributor out-of-state PAC (ID# Keyser, Thomas (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78205 | Keyser, Thomas (Mr.) | |
| 8 | Contributor's I | I Principal Occupation | 9 Contributor's Job Title | |
| | Attorney | | Attorney | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| | Keyser Law | | N/A | , , , , |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| | 09/11/2023 | Langley & Banack, Inc. Contributor address; City; State; Zip Code San Antonio, TX 78212 | | \$500.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | 00111110010101 | opa. Goodpano | | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | 1 | |
| | Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| | 09/14/2023 | Law Office of Diane Martinez | | \$250.00 |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78212 | | |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | 1 | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | A(J)1 |
|----|----------------------------|---|---------------------------------|------------------|--|-------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | ages Schedule A(J) .6/31 Rpt: 19/55 | 1: |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID 00065 | Ethics Commissi 843 | ion Filers) |
| 4 | Date 09/12/2023 | Full name of contributor | :) | 7 Amoun | t of Contribution (\$) | \$1,000.00 |
| | | San Antonio, TX 78260 | | | | |
| 8 | Contributor's F | Principal Occupation | 9 Contributor's Job Title | | | |
| 10 | Contributor's 6 | employer/law firm | 11 Law firm of contributor's sp | pouse (if any | <i>'</i>) | |
| 12 | : If contributor is | s a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | <u> </u> | Amoun | t of Contribution (\$) | |
| | 09/14/2023 | | | | | \$250.00 |
| | 2 19 1 1 | San Antonio, TX 78205 | 1 | | | |
| | | Principal Occupation | Contributor's Job Title | | | |
| | Contributor's 6 | employer/law firm | Law firm of contributor's sp | pouse (if any | ′) | |
| | If contributor is | is a child, law firm of parent(s) (if any) | | | | |
| | Date | Full name of contributor uut-of-state PAC (ID# |) | Amoun | t of Contribution (\$) | |
| | 09/20/2023 | Leibowitz, David McQuade (Mr.) | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78257 | | | | |
| | Contributor's I | Principal Occupation | Contributor's Job Title | , | | |
| | Attorney | | Attorney | | | |
| | | employer/law firm | Law firm of contributor's sp | pouse (if any | /) | |
| | N/A | | N/A | | | |
| | If contributor is N/A | is a child, law firm of parent(s) (if any) | N/A | | | |
| | | | | | | |

| MONET | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|-----------------------------|---|---------------------------------|--|
| The Instru | action Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 17/31 Rpt: 20/55 |
| 2 FILER NAME Alvarado, R | sosemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 Date 09/18/2023 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$500.00 |
| | San Antonio, TX 78201 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Lopez Law I | | n/A | |
| 12 If contributor in/a | is a child, law firm of parent(s) (if any) | n/a | |
| Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/14/2023 | Macon, Jane | Macon, Jane | |
| | Contributor address; City; State; Zip Code San Antonio, TX 78205 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's | employer/law firm | Law firm of contributor's s | oouse (if any) |
| Bracewell L | LP | The Macon Law Firm | |
| If contributor i | is a child, law firm of parent(s) (if any) | N/A | |
| Date | Full name of contributor ut-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/14/2023 | Maloney, Tim (Mr.) | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| Contributor's | San Antonio, TX 78205 | Contributor's Job Title | <u> </u> |
| Attorney | Principal Occupation | Attorney | |
| | employer/law firm | Law firm of contributor's s | nouse (if any) |
| | s of Maloney & Campolo | N/A | in any) |
| | is a child, law firm of parent(s) (if any) | | |
| N/A | | N/A | |
| | | N/A | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|----|----------------------------|--|---------------------------------|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 18/31 Rpt: 21/55 |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#: Maloney Jr., Pat (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78205 | | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 | Contributor's I | Principal Occupation | 9 Contributor's Job Title | |
| • | Attorney | | Partner Attorney | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | ouse (if any) |
| | | of Pat Maloney, P.C. | N/A | (,) |
| 12 | | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| _ | Date | Full name of contributor ut-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 09/19/2023 | Martin & Drought, P.C. Contributor address; City; State; Zip Code San Antonio, TX 78205 | | \$1,000.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | Continuation of | . Inisipal Cocapation | Contains aton 5 cos Titalo | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | L | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 11/10/2023 | Martinez & Associates, P.L.L.C. Contributor address; City; State; Zip Code San Antonio, TX 78223 | | \$2,500.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| | Contributor's | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| | If contributor i | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CONTRII | BUTIONS | SCHEDULE A(J)1 |
|----|------------------|---|----------------------------|--|
| | The Instru | ction Guide explains how to comple | te this form. | 1 Total pages Schedule A(J)1: Sch: 19/31 Rpt: 22/55 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Alvarado, R | osemarie (The Honorable) | | 00065843 |
| 4 | Date | l — | PAC (ID#: | 7 Amount of Contribution (\$) |
| | 09/13/2023 | Marynell Maloney Law Firm, PLLC | | \$5,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | San Antonio, TX 78210 | | |
| 8 | Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor | r's spouse (if any) |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state | DAC (ID#) |) Amount of Contribution (\$) |
| | 11/18/2023 | Full name of contributor out-of-state Mata, Ronald | PAC (ID#: | \$400.00 |
| | 11/10/2023 | | | |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | 11.1 to TV 7000 | | |
| | | Helotes, TX 78023 | | |
| | | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney | |
| | | employer/law firm | Law firm of contributor | 's spouse (if any) |
| | | y Dispute Resolution Center | n/a | |
| | | s a child, law firm of parent(s) (if any) | | |
| | n/a | | n/a | |
| | Date | Full name of contributor ut-of-state | PAC (ID#: |) Amount of Contribution (\$) |
| | 09/14/2023 | Mayes Jr., Thomas | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | San Antonio, TX 78215 | | |
| | Contributor's | Principal Occupation | Contributor's Job Title | |
| | Attorney | | Attorney | |
| | Contributor's | employer/law firm | Law firm of contributo | r's spouse (if any) |
| | Jim Adler La | w Firm | N/A | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| | | | | |
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| | MONET | ARY POLITICAL (| CONTRIBUTIO | DNS | | SCHEDULE A(J)1 |
|----|-----------------------|--|-------------------------|--|--------------------------------------|--|
| | The Instru | ction Guide explains how | v to complete this f | orm. | 1 | Total pages Schedule A(J)1: Sch: 20/31 Rpt: 23/55 |
| 2 | FILER NAME | osemarie (The Honorable) | | | 3 | Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 07/29/2023 | 5 Full name of contributor out-of-state PAC (ID#:) 7 | | 7 | Amount of Contribution (\$) \$250.00 | |
| | | San Antonio, TX 78212 | | | | |
| 8 | | Principal Occupation | | 9 Contributor's Job Title | | |
| | Attorney | | | Attorney Owner | | |
| 10 | | employer/law firm f Christopher M. Mery P.C. | | 11 Law firm of contributor's sp N/A | oous | se (if any) |
| 12 | | s a child, law firm of parent(s) (if | any) | | | |
| | N/A | | | N/A | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) |
| | 11/06/2023 | Michael Miller, P.C. Contributor address; City; S | State; Zip Code | | - | \$1,000.00 |
| | | San Antonio, TX 78216 | | | | |
| | Contributor's I | Principal Occupation | | Contributor's Job Title | | |
| | Contributor's | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | If contributor is | s a child, law firm of parent(s) (if | any) | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) |
| | 09/14/2023 | Miller, Kevin (Mr.) Contributor address; City; S San Antonio, TX 78230 | State; Zip Code | | | \$500.00 |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | |
| | Attorney | | | Attorney | | |
| | | employer/law firm | | Law firm of contributor's sp | oous | se (if any) |
| | Miller & Bick | | | n/a | | |
| | If contributor is n/a | s a child, law firm of parent(s) (if | any) | n/a | | |
| | | | | | | |

| MONE | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|-----------------|---|--------------------------------|--|
| The Instru | uction Guide explains how to complete this | form. | 1 Total pages Schedule A(J)1: Sch: 21/31 Rpt: 24/55 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Alvarado, F | Rosemarie (The Honorable) | | 00065843 |
| 4 Date | 5 Full name of contributor ut-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| 09/11/2023 | Monnig, James | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78205 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | 1 |
| Attorney | | Attorney | |
| | employer/law firm | 11 Law firm of contributor's s | oouse (if any) |
| | Of James E. Monnig | N/A | ,, |
| | is a child, law firm of parent(s) (if any) | <u> </u> | |
| N/A | | N/A | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/12/2023 | _ · | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | San Antonio, TX 78230 | | |
| Contributor's | Frincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney Owner | |
| Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| Aida Rojas | Law | N/A | |
| If contributor | is a child, law firm of parent(s) (if any) | L | |
| N/A | | N/A | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/12/2023 | Norton Rose Fulbright US LLP Texas Committe | ee | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | " |
| | | | |
| | San Antonio, TX 77010 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) |
| | | | |
| If contributor | is a child, law firm of parent(s) (if any) | | |
| | | | |
| | | | |
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| M | IONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A(J)1 |
|----------------|--|---|--|--|
| Th | ne Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 22/31 Rpt: 25/55 |
| 2 FIL | ER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Al۱ | varado, Ro | osemarie (The Honorable) | | 00065843 |
| | Date 09/19/2023 5 Full name of contributor out-of-state PAC (ID#: Ortiz, Miguel 6 Contributor address; City; State; Zip Code | | | 7 Amount of Contribution (\$) \$500.00 |
| | | San Antonio, TX 78216 | | |
| 8 Co | ntributor's | Principal Occupation | 9 Contributor's Job Title | |
| Att | torney | | Attorney | |
| 10 Co | ntributor's | employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| Or | tiz Law O | ffices PC | n/a | |
| 12 If c | | is a child, law firm of parent(s) (if any) | n/a | |
| Da | ıte | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | /14/2023 | Osuna, Tomas | · | \$150.00 |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78258 | | |
| Co | ntrihutor's | Principal Occupation | Contributor's Job Title | |
| | torney | Fincipal Occupation | Attorney | |
| | | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| | | Henry Injury Attorneys | n/a | rouse (ii uriy) |
| | | is a child, law firm of parent(s) (if any) | .,, | |
| n/a | | o a oma, tav mm or parom(o) (ii any) | n/a | |
| Da | ite | Full name of contributor |) | Amount of Contribution (\$) |
| 09 | /14/2023 | Pearsall Law Firm PLLC | ······································ | \$200.00 |
| | | Contributor address; City; State; Zip Code | | • |
| | | San Antonio, TX 78230 | | |
| Co | ntributor's | Principal Occupation | Contributor's Job Title | |
| Co | ontributor's | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| If c | contributor i | s a child, law firm of parent(s) (if any) | | |
| | | | | |

| | MONET | ARY POLITICAL CON | NTRIBUTIO | NS | | SCHEDULE / | 4(J)1 |
|---|--|---|-------------------------|---------------------------------|----------------------------|---|------------|
| | The Instru | The Instruction Guide explains how to complete this form. | | | l | otal pages Schedule A(J)1 ch: 23/31 Rpt: 26/55 | : |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | l | er ID (Ethics Commission 0065843 | on Filers) |
| 4 | Date 09/14/2023 | | | 7 An | nount of Contribution (\$) | \$500.00 | |
| | | San Antonio, TX 78201 | | | | | |
| 8 | Contributor's F | Principal Occupation | | 9 Contributor's Job Title | | | |
| 10 | Contributor's 6 | employer/law firm | | 11 Law firm of contributor's sp | ouse (i | f any) | |
| 12 | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | An | nount of Contribution (\$) | |
| | 09/12/2023 Prichard Young, LLP Contributor address; City; State; Zip Code | | | | \$2,500.00 | | |
| _ | | San Antonio, TX 78216 | | | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | | | |
| Contributor's employer/law firm Law firm of contributor' | | Law firm of contributor's sp | ouse (i | f any) | | | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | Date | Full name of contributor on | out-of-state PAC (ID#:_ |) | An | nount of Contribution (\$) | |
| | 09/14/2023 | R.L. Wilson Law Firm | | | | | \$750.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78232 | | | | | | |
| | Contributor's F | Principal Occupation | | Contributor's Job Title | • | | |
| | Contributor's 6 | employer/law firm | | Law firm of contributor's sp | ouse (i | f any) | |
| | If contributor is | s a child, law firm of parent(s) (if any) | | | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A(J)1 | | |
|--|---|--|--|--|--|
| • | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 24/31 Rpt: 27/55 | |
| | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 | |
| 4 | Date 09/14/2023 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$1,000.00 | |
| | | San Antonio, TX 78231 | , | | |
| 8 (| Contributor's | Principal Occupation | 9 Contributor's Job Title | | |
| | Attorney | | Attorney | | |
| | Contributor's (Meritz Redd | employer/law firm Y | 11 Law firm of contributor's sp N/A | pouse (if any) | |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | l | | |
| | N/A | | N/A | | |
| I | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| (| 09/18/2023 | Rocheleau, Lisa (Mrs.) | | \$250.00 | |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78231 | | | |
| | Contributor's | I Principal Occupation | Contributor's Job Title | | |
| | Attorney | . [| Attorney | | |
| | | employer/law firm | Law firm of contributor's sp | pouse (if any) | |
| | | heleau & Rodriguez, P.L.L.C | Boone, Rocheleau & Ro | | |
| | If contributor i | s a child, law firm of parent(s) (if any) | | | |
| ı | n/a | | n/a | | |
| | Date 09/17/2023 | Full name of contributor out-of-state PAC (ID#:_ Rodriguez Jr., Fidel | | Amount of Contribution (\$) \$1,000.00 | |
| | | Contributor address; City; State; Zip Code San Antonio, TX 78212 | | | |
| (| Contributor's | Principal Occupation | Contributor's Job Title | | |
| Attorney | | Attorney | | | |
| Contributor's employer/law firm | | Law firm of contributor's sp | oouse (if any) | | |
| Law Offices of Fidel Rodriguez, Jr. n/a If contributor is a child, law firm of parent(s) (if any) | | n/a | | | |
| | | | | | |
| ı | n/a | | n/a | | |
| | | | | | |

| | MONET | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|--|--|--|--|--|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 25/31 Rpt: 28/55 | |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 09/15/2023 | | | 7 Amount of Contribution (\$) \$250.00 |
| | | San Antonio, TX 78213 | | |
| 8 | | Principal Occupation | 9 Contributor's Job Title | |
| Ļ | Scientist | | Senior Environmental S | |
| 10 | | employer/law firm lation Strategic Programs | 11 Law firm of contributor's sp | pouse (if any) |
| 12 | | is a child, law firm of parent(s) (if any) | <u>I</u> | |
| | n/a | | n/a | |
| | Date | Full name of contributor ut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 09/15/2023 Royal Lea Law Office PLLC Contributor address; City; State; Zip Code | | | \$500.00 |
| _ | Contributor's | San Antonio, TX 78213 Principal Occupation | Contributor's Job Title | 1 |
| | Continuator 3 i | этпора Оссиранот | Continuator 5 500 Title | |
| Contributor's employer/law firm Law firm of contributor's s | | pouse (if any) | | |
| | If contributor is | is a child, law firm of parent(s) (if any) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 10/05/2023 Ruiz, Freddy Contributor address; City; State; Zip Code San Antonio, TX 78230 | | \$500.00 | |
| | | Principal Occupation | Contributor's Job Title | |
| | Attorney Attorney | | | |
| | Contributor's employer/law firm Law firm of contributor's sp | | pouse (if any) | |
| \vdash | Law Office of Freddy B Ruiz, P.C n/a | | II/a | |
| | If contributor is a child, law firm of parent(s) (if any) n/a n/a | | n/a | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A(J)1 | |
|---|---|---|---------------------------------|--|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J)1: Sch: 26/31 Rpt: 29/55 |
| 2 | FILER NAME Alvarado, Ro | FILER NAME Alvarado, Rosemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date 09/13/2023 | | | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 | Contributor's F | I Principal Occupation | 9 Contributor's Job Title | <u> </u> |
| | Attorney | | Attorney | |
| 10 | | employer/law firm | 11 Law firm of contributor's sp | ouse (if any) |
| | | nas Injury Lawyers | N/A | , ,, |
| 12 | | s a child, law firm of parent(s) (if any) | | |
| | N/A | | N/A | |
| _ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 09/14/2023 Sciano, Daniel Contributor address; City; State; Zip Code | | \$5,000.00 | |
| | | San Antonio, TX 78216 | I | |
| | | Principal Occupation | Contributor's Job Title | |
| | Attorney Owner | | Ct and | |
| | | Law firm of contributor's sp | ouse (ii ariy) | |
| | | s a child, law firm of parent(s) (if any) | 11/4 | |
| | n/a | s a clind, law littl of paretit(s) (if arry) | n/a | |
| | | | | |
| | Date 09/14/2023 | Full name of contributor out-of-state PAC (ID#:_Sinkin, Steven (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78212 | | Amount of Contribution (\$) \$250.00 |
| | Contributor's I | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | | |
| Contributor's employer/law firm Law firm of | | Law firm of contributor's sp | ouse (if any) | |
| Sinkin Law Firm | | N/A | | |
| | If contributor is a child, law firm of parent(s) (if any) | | | |
| | N/A | | N/A | |
| | | | | |

| MONET | TARY POLITICAL CONTRIBUTION | SCHEDULE A(J)1 | | |
|-------------------|---|--|---------------------------------------|--|
| The Instru | action Guide explains how to complete this | 1 Total pages Schedule A(J)1: Sch: 27/31 Rpt: 30/55 | | |
| 2 FILER NAME | ER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Alvarado, R | osemarie (The Honorable) | | 00065843 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 10/04/2023 | 10/04/2023 Skemp, Andrew | | \$500.00 | |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 | | · | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | | |
| Attorney | • | Attorney | | |
| | employer/law firm | 11 Law firm of contributor's s | pouse (if any) | |
| Janicek Lav | | n/a | | |
| 12 If contributor | is a child, law firm of parent(s) (if any) | | | |
| n/a | | n/a | | |
| Date | Full name of contributor ut-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/14/2023 | Sloan, Jeremy | | \$1,000.00 | |
| | Contributor address; City; State; Zip Code | | " | |
| | San Antonio, TX 78213 | | | |
| Contributor's | Principal Occupation | Contributor's Job Title | 1 | |
| Attorney | | Attorney | | |
| Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) | |
| Sloan PLLC | | n/a | | |
| If contributor | is a child, law firm of parent(s) (if any) | 1 | | |
| n/a | | n/a | | |
| Date | Full name of contributor |) | Amount of Contribution (\$) | |
| 09/13/2023 | Snell & Snell, L.P. | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | - | |
| | | | | |
| | San Antonio, TX 78209 | | | |
| Contributor's | Principal Occupation | Contributor's Job Title | | |
| Contributor's | employer/law firm | Law firm of contributor's s | pouse (if any) | |
| If contributor | is a child, law firm of parent(s) (if any) | <u> </u> | | |
| | | | | |
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| MONE | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A(J)1 |
|-------------------|--|--|--|
| The Instr | uction Guide explains how to complete this | 1 Total pages Schedule A(J)1: Sch: 28/31 Rpt: 31/55 | |
| 2 FILER NAM | | | 3 Filer ID (Ethics Commission Filers) |
| | Rosemarie (The Honorable) | | 00065843 |
| 4 Date 09/18/2023 | 5 Full name of contributor out-of-state PAC (ID#:) Steve, Cichowski 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 |
| | Boerne, TX 78006 | | |
| 8 Contributor's | L s Principal Occupation | 9 Contributor's Job Title | <u> </u> |
| Attorney | · · | Of Counsel for Davis La | aw Firm |
| | s employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| | Law Firm, P.C. | N/A | (,) |
| | r is a child, law firm of parent(s) (if any) | 1 | |
| N/A | o a oma, law iim o paron(o) (ii ary) | N/A | |
| Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/08/2023 | _ | | \$250.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78216 | | |
| Contributor's | s Principal Occupation | Contributor's Job Title | |
| Attorney & | | Attorney | |
| | s employer/law firm | Law firm of contributor's sp | acuse (if any) |
| N/A | s employer/law mm | N/A | ouse (ii aiiy) |
| | r is a child, law firm of parent(s) (if any) | 1,7,1 | |
| N/A | to a oma, law intro paronico (ir ary) | N/A | |
| Date | Full name of contributor ut-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 09/14/2023 | The Maloney Law Group PLLC | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | San Antonio, TX 78210 | | |
| Contributor's | s Principal Occupation | Contributor's Job Title | |
| Contributor's | s employer/law firm | Law firm of contributor's sp | pouse (if any) |
| If contributor | r is a child, law firm of parent(s) (if any) | L | |
| | | | |

| MONE | TARY POLITICAL CONTRIBUTION | SCHEDULE A(J)1 | | |
|---|---|--|--|--|
| The Instr | uction Guide explains how to complete this | 1 Total pages Schedule A(J)1: Sch: 29/31 Rpt: 32/55 | | |
| 2 FILER NAM Alvarado. I | LER NAME varado, Rosemarie (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00065843 | |
| 4 Date 08/31/2023 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$250.00 | |
| | San Antonio, TX 78212 | | | |
| 8 Contributor's | s Principal Occupation | 9 Contributor's Job Title | | |
| Attorney | | Member Attorney | | |
| | s employer/law firm | 11 Law firm of contributor's s | oouse (if any) | |
| • | Johnson PLLC | N/A | | |
| N/A | r is a child, law firm of parent(s) (if any) | N/A | | |
| Date | Full name of contributor uut-of-state PAC (ID# | :) | Amount of Contribution (\$) | |
| 10/25/2023 | 7/2023 Tyler, John | | \$500.00 | |
| | Contributor address; City; State; Zip Code San Antonio, TX 78212 | | | |
| Contributor's | I s Principal Occupation | Contributor's Job Title | <u> </u> | |
| Attorney | | Attorney | | |
| Contributor's | s employer/law firm | Law firm of contributor's s | oouse (if any) | |
| Tyler & Pe | rry | n/a | | |
| If contributo n/a | r is a child, law firm of parent(s) (if any) | n/a | | |
| Date | Full name of contributor out-of-state PAC (ID# | .) | Amount of Contribution (\$) | |
| 09/17/2023 | | | \$250.00 | |
| Contributor address; City; State; Zip Code | | | | |
| Contributor | Castle Hills, TX 78213 | Contributor's Job Title | <u> </u> | |
| · | | Attorney | | |
| | | Law firm of contributor's s | nouse (if any) | |
| Benjamin, Vana, Martinez and Cano, LLP | | n/a | in any) | |
| If contributor is a child, law firm of parent(s) (if any) n/a n/a | | | | |
| | | n/a | | |
| | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A(J)1 | | |
|----------------------------------|---|--|--|---------------------------------------|--|--|
| The I | The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 30/31 Rpt: 33/55 | | | |
| 2 FILER | | i- (The Herenelle) | | 3 Filer ID (Ethics Commission Filers) | | |
| Alvara | ado, Ro | osemarie (The Honorable) | | 00065843 | | |
| 4 Date 09/12/ | ate 5 Full name of contributor out-of-state PAC (ID#:) Vance, Lisa (Mrs.) 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$250.00 | | | |
| | | San Antonio, TX 78215 | | | | |
| 8 Contrib | butor's F | Principal Occupation | 9 Contributor's Job Title | | | |
| Attorn | iey | | Owner | | | |
| 10 Contrib | butor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) | | |
| Lisa V | /ance L | _aw | N/A | | | |
| 12 If contr | ributor is | s a child, law firm of parent(s) (if any) | | | | |
| N/A | | | N/A | | | |
| Date | | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | | |
| 09/18/ | /2023 | Vasquez, Rudy | | \$200.00 | | |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Fair Oaks Ranch, TX 78015 | T | | | |
| | | Principal Occupation | Contributor's Job Title | | | |
| Attorn | | | Attorney | | | |
| | | employer/law firm | Law firm of contributor's sp | oouse (if any) | | |
| | | ices of Rudy Vasquez PC | n/a | | | |
| If contr n/a | ributor is | s a child, law firm of parent(s) (if any) | n/a | | | |
| Date | | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | | |
| 09/12/ | /2023 | Watts Guerra LLP | | \$5,000.00 | | |
| 007.227 | , = 0 = 0 | Contributor address; City; State; Zip Code | | | | |
| | | San Antonio, TX 78212 | | | | |
| Contrib | butor's F | Principal Occupation | Contributor's Job Title | | | |
| Contrib | outor's 6 | employer/law firm | Law firm of contributor's sp | oouse (if any) | | |
| If contr | ributor is | s a child, law firm of parent(s) (if any) | | | | |
| | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDULE | A(J)1 |
|----|---|---|---|---------------------------------------|-----------------|---------------------------------------|--------------|
| | The Instru | The Instruction Guide explains how to complete this form. | | | 1 | iges Schedule A(J) L/31 Rpt: 34/55 | 1: |
| 2 | FILER NAME Alvarado, Ro | osemarie (The Honorable) | | | | (Ethics Commiss | sion Filers) |
| 4 | Date 09/12/2023 | 5 Full name of contributor Woods, Bryan (Mr.)6 Contributor address; City; St | out-of-state PAC (ID#:_ tate; Zip Code | | 7 Amount | of Contribution (\$) | \$1,000.00 |
| | | San Antonio, TX 78209 | | | | | |
| 8 | Contributor's I Attorney | Principal Occupation | | 9 Contributor's Job Title Attorney | | | |
| 10 | | employer/law firm | | 11 Law firm of contributor's s | spouse (if any) |) | |
| 12 | Bryan Wood If contributor is | s a child, law firm of parent(s) (if a | any) | N/A | | | |
| | N/A | | | N/A | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/14/2023 Zamora, Grace Contributor address; City; State; Zip Code | | Amount | of Contribution (\$) | \$100.00 | | |
| | | San Antonio, TX 78207 | | | | | |
| | Contributor's Retired | Principal Occupation | | Contributor's Job Title N/A | | | |
| | | employer/law firm | | Law firm of contributor's s | spouse (if any) |) | |
| | N/A | | | N/A | | | |
| | If contributor is N/A | s a child, law firm of parent(s) (if a | any) | N/A | | | |
| | | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| SCHEDULE A | Z |
|------------|---|
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| The Instruction Cuide explains how to complete t | 1 Total pages Schedule A2: | | | | | |
|---|--|--|--|--|--|--|
| The Instruction Guide explains how to complete t | Sch: 1/1 Rpt: 35/55 | | | | | |
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Alvarado, Rosemarie (The Honorable) | 00065843 | | | | | |
| TOTAL OF UNITEMIZED IN-KIND POLITICAL CONT | TRIBUTIONS \$ | | | | | |
| 5 Date 6 Full name of contributor out-of-state PAC (IE | D#: | | | | | |
| 09/10/2023 Cortez, Augie | contribution (\$) description | | | | | |
| 7 Contributor address; City; State; Zip Code | \$250.00 Food/BBQ & Use of Party Room for Petition Signing | | | | | |
| | Party | | | | | |
| | i i | | | | | |
| San Antonio, TX 78215 | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instruct | tions) 11 Employer (FOR NON-JUDICIAL) (See instructions) | | | | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | |
| Business Owner | Owner | | | | | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | | |
| Self-Employed | n/a | | | | | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIA | AL) | | | | | |
| n/a | n/a | | | | | |
| Date Full name of contributor out-of-state PAC (IE | D#:) Amount of In-kind contribution | | | | | |
| 09/10/2023 The Herrera Law Firm | contribution (\$) description | | | | | |
| Contributor address; City; State; Zip Code | \$166.67 Beverages/Alcohol for Petition Signing Party | | | | | |
| | I cauch digining rang | | | | | |
| | į | | | | | |
| San Antonio, TX 78207 | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instruct | tions) Employer (FOR NON-JUDICIAL) (See instructions) | | | | | |
| | | | | | | |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | |
| | | | | | | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | | |
| | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIA | AL) | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| | | | |
| 1 | Total pages Schedule F1: Sch: 1/20 Rpt: 36/55 | 2 FILER NAME Alvarado, Rosemarie (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date | 5 Payee name | |
| | 09/22/2023 | Anedot | |
| 6 | Amount (\$) \$80.60 | 7 Payee address; City; State; Zip Code 1340 Poydras Street | |
| | φου.ου | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| 8 | PURPOSE | (1) - | |
| Ŭ | OF | | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | · · · · · · · · · · · · · · · · · · · | TX, officeholder living expense |
| | | Fees | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/16/2023 | Anedot | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$546.20 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | 1 663 | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | Fees | The state of the s |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 09/18/2023 | Anedot | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$50.60 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | 1 663 | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | Fees | The state of the s |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services | | | ages | /Contract Labor | | OTHER (enter | a category not listed al | oove) |
|----------|---|----------|----------------------------------|--------------------------|-----------------------|----------|------|-----------------|-------|--------------------|--------------------------|--------------|
| | | | | The Instruction G | uide explains ho | w to cor | nple | te this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 2/20 Rpt: 37/55 | | Alvarado, R | osemarie (The | Honorable) | | | | | 00065843 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 09/20/2023 | | Anedot | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Cod | de | | | | | |
| | \$69.50 | | 1340 Poydra | as Street | | | | | | | | |
| | | | Suite 1770 | | | | | | | | | |
| | | | New Orlean | s, LA 70112 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at t | he top of this schedu | ule) | (b) | Description | | | | |
| | OF | | Fees | o categorico notos at t | | u.o, | | _ ` | outsi | de of Texas. Co | mplete Schedule T. | |
| | EXPENDITURE | | | | | | | _ | , TX, | officeholder livir | ng expense | |
| | | | | | | | | Fees | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | Off | ice souç | ght | | | Office h | neld | |
| | experiantare to benefit Grot | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 09/14/2023 | | Anedot | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Cod | de | | | | | |
| | \$342.70 | | 1340 Poydra | as Street | | | | | | | | |
| | | | Suite 1770 | | | | | | | | | |
| | | | New Orlean | s, LA 70112 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at t | he top of this schedu | ule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Fees | | | | | - | | | nplete Schedule T. | |
| | EXI ENDITORE | | | | | | | ш | , TX, | officeholder livir | ng expense | |
| | | | | | | | | Fees | | | | |
| _ | Complete ONLY if direct | <u>_</u> | Candidate/Offic | ceholder name | Off | ice soug | nht. | | | Office h | oold | |
| | expenditure to benefit C/OI | | Januluale/Onic | cerioidei riame | Oili | ice soug | yııı | | | Office i | ieiu | |
| _ | Data | _ | | | | | | | | | | |
| | Date 09/12/2023 | | Payee name | | | | | | | | | |
| | | | Anedot | | | | | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zip Coo | de | | | | | |
| | \$190.90 | | 1340 Poydra | as Street | | | | | | | | |
| | | | Suite 1770 | | | | | | | | | |
| | | | New Orlean | s, LA 70112 | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories listed at t | he top of this schedu | ule) | (b) | Description | | | | |
| | EXPENDITURE | | Fees | | | | | 브 | | | nplete Schedule T. | |
| | | | | | | | | Fees | , ΙΧ, | officeholder livir | ig experise | |
| | | | | | | | | . 505 | | | | |
| - | Complete ONLY if direct | L | Candidate/Offic | ceholder name | Off | ice soug | aht | | | Office h | neld | |
| | expenditure to benefit C/OI | | a. aa. a . a . a . a . a . a . a | | Olli | 5000 | ٠٠٠٠ | | | 0.1100 1 | • | |
| \vdash | | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|----------|--|---|---|
| Ļ | Tatalana Oliver | | , |
| 1 | | |) |
| | Sch: 3/20 Rpt: 38/55 | Alvarado, Rosemarie (The Honorable) 00065843 | |
| 4 | Date | 5 Payee name | |
| | 09/02/2023 | Anedot | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$110.60 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| _ | DUDDOCE | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of Toy of Complete Schedule T | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Fees | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| L | Data | T _ | |
| | Date | Payee name | |
| | 08/31/2023 | Anedot | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$40.30 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Fees | |
| | | 1 - 663 | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · | |
| | Date | Payee name | |
| | 07/30/2023 | Anedot | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$10.30 | 1340 Poydras Street | |
| | , -100 | Suite 1770 | |
| | | | |
| | | New Orleans, LA 70112 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Fees | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/20 Rpt: 39/55 | Alvarado, Rosemarie (The Honorable) 00065843 |
| 4 | Date | 5 Payee name |
| | 07/20/2023 | Anedot |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$40.30 | 1340 Poydras Street |
| | | Suite 1770 |
| | | New Orleans, LA 70112 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Fees |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experioration benefit C/O | |
| | Date | Payee name |
| | 10/06/2023 | Anedot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.60 | 1340 Poydras Street |
| | | Suite 1770 |
| | | New Orleans, LA 70112 |
| | DUDDOOF | 1 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense |
| | | Credit Card Processing Fees |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 10/08/2023 | Anedot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$24.60 | 1340 Poydras Street |
| | Ψ24.00 | |
| | | Suite 1770 |
| | | New Orleans, LA 70112 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Credit Card Processing Fees |
| | | Cleuit Calu Flocessing Fees |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| | Credit Cara r ayment | The Instruction Guide explains how to complete this f | orm. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/20 Rpt: 40/55 | Alvarado, Rosemarie (The Honorable) | 00065843 |
| 4 | Date | 5 Payee name | • |
| | 11/29/2023 | Anedot | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$40.30 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | ntion |
| ľ | OF | , | k if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Chec | ck if Austin, TX, officeholder living expense |
| | | Credit | Card Processing Fees |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | experioliture to beriefit C/O | 7 | |
| | Date | Payee name | |
| | 12/05/2023 | Anedot | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$80.30 | 1340 Poydras Street | |
| | | Suite 1770 | |
| | | New Orleans, LA 70112 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF | | ck if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | k if Austin, TX, officeholder living expense |
| | | Credit | Card Processing Fees |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | <u>'</u> | | |
| | Date | Payee name | |
| | 09/10/2023 | Augie's Alamo City BBQ | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$192.05 | 909 Broadway | |
| | | | |
| | | San Antonio, TX 78215 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Food/Beverage Expense | ck if travel outside of Texas. Complete Schedule T. |
| | | | k if Austin, TX, officeholder living expense |
| | | Petitio | n Signing Party: Beverage Cost |
| _ | Complete ONU V Staller | Condidate/Officeholder name | Office held |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| _ | Tatal manage Calculula E4. | |
| 1 | Total pages Schedule F1: Sch: 6/20 Rpt: 41/55 | 2 FILER NAME Alvarado, Rosemarie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065843 |
| 4 | Date | 5 Payee name |
| | 12/08/2023 | Bexar County Democratic Party - Primary |
| 6 | Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code P.O. Box 12534 San Antonio, TX 78212 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense Primary Ballot Application Fee |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 08/09/2023 | Bexar County Family Justice Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 126 E Nueva 2nd Fl. |
| | | San Antonio, TX 78204 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Golf Tournament Hole Sponsorship |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 07/21/2023 | Bexar County Tejano Democrats SD 19 (TX) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 574 Kendalia Avenue |
| | | San Antonio, TX 78221 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Petition Signing Party Table Sponsorship |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 7/20 Rpt: 42/55 | Alvarado, Rosemarie (The Honorable) 00065843 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 08/31/2023 | Bexar County Tejano Democrats | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$20.00 | 5213 Bandera Rd. | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78238 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Meeting Sponsorship | | | | | | |
| | | mooming eponesisp | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| _ | Date | Payee name | | | | | | |
| | 08/02/2023 | , | | | | | | |
| | | Bexar County Womens Bar Foundation | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$2,500.00 | P.O. Box 2297 | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78298 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Event Sponsorship: Autumn Affair | | | | | | |
| | | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| _ | Date | Davida nama | | | | | | |
| | 08/29/2023 | Payee name Candy's Old Fashion | | | | | | |
| | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$69.49 | 115 South Flores | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78204 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Administrative Meeting: Working Lunch Cost | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/20 Rpt: 43/55 Alvarado, Rosemarie (The Honorable) 00065843 4 Date Payee name 08/17/2023 Central Catholic High School 6 Amount (\$) Payee address; State; Zip Code \$200.00 1403 N. St Marys St San Antonio, TX 78215 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Golf Tournament Hole Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2023 Chris Guerrero Music Amount (\$) Payee address; City; State; Zip Code \$150.00 1421 Burnet St. San Antonio, TX 78202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Fundraiser: Entertainment Cost (Deposit) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2023 Chris Guerrero Music Amount (\$) Payee address: City; State; Zip Code \$150.00 1421 Burnet St. San Antonio, TX 78202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Fundraiser: Entertainment Cost Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | ┪ | | | | | |
| | Sch: 9/20 Rpt: 44/55 | Alvarado, Rosemarie (The Honorable) 00065843 | | | | | | |
| 4 | Date | 5 Payee name | ٦ | | | | | |
| | 07/15/2023 | DS Services of America, Inc., dba Primo Water North America | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$40.95 | 5660 New Northside Dr STE 500 | | | | | | |
| | | | | | | | | |
| | | Atlanta, GA 30328 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense Court Offices Water Dispenser Rental & Water | | | | | | |
| | | Refills | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | |
| | expenditure to benefit C/OI | H | | | | | | |
| | Date | Payee name | | | | | | |
| | 08/12/2023 | DS Services of America, Inc., dba Primo Water North America | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | Π | | | | | |
| | \$82.89 | 5660 New Northside Dr STE 500 | | | | | | |
| | | | | | | | | |
| | | Atlanta, GA 30328 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | | Check if Austin, TX, officeholder living expense Court Offices Water Dispenser Rental & Water | | | | | | |
| | | Refills | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | | | | |
| | expenditure to benefit C/OI | H | | | | | | |
| | Date | Payee name | | | | | | |
| | 09/09/2023 | DS Services of America, Inc., dba Primo Water North America | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$54.93 | 5660 New Northside Dr STE 500 | | | | | | |
| | | | | | | | | |
| | | Atlanta, GA 30328 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Court Offices Water Dispenser Rental & Water | | | | | | |
| | | Refills | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| H | | | 4 | | | | | |
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| l | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officebolder/Political

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

| | Candidate/Officeholder/Politica Credit Card Payment | | |
|----------|--|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | ۲ |
| _ | Sch: 10/20 Rpt: 45/55 | Alvarado, Rosemarie (The Honorable) 00065843 | |
| 4 | Date | 5 Payee name | ٦ |
| | 10/04/2023 | DS Services of America, Inc., dba Primo Water North America | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$42.95 | 5660 New Northside Dr STE 500 | |
| | | | |
| | | Atlanta, GA 30328 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Court Offices Water Dispenser Rental & Water | |
| | | Refills | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | H | |
| | Date | Payee name | |
| | 10/10/2023 | DS Services of America, Inc., dba Primo Water North America | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.98 | 5660 New Northside Dr STE 500 | |
| | | | |
| | | Atlanta, GA 30328 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Court Offices Water Dispenser Rental & Water | |
| | | Refills | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | H | |
| | Date | Payee name | |
| | 10/26/2023 | DS Services of America, Inc., dba Primo Water North America | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$44.15 | 5660 New Northside Dr STE 500 | |
| | | | |
| | | Atlanta, GA 30328 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Court Offices Water Dispenser Rental & Water | |
| | | Refills | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | |
| H | | | 4 |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 11/20 Rpt: 46/55 | Alvarado, Rosemarie (The Honorable) 00065843 |
| 4 | Date | 5 Payee name |
| | 11/06/2023 | DS Services of America, Inc., dba Primo Water North America |
| 6 | Amount (\$) \$12.98 | 7 Payee address; City; State; Zip Code 5660 New Northside Dr STE 500 Atlanta, GA 30328 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court Offices Water Dispenser Rental & Water Refills |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/04/2023 | DS Services of America, Inc., dba Primo Water North America |
| | Amount (\$) \$12.98 | Payee address; City; State; Zip Code 5660 New Northside Dr STE 500 Atlanta, GA 30328 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Court Offices Water Dispenser Rental & Water Refills |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 08/27/2023 | HEB #398 |
| | Amount (\$) \$117.36 | Payee address; City; State; Zip Code 2929 Thousand Oaks |
| | | San Antonio, TX 78247 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court Offices: Coffee Station Supplies |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui | Expense | | Expens Wages | se s/Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) |
|---|---|----------|---------------------------|---|--------------------|-----------|-----------------|------------------------|------|---|-------------------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 12/20 Rpt: 47/55 | | Alvarado, R | osemarie (The H | Ionorable) | | | | | 00065843 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 09/04/2023 | | Hernandez, | Jeanette | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$100.00 | | 720 W. Hari | riman Place | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio | , TX 78207 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at the | e top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | ges/Contract La | | , | | = | | de of Texas. Comp | |
| | EXI ENDITORE | | | | | | | ш | | officeholder living | |
| | | | | | | | | displays | ıg c | out illerature | & assisting with table |
| 9 | Complete ONLY if direct | <u>_</u> | Candidata/Offi | coholdor nama | | Office co | l labt | 1 -9 - | | Office he | ald. |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | zariuluale/OIII | ceholder name | | Office so | uynı | | | Onice ne | au . |
| | Date | | Payee name | | | | | | | | |
| | 10/15/2023 | | Incarnate W | ord High School | Athletics | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip C | ode | | | | |
| | \$500.00 | | 727 E Hilde | brand Ave | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio | , TX 78212 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the | e top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Advertising | | | | | ш | | de of Texas. Comp | |
| | _/ | | | | | | | | | officeholder living | |
| | | | | | | | | Casino Night | ıa | bie Sporisor | Silip |
| _ | Complete ONLY if direct | <u> </u> | Candidate/Offi | ceholder name | | Office so | liapt | | | Office he | ald |
| | expenditure to benefit C/O | | | | | 50 50 | ~9·11 | | | Ooo 110 | . |
| H | Date | Π | Daveo nama | | | | | | | | |
| | 12/21/2023 | | Payee name Jenny's Res | staurant & Cantin | ıa | | | | | | |
| | | | | | | Zin C | ods | | | | |
| | Amount (\$) \$2,166.00 | | Payee addres | ss; City; ra Rd. Suite 114 | State; | Zip C | oue | | | | |
| | \$∠,100.00 | | ouso Culeb | ia Ku. Suile 114 | | | | | | | |
| | | | San Antonio | o, TX 78251 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the | e top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | _ | | de of Texas. Comp | |
| | | | | | | | | _ | | officeholder living | expense on Holiday Luncheon |
| | | | | | | | | Courtillouse | nai | ι Αμρισυιαίία | m nonday Editoricon |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | | Office so | l uaht | | | Office he | eld |
| | expenditure to benefit C/O | | zaradato/OIII | osnoidor namo | | 30 | agrit | | | Omoc ne | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/20 Rpt: 48/55 | Alvarado, Rosemarie (The Honorable) 00065843 |
| 4 | Date | 5 Payee name |
| | 12/28/2023 | Jimmy Johns #4327 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$45.72 | 160 East Houston |
| | | |
| | | San Antonio, TX 78205 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Administrative Meeting: Staff Lunch Cost |
| | | Authinistrative Meeting. Stair Eurien Cost |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Date | Payee name |
| | 12/29/2023 | Kosub Consulting LLC |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6,600.00 | 15025 Cadillac Drive |
| | | |
| | | San Antonio, TX 78248 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Compaign Consultant Foos |
| | | Campaign Consultant Fees |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 09/14/2023 | Liberty Bar |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,681.46 | 1111 S Alamo St |
| | | |
| | | San Antonio, TX 78210 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Fundraiser: Food Cost |
| | | Campaigh Fundraiser. Food Cost |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card r dyment | The Instruction Guide explains how to co | mple | lete this form. |
|---|---|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 14/20 Rpt: 49/55 | Alvarado, Rosemarie (The Honorable) | | 00065843 |
| 4 | Date | 5 Payee name | | • |
| | 08/03/2023 | Mexican American Bar Association of San Anto | onio | 0 |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| | \$200.00 | P.O. Box 830953 | | |
| | | | | |
| | | San Antonio, TX 78283 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | ZAI ZABITORZ | | | Check if Austin, TX, officeholder living expense Golf Tournament Sponsorship |
| | | | | Goil Tournament Sponsorship |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | aht | t Office held |
| 9 | expenditure to benefit C/OI | | ynı | Conice neid |
| _ | Data | | | |
| | Date 12/04/2023 | Payee name Mexican American Bar Association of San Anto | nio | 0 |
| | | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | oae | |
| | \$500.00 | P.O. Box 830953 | | |
| | | Car Artaria TV 70000 | | |
| | | San Antonio, TX 78283 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense | | Check if dayer dustide of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense |
| | | | | Champagne Toast Sponsorship |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | t Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 08/27/2023 | North East Bexar County Democrats | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$190.00 | P.O. Box 700766 | | |
| | | | | |
| | | San Antonio, TX 78270 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | - ' | | Check if Austin, TX, officeholder living expense |
| | | | | Event Sponsorship: Labor Day Picnic Display Table |
| | Operation ONE V. C. F. | Out lide to 10ff in the lide way. | | Office I I I |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | gnt | t Office held |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | |
|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | | | | | |
| | Sch: 15/20 Rpt: 50/55 | Alvarado, Rosemarie (The Honorable) 00065843 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 08/02/2023 | Northwest Democrats | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$150.00 | P.O. Box 681911 | | | | |
| | | | | | | |
| | | San Antonio, TX 78268 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Half Page Advertisement: Pat Maloney Dinner | | | | |
| | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| | Date | Payee name | | | | |
| | 12/29/2023 | Novellion | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$5,009.56 | 15025 Cadillac Drive | | | | |
| | | | | | | |
| | | San Antonio, TX 78248 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Campaign Advertising Expenses: Advertising | | | | |
| | | Expenses, Website, Materials | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| | Date | Payee name | | | | |
| | 09/04/2023 | Office Depot Office Max | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | Payee address; City; State; Zip Code | | | | |
| \$31.48 13484 San Pedro Avenue | | | | | | |
| | | | | | | |
| | | San Antonio, TX 78216 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Petitions: Copy Cost | | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
|---|--|---|-----|--|--|--|
| ┰ | Total pages Cabadula 51: | | rc) | | | |
| 1 | Total pages Schedule F1: Sch: 16/20 Rpt: 51/55 | 2 FILER NAME Alvarado, Rosemarie (The Honorable) 3 Filer ID (Ethics Commission Filer O00065843 | rs) | | | |
| 4 | Date | 5 Payee name | | | | |
| | 08/31/2023 | Office Depot Office Max | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$28.09 | 13484 San Pedro Avenue | | | | |
| | | San Antonio, TX 78216 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Supplies Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | |
| | | Petitions: Clipboards & Notecards | | | | |
| L | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 08/31/2023 | Office Depot Office Max | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$17.54 | 13484 San Pedro Avenue | | | | |
| | | | | | | |
| | | San Antonio, TX 78216 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE | | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Petitions: Copies | | | | |
| | | Petitions, Copies | | | | |
| | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | | | | |
| | Date | Payee name | | | | |
| | 09/12/2023 | Old Fashioned Donuts | | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | | |
| \$69.84 | | 12914 Jones Maltsberger | | | | |
| | | | | | | |
| | | San Antonio, TX 78247 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | |
| | ZA ZHOHOKZ | Check if Austin, TX, officeholder living expense | | | | |
| | | Donuts for Jurors | | | | |
| | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OH | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|--------------------|---|-------------------------|------|---------------------------------|-------------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER I | NAME | | | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 17/20 Rpt: 52/55 | Alvara | do, Rosemarie (The F | lonorable) | | | 00065843 | |
| 4 | Date | Payee i | | | | | | |
| | 07/22/2023 | Sam's | | | | | | |
| 6 | Amount (\$) | 7 Payee | • | State; Zip C | ode | | | |
| | \$100.00 | 2530 N | Marshall Rd. | | | | | |
| | | 0 | | | | | | |
| L | | | ntonio, TX 78259 | | 1 | | | |
| 8 | PURPOSE OF | | ry (See Categories listed at th Beverage Expense | e top of this schedule) | (b) | Description Check if travel of | outside of Texas. Con | nplete Schedule T. |
| | EXPENDITURE | FUUU/E | beverage Expense | | | <u> </u> | TX, officeholder living | |
| | | | | | | | | urt Programs: Staff |
| | | | | | | Appreciation I | Luncn | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidat | te/Officeholder name | Office so | ught | | Office h | eld |
| | experience to benefit Gree | | | | | | | |
| | Date | Payee i | | | | | | |
| | 08/02/2023 | | ntonio AFL-CIO | | | | | |
| | Amount (\$) | | address; City; | State; Zip C | ode | | | |
| | \$500.00 | 9502 (| Computer Dr #201 | | | | | |
| | | Con A | ntonia TV 70220 | | | | | |
| | | | ntonio, TX 78229 | | Las | | | |
| | PURPOSE OF | | ry (See Categories listed at th | e top of this schedule) | (a) | Description Check if travel of | outside of Texas. Con | nplete Schedule T. |
| | EXPENDITURE | Auven | ising Expense | | | ш | TX, officeholder living | |
| | | | | | | | ectory Adverti | sement; Labor Day |
| | | | | | | Breakfast | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidat | te/Officeholder name | Office so | ught | | Office h | eld |
| | oxperiantare to seriem ever | | | | | | | |
| | Date | Payee i | | | | | | |
| | 09/04/2023 | | ntonio AFL-CIO | | | | | |
| | Amount (\$) | - | address; City; | State; Zip C | ode | | | |
| | \$70.00 | 9502 (| Computer Dr #201 | | | | | |
| | | San Aı | ntonio, TX 78229 | | | | | |
| | PURPOSE | (a) Catego | (See Categories listed at th | e top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/E | Beverage Expense | | | | outside of Texas. Con | • |
| | | | | | | Labor Union E | TX, officeholder living | g expense |
| | | | | | | | | |
| | Complete ONLY if direct | Candidat | te/Officeholder name | Office so | ught | | Office h | eld |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | |
|--|--|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 18/20 Rpt: 53/55 | Alvarado, Rosemarie (The Honorable) 00065843 | | |
| 4 | Date | 5 Payee name | | |
| | 08/02/2023 | San Antonio Black Lawyer's Associationon | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$250.00 | P.O. Box 831202 | | |
| | | | | |
| | | San Antonio, TX 78283 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF Advertising Expense Check if travel outside of Texas. Complete Schedule | | | | |
| | | Check if Austin, TX, officeholder living expense Event Sponsorship: 2023 SABLA Gala | | |
| | | Evolucioni, Edea of ISEA Cara | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 09/04/2023 | San Antonio Branch NAACP | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$150.00 | 9502 Computer Dr #201 | | |
| | | | | |
| | | San Antonio, TX 78203 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Advertisement: Freedom Fund Dinner Program | | |
| | | , avolusement. Treedem Tuna Brinier Treglam | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OH | | | |
| | Date | Payee name | | |
| | 07/18/2023 | Stonewall Democrats | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$120.00 P.O. Box 12814 | | | |
| | | | | |
| | | San Antonio, TX 78212 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | | Check if Austin, TX, officeholder living expense Event Sponsorship | | |
| | | Event Sponsorship | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | | |
| \vdash | | | | |
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | |
|------------------------|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 19/20 Rpt: 54/55 | Alvarado, Rosemarie (The Honorable) 00065843 | | | | |
| 4 | Date | 5 Payee name | | | | |
| | 12/20/2023 | The Westin Riverwalk San Antonio | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$214.25 | 420 W Market St. | | | | |
| | | | | | | |
| | | San Antonio, TX 78205 | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | Presiding Court Staff Appreciation Lunch | | | | |
| | | Trestaining Gourt Stain 7 ppresidation Earlier | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | |
| 9 | expenditure to benefit C/O | | | | | |
| | | | | | | |
| | Date | Payee name | | | | |
| | 07/01/2023 | United States Postal Service | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | |
| | \$354.00 | 15610 Henderson Pass | | | | |
| | | | | | | |
| | | San Antonio, TX 78232 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| OF EXPENDITURE Fees | | | | | | |
| | | Campaign Post Office Box: Renewal Fees | | | | |
| | | Campaigh Fost Office Box. Reflewal Fees | | | | |
| _ | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| | <u>'</u> | | | | | |
| | Date | Payee name | | | | |
| 09/03/2023 Walmart | | Walmart | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$102.72 12639 Blanco Rd | | | | | |
| | | | | | | |
| | | San Antonio, TX 78216 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | |
| | | NEBCD Labor Day Picnic: Snacks & Items for Campaign Table Display | | | | |
| | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| | - p | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District |
|---|---|---|--|
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services Salaries/Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) |
| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/20 Rpt: 55/55 | Alvarado, Rosemarie (The Honorable) | 00065843 |
| 4 | Date | 5 Payee name | |
| | 10/24/2023 | Westside Sol | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,200.00 | 1246 W. Laurel #201 | |
| | | | |
| | | San Antonio, TX 78201 | |
| 8 | PURPOSE | | |
| 0 | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | /tavertioning Expense | n, TX, officeholder living expense |
| | | Newspaper A | Advertisement |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
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