#### 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) 00083708 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena M. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Alvarenga CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; 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** The Honorable Selena M. NAME NICKNAME LAST **SUFFIX** Alvarenga **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** (512) 619-0108 **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** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 460 Travis

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Alvarenga, Selena M	. (The Honorable	)	<b>14</b> Filer ID 00083708	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expendit es may have been made without required to report this information	the candidate's or or	fficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THA R CONTRIBUTIONS MADE ELE		S, <b>\$</b>	0.00
		ICAL CONTRIBI	UTIONS S, OR GUARANTEES OF LOAN	JS)	\$	3,044.03
EXPENDITURE TOTALS	<del></del>	IZED POLITICAL E			\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	13,306.69
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE I	AST DAY OF THE	\$	20,065.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	475.00
17 AFFIDAVIT						
			I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
			The Honora	able Selena M. Alv	arenga	
			Signature o	f Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of off	icer administer	ing oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

			3 of 24
<b>18</b> FILER NAME Alvarenga, Se	19 Filer ID 00083708	(Ethics Commission Filers)	
20 SCHEDULE SU NAME OF SCHI		SUBTOTAL AMOUNT	
1. X SC	HEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 3,044.03
2. SC	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SC	HEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X SC	HEDULE E(J): LOANS (JUDICIAL)		<b>\$</b> 475.00
5. X SC	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	<b>\$</b> 13,306.69
6. SC	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SC	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8. SC	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SC	HEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SC	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$
11. SC	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/24		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Alvarenga, S	Selena M. (The Honorable)				00083708		
4	Date 10/27/2023	Albizu, Iris  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$510.15			
		Austin, TX 78752						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Lawyer			Lawyer				
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
_	Self Employ							
12	! If contributor i	s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)		
	11/27/2023	Aleman-Limon, Yolanda	—			\$102.19		
		Contributor address; City; S  Austin, TX 78702	State; Zip Code					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>			
	Manager	Timopai Occupation		Manager				
		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)		
	GNDC							
_		s a child, law firm of parent(s) (if	anv)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)		
	11/27/2023	Burke, Cecelia				\$102.19		
		Contributor address; City; S  Austin, TX 78731	State; Zip Code					
	Contributorio	l		Contributor's Job Title				
	Retired	Principal Occupation		Retired				
Contributor's employer/law firm  Law firm of contributor's s					חחופ	se (if any)		
	N/a	employemaw iiiii		Law IIIII of Contributor 3 3	Jou	se (ii ariy)		
	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 ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/24
2	FILER NAME	Colone M. /The Henevahle)			1	Filer ID (Ethics Commission Filers)
4	Date 08/07/2023	5 Full name of contributor Fox, Mykal  6 Contributor address; City;	out-of-state PAC (ID#:		_	00083708  Amount of Contribution (\$)  \$255.18
		Austin, TX 78735				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's Fox the Law	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , , ,	,			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	08/13/2023	Gentry, Kim  Contributor address; City;	State; Zip Code			\$150.00
	Contributor's I	Lago Vista, TX 78645 Principal Occupation		Contributor's Job Title		
	RETIRED			RETIRED		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	e (if any)
		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/04/2023	Gentry, Kim Contributor address; City;	State; Zip Code			\$25.70
		Lago Vista, TX 78645				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	RETIRED			RETIRED		
Contributor's employer/law firm  Law firm of contributor's sp  Retired				oouse	e (if any)	
		s a child, law firm of parent(s) (i	f any)			
_						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/24
2	FILER NAME	2.1			3	Filer ID (Ethics Commission Filers)
		Selena M. (The Honorable)  5 Full name of contributor			╙	00083708
4	Date 11/29/2023	sate   5 Full name of contributor			Amount of Contribution (\$) \$25.70	
		Austin, TX 78703				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	retired			retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
42	Not Employe		£ 0.00.0			
12	it contributor i	s a child, law firm of parent(s) (i	r any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
10/25/2023 Largent, Dolores				\$510.15		
		Contributor address; City;  Austin, TX 78745	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	N/A	· ····o.pa. · · · · · · · · · · · · · · · · · · ·		N/A		
-		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Retired	, ,				
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	11/27/2023	Luna, Mike				\$102.19
		Contributor address; City;	State; Zip Code			
		Austin, TX 78715				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Self			Self		
Contributor's employer/law firm Law firm of contributor's sp					oous	e (if any)
	Law Office of	of Mike Luna				
	If contributor i	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/24
2	FILER NAME	Selena M. (The Honorable)			3	Filer ID (Ethics Commission Filers)
4	Date 12/30/2023			)	7	O0083708  Amount of Contribution (\$)  \$102.19
		Austin, TX 78715				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title Self		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$102.19		
		Austin, TX 78744				
Contributor's Principal Occupation Contributor's Job Title						
	Contributor's	employer/law firm		Constable  Law firm of contributor's sp	20118	se (if any)
	Travis Coun	, ,		Law iiiii oi contributoi 5 5	Jour	oc (ii uiiy)
		s a child, law firm of parent(s) (i	f any)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	10/12/2023	Roark, Brian  Contributor address; City;	State; Zip Code			\$1,020.10
_	Contributor's I	Austin, TX 78701		Contributor's Joh Title		
	Contributor's Principal Occupation Contributor's Job Title  Lawyer Lawyer					
Contributor's employer/law firm Law firm of contributor's					oous	se (if any)
	Botsford & F	Roark				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIE	BUTIO	NS		SCHEDULE A	(J)1
	The Instru	ction Guide explains how to complet	te this fo	orm.	<b>I</b> '	pages Schedule A(J)1: 5/5 Rpt: 8/24	
2	FILER NAME					D (Ethics Commission	Filers)
	Alvarenga, S	rarenga, Selena M. (The Honorable)			0008		
4	10/18/2023 Rogers, Gina  6 Contributor address; City; State; Zip Code		<b>7</b> Amou	nt of Contribution (\$)	\$25.70		
		Liberty Hill, TX 78642					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Engineer			Engineer			
10		employer/law firm		11 Law firm of contributor's sp	oouse (if ar	ıy)	
	Charles sch	wab					
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state F	PAC (ID#:	)	Amou	nt of Contribution (\$)	
	12/03/2023	Weir, Collin	(	·		(,)	\$10.40
Contributor address; City; State; Zip Code				.			
		Contributor address, City, State, Zip Code					
		: =><=====					
		Austin, TX 78758					
		Principal Occupation		Contributor's Job Title			
	Security En	gineer		Security Engineer			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if ar	ıy)	
	Rapid7						
	If contributor i	s a child, law firm of parent(s) (if any)	•				

	LOANS (J	UDICIAL)				SCHE	OULE E	E(J)
	The Instruction	on Guide explains how to complete this	form.	1		otal pages Schedule E(J): ch: 1/1 Rpt: 9/24		
2	FILER NAME Alvarenga, Seler	na M. (The Honorable)		1	Filer ID	(Ethics Con	nmission F	Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$		475.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:								
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest I		
						11 Maturity	Date	
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)						
17 Description of Collateral None			18 Check if personal funds we	ere c	leposite		account tructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	-			22 Amount	Guarantee	ed (\$)
23	not applicable  B Guarantor's Princip	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title					
25	Cusus atouls Emplo	world and Firm	26 Law Firm of guarantor's spouse (if any)					
	Guarantor's Emplo		26 Law Firm of guarantor's Sp	ous	e (II ariy <sub>,</sub>	)		
27	If guarantor is child	d, law firm of parent(s) (if any)						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/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: 1/15 Rpt: 10/24	Alvarenga, Selena M. (The Honorable) 00083708	
4	Date	5 Payee name	_
	08/22/2023	Austin Central Labor Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$368.74	PO Box 301074	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Event sponsorship	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	07/20/2023	Austin Tejano Dems	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$263.47	373 Tobin Dr	
		Buda, TX 78610	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>-</del>	
	Date	Payee name	=
	10/27/2023	Avance Austin	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	PO Box 19105	
		Austin, TX 78760	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana Oliver		_
1	Total pages Schedule F1:		
	Sch: 2/15 Rpt: 11/24	Alvarenga, Selena M. (The Honorable) 00083708	
4	Date	5 Payee name	
L	11/14/2023	Black Austin Demcrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.00	PO Box 212	
		Austin, TX 78767	ĺ
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п 	
	Date	Payee name	
	10/20/2023	Capital Area Progressive Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$275.00	PO Box 413	
		Austin, TX 78767	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX, officeholder living expenses.	ſ
		Candidate/Officeholder/Political Committee	ſ
		Lverit sponsorstilp	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payeo namo	4
	09/05/2023	Payee name  Centroamericanto	
		Centroamericanto	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00		
		TX	_
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Event sponsorship	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	<b>y</b>	
			_

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Sala		es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA			-		3	Filer ID	(Ethics Commission F	ilers)
-	Sch: 3/15 Rpt: 12/24		ga, Selena M. (The H	onorable)			ľ	00083708	(	
4	Date	5 Payee na	me							
	07/12/2023		re Campaigns							
6	Amount (\$)	7 Payee ad	dress; City;	State; Zi	Code	,				
	\$1,019.42	9901 Br	odie Ln							
		Ste 160	#1143							
		Austin, 7	X 78748							
8	PURPOSE	(a) Category	(See Categories listed at the	ton of this schedule	(b	) Description				
	OF		/Wages/Contract Lab		'  `		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		J			Check if Austin	n, TX,	officeholder living	j expense	
						Campaign Co	ons	ulting		
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	sough	t		Office he	eld	
	Date	Payee na	me							
	07/13/2023	Collectiv	e Campaigns							
	Amount (\$)	Payee ad	dress; City;	State; Zij	Code	)				
	\$1,122.58	9901 Br	odie Ln							
		Ste 160	#1143							
			X 78748							
	PURPOSE				(h	) Description				
	OF		(See Categories listed at the // // // // // // // // // // // // //		)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Salaries	wages/contract Lab	101		<b>=</b>		officeholder living		
						Campaign Co	ons	ulting		
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	sough	t		Office he	eld	
	Date	Payee na	.me							
	07/13/2023	Collectiv	e Campaigns							
	Amount (\$)	Payee ad	dress; City;	State; Zij	Code	<u> </u>				
	\$518.80	9901 Br	•	,						
		Ste 160								
			X 78748							
	DUDDOCE				//-					
	PURPOSE OF		(See Categories listed at the /Wages/Contract Lab		)  ("	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Salaries	rvvages/Contract Lab	101				officeholder living		
						Campaign Co	ons	ulting		
	Complete ONLY if direct		Officeholder name	Office	sough	t		Office he	eld	
	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 C

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not 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: 4/15 Rpt: 13/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	08/03/2023	Collective Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.20	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Consulting
		Campaign Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2023	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$846.40	9901 Brodie Ln
		Ste 160 #1143
	l	Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
	!	Campaign Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>S</b>
H	Date	Davas nama
	08/22/2023	Payee name Collective Campaigns
	Amount (\$) \$412.80	Payee address; City; State; Zip Code 9901 Brodie Ln
	Ψ412.00	
	!	Ste 160 #1143
		Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	Campaign Consulting
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Н

### 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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/15 Rpt: 14/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	10/03/2023	Collective Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$436.80	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense  Campaign Consulting
		Campaign Consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/03/2023	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		☐ Check if Austin, TX, officeholder living expense  Campaign Consulting
		Campaign Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/25/2023	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$346.80	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Campaign Consulting
		Campaign Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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		
1	Total pages Schedule F1:		-
	Sch: 6/15 Rpt: 15/24	Alvarenga, Selena M. (The Honorable)  00083708	
4	Date	5 Payee name	
	10/31/2023	Collective Campaigns	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$445.20	9901 Brodie Ln	
		Ste 160 #1143	
		Austin, TX 78748	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Consulting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_			_
	Date	Payee name	
	11/14/2023	Collective Campaigns	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$260.00	9901 Brodie Ln	
		Ste 160 #1143	
		Austin, TX 78748	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	-	Check if Austin, TX, officeholder living expense  Campaign Consulting	
		Campaign Consulting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
L	12/04/2023	Collective Campaigns	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.00	9901 Brodie Ln	
		Ste 160 #1143	
		Austin, TX 78748	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense	
		Campaign Consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

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 cotogony pet listed above)

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruct	·	Sala		iges	/Contract Labor		OTHER (ent		category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)	
L	Sch: 7/15 Rpt: 16/24		Alvarenga,	Selena M.	(The Hond	orable)					0008370	8		
4	Date	5	Payee name											
	12/21/2023		Collective C	Campaigns										
6	Amount (\$)	7	Payee addre	ss; City;		State; Zip	Cod	е						
	\$475.80		9901 Brodi	e Ln										
			Ste 160 #1	143										
			Austin, TX	78748										
8	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top o	of this schedule)	(	b)	Description					
	OF EXPENDITURE		Salaries/Wa	ages/Contra	act Labor				Check if travel				eveness	
									Campaign Co			iving	схрензе	
									oapa.g o		za.ag			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder naı	ne	Office	soug	ht			Office	e hel	ld	
	Date		Payee name											
	08/31/2023		George for	Constable										
	Amount (\$)		Payee addre	ss; City;		State; Zip	Cod	е						_
	\$263.47													
			TX											
	PURPOSE OF		Category (S					b)	Description					
	EXPENDITURE		Contribution Candidate/						Check if travel				evnense	
			Canulualen	Officeriolide	i/Fuillicai v	Committee			Event sponso			9	oxponed	
									·		·			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder naı	ne	Office	soug	ht			Office	e he	ld	_
	Date		Payee name											
	07/17/2023		Google LLC											
	Amount (\$)		Payee addre	ss; City;		State; Zip	Cod	е						_
	\$19.19		1600 Amph											
					,									
			Mountain V	iew, CA 94	043									
	PURPOSE OF		Category (S				(	b)	Description					
	EXPENDITURE		Office Over	head/Renta	al Expense	9			<b></b>				elete Schedule T.	
									Campaign en			iving	expense	
									Campaign Ci	···ai				
$\vdash$	Complete ONLY if direct		Candidate/Off	iceholder na	me	Office	SOLIG	ht			Office	, he	ld	_
	expenditure to benefit C/O		raidato/ 011	.conoladi ildi		Omec	. coug				Onice	. 110	•••	
$\vdash$														_
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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

	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: 8/15 Rpt: 17/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	08/16/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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  Campaign emails
		Campaign emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/18/2023	Google LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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
		Campaign emails
		Sampaig. Termano
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/17/2023	Google LLC
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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  Campaign emails
		Campaign emails
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 18/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	11/16/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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
		Campaign emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/18/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Campaign emails
		Campaign emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/05/2023	Habla Con Orgullo
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.47	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 10/15 Rpt: 19/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	10/03/2023	Liberal Austin Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P. O. Box 49712
		Austin, TX 78756
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event opensorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Date	Payee name
	07/05/2023	NGPVAN
		1131 1131
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Fundraising infrastructure
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	08/07/2023	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Fundraising infrastructure
_	Complete ONLY if allowed	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/15 Rpt: 20/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	09/06/2023	NGPVAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraising infrastructure
		Fundialsing initiastructure
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2023	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising infrastructure
		Tundraising initiastructure
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/06/2023	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising infrastructure
_	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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 12/15 Rpt: 21/24	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	12/05/2023	NGPVAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
	!	Suite 200
	1	Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fundraising infrastructure
	l	Fundasing infrastructure
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	the state of the s
	Date	Payee name
	07/03/2023	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$717.71	2141 E. Broadway Rd
		Suite 202
	1	Tempe, AZ 85282
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation / Fundraising Expense
	!	Donation fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2023	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.56	2141 E. Broadway Rd
	!	Suite 202
	!	Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Donation fees
	l	Donation lees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
		_			ue explains now to c	ompi	iete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/15 Rpt: 22/24		Alvarenga, S	Selena M. (The F	lonorable)				00083708	
4	Date	5	Payee name							
	09/05/2023		Paragon So	lutions						
6	Amount (\$)	7	Payee addres		State; Zip C	ode				
ľ	\$28.16	l	2141 E. Bro		State, Zip C	ouc				
	φ20.10			auway Ku						
			Suite 202							
			Tempe, AZ	85282						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE			Fundraising Expe			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	LAFENDITORE						ш		officeholder living	g expense
							Donation fees	S		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	П								
	Date		Payee name							
	10/02/2023		Paragon So	lutions						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$120.36		2141 E. Bro	adway Rd						
			Suite 202	,						
				05202						
		L	Tempe, AZ							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description			
	EXPENDITURE		Solicitation/	Fundraising Expe	ense					plete Schedule T.
							Donation fees		officeholder living	g expense
							Donation icc.	3		
_	Complete ONLY if direct	Ļ	Condidate/Offi		Office				Office le	-1 d
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	Office so	ugnt			Office h	eia
	Date		Payee name							
	11/10/2023		Paragon So	lutions						
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode				
	\$99.83		2141 E. Bro	adway Rd						
			Suite 202							
				05202						
			Tempe, AZ			_				
	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description			
	EXPENDITURE		Solicitation/I	Fundraising Expe	ense		ш		de of Texas. Com officeholder living	plete Schedule T.
							Donation fees		, onicendiaer livini	g expense
							Donation icc.	,		
_	Complete ONLY if direct	ب	Condidate /Off	achaldar rassa	O#:	uab.			Office	ald
	Complete ONLY if direct expenditure to benefit C/Ol		_andidate/Offic	ceholder name	Office so	ugnt			Office h	eia
	- Farmano to sonone oron	•								

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 14/15 Rpt: 23/24	Alvarenga, Selena M. (The Honorable)  00083708
4	Date	5 Payee name
	12/04/2023	Paragon Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.69	2141 E. Broadway Rd
		Suite 202
		Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2023	South Austin Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.89	PO Box 301267
	Ψ101.00	1 0 200 001201
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
_	- 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.00	PO Box 684263
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 15/15 Rpt: 24/24	Alvarenga, Selena M. (The Honorable)  00083708
4	Date	5 Payee name
	10/02/2023	Travis County Democratic Party
6	Amount (\$) \$515.00	7 Payee address; City; State; Zip Code PO Box 684263  Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/28/2023	Travis County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 684263
		Austin, TX 78768
	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
		Ballot filing
		Bailot IIIIIIg
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/10/2023	University Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	911 West 21st Street
		#2407
		Austin, TX 78705
	DUDDOCE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	