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) 00081826 77 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria Luisa NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** MaryLou Alvarez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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** Mr. Mark A. NAME NICKNAME LAST **SUFFIX** Cevallos **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) 802-1283 **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 45 Bexar

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Alvarez, Maria Luisa	(The Honorable)	14 Filer ID 00081826	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made we did officeholders are required to report this info	vithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	AME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 21,341.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 38,832.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the acc udes all information required t Code.	
		The H	Honorable Maria Luisa Alva	arez
		Signa	ature of Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of offi	ce.	
Signature of office	er administering oath	Printed name of officer administering of	path Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 77	
l	18 FILER NAME Alvarez, Maria Luisa (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081826				
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 21,341.89	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 202.98	

SCHEDULE F1

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

Fees Office Overhead/Rental Expens
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/73 Rpt: 4/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/26/2023	2020 Market Scratch Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.81	1500 Rivery Blvd #1100
		Georgetown, TX 78628
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dinner at conference
_	Complete ONLY if direct	Condidate (Office holder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	557 Rivercenter Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	849 E. Commerce St.
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking for meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	
	Date	Payee name
	12/13/2023	Act Blue Monica Alcantara
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	655 Freiling
		San Antonio, TX 78213
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution to County Party Chair campaign
		Contribution to County 1 arty Chair Campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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 Schodule F1:		are)
-	Total pages Schedule F1: Sch: 2/73 Rpt: 5/77	Alvarez, Maria Luisa (The Honorable) O0081826	515)
4	Date	5 Payee name	
	11/30/2023	Alameda Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.06	342 W Houston 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 Lunch meeting	
		Lunch meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	08/14/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.36	410 Terry Avenue N	
		Seattle, WA 98109	
	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	
		Groceries for chambers	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/21/2023	Amazon	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.73	410 Terry Avenue N	
	φσ./ 3	TTO TOTY AVOIDE IN	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Supplies for court offices	
		Supplies for court offices	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/73 Rpt: 6/77	Alvarez, Maria Luisa (The Honorable)		00081826
4	Date	5 Payee name		-
	09/19/2023	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u>е</u>	
	\$75.00	410 Terry Avenue N		
		·		
		Seattle, WA 98109		
8	PURPOSE		h) r	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Office Supplies	י, ני]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cinice Supplies	į	Check if Austin, TX, officeholder living expense
			,	Supplies for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/11/2023	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$96.21	410 Terry Avenue N		
		•		
		Seattle, WA 98109		
	PURPOSE	T	h) r	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	י, ניס]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dourbeverage Expense	į	Check if Austin, TX, officeholder living expense
			(Groceries for chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/13/2023	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$51.30	410 Terry Avenue N		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF	Office supplies	-, .]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	C mas cappings	Ī	Check if Austin, TX, officeholder living expense
			,	Supplies for chambers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experiulture to beliefft C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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	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: 4/73 Rpt: 7/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/18/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.18	410 Terry Avenue N
		Seattle, WA 98109
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 Groceries for chambers
		Groceries for criainbers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/01/2023	American Inns of Court
H	Amount (\$)	Payee address; City; State; Zip Code
	\$290.00	225 Reinekers Lane, Suite 770
		Alexandria, VA 22314
	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
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/11/2023	April's Chinese Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.40	2030 S. Alamo St.
		San Antonio, TX 78204
Г	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
		Lunch meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 5/73 Rpt: 8/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/06/2023	April's Chinese Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.31	2030 S. Alamo St.
		San Antonio, TX 78204
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 Staff lunch
		Stan functi
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/07/2023	Bexar County Parking Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.24	211 S. Flores
		San Antonio, TX 78204
	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
		Parking for campaign treasurer for meeting
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Bexar County Young Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	1844 Fredericksburg Road
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution to Young Democrats
	Complete ONLY !! -!!!	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

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

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

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: 6/73 Rpt: 9/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/08/2023	Bill Miller BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.81	1004 San Pedro Avenue
		San Antonio, TX 78212
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
		Lunch meeting
		Landi incoming
Ļ	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
┡		
	Date	Payee name
	07/31/2023	Broadway Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	PO Box 17001
		San Antonio, TX 78217
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank monthly fee
		Bank monthly lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨		
	Date	Payee name
	08/31/2023	Broadway Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	PO Box 17001
		San Antonio, TX 78217
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank monthly fee
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/73 Rpt: 10/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
4	Date 09/29/2023	5 Payee name Broadway Bank
6	Amount (\$) \$4.00	7 Payee address; City; State; Zip Code PO Box 17001
		San Antonio, TX 78217
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank account monthly fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/31/2023	Payee name Broadway Bank
	Amount (\$) \$4.00	Payee address; City; State; Zip Code PO Box 17001
		San Antonio, TX 78217
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Monthly Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/30/2023	Payee name Broadway Bank
	Amount (\$) \$4.00	Payee address; City; State; Zip Code PO Box 17001
		San Antonio, TX 78217
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank account monthly fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 8/73 Rpt: 11/77	Alvarez, Maria Luisa (The Honorable)		00081826	
4	Date	5 Payee name	•		
	12/29/2023	Broadway Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$4.00	PO Box 17001			
		San Antonio, TX 78217			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Accounting/Banking	ш	side of Texas. Com	
			Bank account n	X, officeholder living nonthly fee	g expense
			Barn account in	ionally loo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	08/28/2023	Bucc-ees Katy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.19	27700 Katy Fwy			
		Katy, TX 77494			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel Out of District	Check if travel out:	side of Texas. Com	
	LAFLINDITORE			X, officeholder living	
			Gas for confere	ince in Housi	ton
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	old
	expenditure to benefit C/Ol	9		Office In	ciu
	Date	Doving name			
	08/28/2023	Payee name Bucc-ees Katy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.81	27700 Katy Fwy			
	,	,			
		Katy, TX 77494			
	PURPOSE	•	Description		
	OF	Travel In District		side of Texas. Com	pplete Schedule T.
	EXPENDITURE			X, officeholder living	
			Snacks for drive	e to Houston	tor conference
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 9/73 Rpt: 12/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/11/2023	Bucc-ees Katy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.18	27700 Katy Fwy
		Katy, TX 77494
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Snacks for drive back to San Antonio from
		Conference in Houston
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	09/11/2023	Bucc-ees Katy
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.51	27700 Katy Fwy
		Katy, TX 77494
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for drive back to San Antonio from conference i
		Houston
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/25/2023	Bucc-ees Luling
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.07	10070 I-10
		Ottine, TX 78658
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Gas for trip to conference
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/73 Rpt: 13/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/06/2023	Bucc-ees Luling
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.61	10070 I-10
		Ottine, TX 78658
8	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
		Snacks for drive to Houston for conference
<u>_</u>	Occupation Children	On didn't 10 ff a halden name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2023	Bucc-ees Luling
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.62	10070 I-10
		Ottine, TX 78658
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for trip to Houston for conference
		Cas for the to reduction for connectine
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	10/26/2023	Bucc-ees New Braunfels
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.89	2760 I-35,
		No. Dec. (cl. TV 70400
		New Braunfels, TX 78130
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks for drive back to San Antonio from
		conference in Georgetown
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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 The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_	Total manage Calcadula F1.	1	<u> </u>				_	Files ID	(Ethica Commission Filora)
1	Total pages Schedule F1: Sch: 11/73 Rpt: 14/77	ı	Alvarez, Maria Luisa (The Honorable)				3	Filer ID 00081826	(Ethics Commission Filers)
4	Date	5	Payee name						
	10/26/2023	ı	Bucc-ees New Braunfels						
6	Amount (\$) \$31.10		Payee address; City; State; 2760 I-35, New Braunfels, TX 78130	Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scho Travel Out of District	edule)	(b)	Check if Austin	, TX	de of Texas. Comp officeholder living ck to San An	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office he	ld
	Date		Payee name						
	08/25/2023	Ь—	Bunz Handcrafted Burgers						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11.10		122 E Houston St, San Antonio, TX 78205						
	PURPOSE	├			(h)	Description			
	OF EXPENDITURE		Category (See Categories listed at the top of this scho Food/Beverage Expense	edule)	(IJ)	-	, TX	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office he	ld
	Date 07/17/2023	ı	Payee name CVS						
	Amount (\$) \$28.58		630 S. Exeter	Zip Co	de				
L		L	Baltimore, MD 21202						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schood/Beverage Expense	edule)	(b)	Check if Austin	, TX	de of Texas. Comp officeholder living Dom while at	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office he	ld

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 12/73 Rpt: 15/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/05/2023	Candy's Old Fashion Burgers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.23	115 S Flores St
		San Antonio, TX 78204
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
		Lunch with colleague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/28/2023	Candy's Old Fashion Burgers
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.65	115 S Flores St
		San Antonio, TX 78204
	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
		Lunch Meeting
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/13/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	L 1 110 Kippax St Surry Hills
		Surry Hills New South Wales 2010 Australia
	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 Monthly subscription for graphic design website
		wionany subscription for graphic design website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations

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			Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 13/73 Rpt: 16/77		Alvarez, Ma	ria Luisa (The	Honorable)					00081826		
4	Date	5	Payee name									
	08/14/2023		Canva									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$12.99		L 1 110 Kipp	ax St Surry H	lls							
			Surry Hills N	lew South Wal	es 2010 Aus	stralia						
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	· ·		ŕ		=			mplete Schedule T.	
	EXI ENDITORE							_		officeholder livi		
								Graphic Desi	gn	Subscriptio	ırı	
_	Operation ONLY if allowed	L_				Off	14			04:	1 -1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	(Office sou	gnt			Office I	neia	
_		_										
	Date		Payee name									
	09/13/2023		Canva									
	Amount (\$)		Payee addres	•		; Zip Co	de					
	\$12.99		L 1 110 Kipp	ax St Surry H	ills							
			Surry Hills N	lew South Wal	es 2010 Aus	stralia						
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					=		de of Texas. Co officeholder livi	mplete Schedule T.	
								Graphics des				
								-				
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office I	neld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	10/13/2023		Canva									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$12.99		•	oax St Surry H		, <u>Lip</u> 00	uo					
	,											
			Surry Hills N	lew South Wal	es 2010 Aus	stralia						
	PURPOSE	(0)	<u> </u>				(h)	Description				
	OF	(a)	Category (See	e Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1 003					Check if Austin,	, TX,	officeholder livi	ng expense	
								Graphic desig	gn s	subscriptio	n	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office I	neld	
L	expenditure to benefit C/OI											
			<u></u>									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 14/73 Rpt: 17/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	11/13/2023	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	L 1 110 Kippax St Surry Hills
		Surry Hills New South Wales 2010 Australia
8	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
		Graphic design subscription
		Oraphic design subscription
Ļ	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2023	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	L 1 110 Kippax St Surry Hills
		Surry Hills New South Wales 2010 Australia
	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 Graphic Design subscription
		Oraphic Design subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	· 	
	Date	Payee name
	10/11/2023	Chick-fil-a
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.56	106 E. Houston St.
		San Antonio, TX 78205
	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
		Lunch for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 15/73 Rpt: 18/77	Alvarez, Maria Luisa (The Honorable) 00081826	
4	Date	5 Payee name	_
l	10/13/2023	Chick-fil-a	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$21.59	106 E. Houston St.	
l			
l		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
l		Check if Austin, TX, officeholder living expense Lunch meeting	
l		Lunch meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨	Date	Payee name	-
l	12/04/2023	Chick-fil-a	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$31.97	106 E. Houston St.	
l	Ψ31.37	100 E. Flousion St.	
l		San Antonio, TX 78205	
┡	DUDDOCE		_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Lunch for staff	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Great	<u></u>	
l	Date	Payee name	
L	12/11/2023	Chick-fil-a	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$12.70	106 E. Houston St.	
l			
		San Antonio, TX 78205	
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Lunch meeting	
\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 Candidate/Officeholder/Political Committee

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 16/73 Rpt: 19/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/22/2023	Chick-fil-a
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.00	106 E. Houston St.
l		
l		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Court staff Christmas lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
l	Date	Payee name
l	08/11/2023	City of San Antonio Parking Meter
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$3.60	PO Box 839966
l		
		San Antonio, TX 78283
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Parking for meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
l	Date 11/13/2023	Payee name
L		Costco
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$52.99	5611 UTSA Boulevard
l		
		San Antonio, TX 78249
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Groceries for chambers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
ı		

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		mittee Legal Se			/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Cabadula F1:	12				-	· ·	3	Filer ID	(Ethics Commission Filers)	+
1	Total pages Schedule F1: Sch: 17/73 Rpt: 20/77	l	Alvarez, Maria Lui	sa (The Honor	rable)			9	00081826	(Ethics Commission Filers)	
4	Date	5	Payee name								
	07/06/2023		Door Dash								
6	Amount (\$)	l	•	City;	State; Zip Co	de					
	\$92.06		901 Market Street								
			6th Floor								
			San Francisco, CA	94103							
8	PURPOSE	(a)	Category (See Catego	ries listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex	pense			=			plete Schedule T.	
							Breakfast for		officeholder living	g expense	
							DIEAKIASI IUI	COL	arujury		
9	Complete ONLY if direct		andidate/Officeholde	ur namo	Office sou	abt			Office he	old.	_
9	expenditure to benefit C/O		andidate/Onicendide	паше	Office sou	gnt			Office fie	eiu	
	Date		Payee name								
	07/17/2023		Door Dash								
	Amount (\$)		Payee address;	City;	State; Zip Co	de					
	\$32.47		901 Market Street								
			6th Floor								
			San Francisco, CA	94103							
	PURPOSE	(a)	Category (See Catego	ries listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex	pense			=			plete Schedule T.	
							Lunch at conf		officeholder living	g expense	
							Lunch at com	icic	STICE		
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholde	er name	Office sou	ght			Office he	eld	
	Data	Ī	D								=
	Date 07/17/2023	ı	Payee name Door Dash								
		_		0.1	O: -						_
	Amount (\$)	l	•	City;	State; Zip Co	de					
	\$16.05		901 Market Street								
			6th Floor								
			San Francisco, CA	94103							
	PURPOSE	(a)	Category (See Catego	ries listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex	pense						plete Schedule T.	
							_		officeholder living	le attending judicial	
							conference	. 100	Cridoni Willi	ic attending judicial	
	Complete ONLY if direct		andidate/Officeholde	er name	Office sou	aht			Office he	eld	_
	expenditure to benefit C/O				230 500	<i></i>			200 110		
\vdash											-

SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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/Politica Credit Card Payment		nmittee Legal Serv	s/Memorials Expense rices ruction Guide exp		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2		<u> </u>		_		3	Filer ID	(Ethics Commission Fil	ers)
•	Sch: 18/73 Rpt: 21/77	ı	Alvarez, Maria Luis	a (The Honora	ble)			,	00081826	(Ethics Commission in	(13)
4	Date	5	Payee name								
	07/17/2023		Door Dash								
6	Amount (\$)	ı	•	City;	State; Zip Co	de					
	\$69.85	l	901 Market Street								
		l	6th Floor								
			San Francisco, CA	94103							
8	PURPOSE	(a)	Category (See Categori	es listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex	pense			므		de of Texas. Com		
							Dinner while		officeholder living		
							Diffici Willie	anc	riding come	rence	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder	name	Office sou	aht			Office he		
,	expenditure to benefit C/O		zandidate/Oniceriolder	name	Office 300	giit			Office fie	siu .	
	Date		Payee name								
	07/18/2023		Door Dash								
	Amount (\$)		Payee address; (City;	State; Zip Co	de					
	\$54.07		901 Market Street								
			6th Floor								
			San Francisco, CA	94103							
	PURPOSE	(a)	Category (See Categori	es listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex		,		ш		de of Texas. Com		
	ZA ZHOHOKZ								officeholder living		
							Dinner while	alle	ending come	erence	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder	r namo	Office sou	aht			Office he	old.	
	expenditure to benefit C/O		candidate/Officeriolder	name	Office sou	gnt			Office fie	eiu .	
	Date	ı	Payee name								
	07/19/2023		Door Dash								
	Amount (\$)	_	Payee address; (City;	State; Zip Co	de		_			
	\$67.99		901 Market Street								
			6th Floor								
			San Francisco, CA	94103							
	PURPOSE	(a)	Category (See Categori	es listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex	pense					de of Texas. Com		
	_/						ш		officeholder living	•	
							Dinner while	aut	anding Collie	arenice	
	Complete ONLY if direct		Candidate/Officeholder	name	Office sou	aht			Office he	əld	
	expenditure to benefit C/O		Gradie, Smoonolder		Scc 500	9.11			Cilioc III		

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 19/73 Rpt: 22/77	1	FILER NAME Alvarez, Maria Luisa (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081826
4	Date 07/24/2023	1	Payee name Door Dash		
	Amount (\$) \$30.18	9	Payee address; City; State; Zip Co 901 Market Street 6th Floor San Francisco, CA 94103		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for jurors
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ught	Office held
	Date 07/24/2023	1	Payee name Door Dash		
	Amount (\$) \$31.40	9	Payee address; City; State; Zip Co 901 Market Street 6th Floor San Francisco, CA 94103	ode	
	PURPOSE OF EXPENDITURE	1	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for jurors
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ught	Office held
	Date 08/01/2023	1	Payee name Door Dash		
	Amount (\$) \$32.53	9	Payee address; City; State; Zip Co 901 Market Street 6th Floor San Francisco, CA 94103	ode	
	PURPOSE OF EXPENDITURE	1	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee and Breakfast for court staff
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sou	ught	Office held

SCHEDULE F1

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

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

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: 20/73 Rpt: 23/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	08/02/2023	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.49	901 Market Street
		6th Floor
		San Francisco, CA 94103
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 Lunch for court staff
		Eurich for Court Stail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/03/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.90	901 Market Street
		6th Floor
		San Francisco, CA 94103
	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
		Breakfast for jurors
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/08/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.92	901 Market Street
		6th Floor
		San Francisco, CA 94103
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for jurors
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverag
Contributions/ Donations Made By - Gift/Awards/M
Candidate/Officentle

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/73 Rpt: 24/77	Alvarez, Maria Luisa (The Honorable)		00081826
4	Date	5 Payee name		
	08/21/2023	Door Dash		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$40.17	901 Market Street		
		6th Floor		
		San Francisco, CA 94103		
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
				Coffee and Breakfast for court staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/21/2023	Door Dash		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$171.42	901 Market Street		
		6th Floor		
		San Francisco, CA 94103		
	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
				Lunch meeting
				3
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/25/2023	Door Dash		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$38.32	901 Market Street		
		6th Floor		
		San Francisco, CA 94103		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Coffee and Breakfast for court staff
				Conee and Dieanast for Court Stall
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		agrit	Cinice Hold
_				

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: 22/73 Rpt: 25/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/13/2023	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.32	901 Market Street
		6th Floor
		San Francisco, CA 94103
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 Breakfast for jurors
		Dicariast for jurors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/19/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.76	901 Market Street
		6th Floor
		San Francisco, CA 94103
	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 Lunch for staff
		Eurori of Stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.18	901 Market Street
		6th Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donuts for courthouse staff
	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/73 Rpt: 26/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/06/2023	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.78	901 Market Street
		6th Floor
		San Francisco, CA 94103
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 Lunch for staff
		Lunch for Stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
Г	Date	Payee name
	10/10/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.32	901 Market Street
		6th Floor
		San Francisco, CA 94103
Г	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 Lunch for staff
		Lunch for Stall
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	10/17/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.20	901 Market Street
		6th Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Donuts for court staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г		
ı		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Select Expense Select Merce (Contract Lobor Contract Lobor Expense Printing Expense Printing

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 24/73 Rpt: 27/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
ļ_	Date	
4	10/18/2023	5 Payee name Door Dash
6	Amount (\$) \$29.18	7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for court staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2023	Door Dash
	Amount (\$) \$111.32	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for jurors
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/06/2023	Payee name Door Dash
	Amount (\$) \$95.29	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for jurors
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 25/73 Rpt: 28/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
4	<u> </u>	
4	Date 11/06/2023	5 Payee name Door Dash
6	Amount (\$) \$84.72	7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for court/jurors
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2023	Door Dash
	Amount (\$) \$83.27	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for jurors
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/07/2023	Payee name Door Dash
	Amount (\$) \$29.42	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for court staff
	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 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 26/73 Rpt: 29/77	Alvarez, Maria Luisa (The Honorable) 00081826	
4	Date	5 Payee name	
	11/08/2023	Door Dash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$126.53	901 Market Street	
		6th Floor	
		San Francisco, CA 94103	
_	DUDDOCE		_
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	
		Breakfast for jurors.	
		Breaklast for jarors.	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
\vdash	Date	Power name	=
		Payee name	
	11/09/2023	Door Dash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.24	901 Market Street	
		6th Floor	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Bagels for jurors	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	11/09/2023	Door Dash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.36	901 Market Street	
	Ψ13.30		
		6th Floor	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Lunch for court/jurors	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

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		·		Wage:	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	EII ER NAME			T	3	Filer ID	(Ethics Commission Filers)	_
_	Sch: 27/73 Rpt: 30/77	ı	Alvarez, Maria Luisa (The F	Honorable)			<u>.</u>	00081826	(Eulics Commission Filers)	
4	Date	5	Payee name							
	11/17/2023		Door Dash							
6	Amount (\$)	ı	Payee address; City;	State; Zip C	ode					
	\$30.18		901 Market Street							
			6th Floor							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the	he top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com		
	EXI ENDITORE					—		officeholder living	expense	
						Lunch for cou	rt s	starr		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	Office so	ught			Office he	eld	
\vdash	Date	Π	Payee name							=
	12/04/2023	ı	Door Dash							
		_		State; Zip C	odo					_
	Amount (\$) \$29.18	l	Payee address; City; 901 Market Street	State, Zip C	oue					
	Φ29.10									
			6th Floor							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the	the top of this schedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense			<u></u>		de of Texas. Com officeholder living		
						Lunch for cou			Схропос	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught	:		Office he	eld	
	experiantare to benefit orei									
	Date	ı	Payee name							
L	12/05/2023	L	Door Dash							
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$79.49		901 Market Street							
			6th Floor							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	,		ш		de of Texas. Com		
	EXI ENDITORE					ш		officeholder living	expense	
						Breakfast for j	uro	UIS		
	Complete ONLY if direct	oxdot	andidata/Officeholder: 2222	Office	uch.			Office I-	ald.	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	ugnt			Office he	eiu	

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	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: 28/73 Rpt: 31/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/06/2023	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.46	901 Market Street
		6th Floor
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for staff
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/12/2023	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.73	901 Market Street
		6th Floor
		San Francisco, CA 94103
	DUDDOCE	
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2023	Double Standard
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.20	114 E Houston St
		San Antonio, TX 78205
	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 Lunch meeting
		Landi incling
	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/73 Rpt: 32/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/20/2023	El Castillo Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.08	425 S St Mary's St
		O A . (
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for court staff and interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/25/2023	El Castillo Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.89	425 S St Mary's St
		San Antonio, TX 78205
	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
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/13/2023	El Castillo Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.83	425 S St Mary's St
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch for new court reporter
	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 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		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: 30/73 Rpt: 33/77	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	
	11/17/2023	El Castillo Restaurant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.43	425 S St Mary's St	
		,	
		San Antonio, TX 78205	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 Courbeverage Expense	TX, officeholder living expense
		Lunch for cou	ırt staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/21/2023	El Castillo Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.22	425 S St Mary's St	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	LAI LINDITORE		TX, officeholder living expense
		Lunch meetin	9
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
	Date		
	Date 12/12/2023	Payee name	
		El Castillo Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.21	425 S St Mary's St	
		0 4 4 7 70 700 7	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Tours Countylete Cabadula T
	EXPENDITURE	1 000/Deverage Experise	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Staff Lunch	3.4.
	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 Comi

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/73 Rpt: 34/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/28/2023	El Castillo Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.41	425 S St Mary's St
		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.
		Court staff New Year lunch
		Count stain New Year fathor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/17/2023	Famous Famiglia
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.37	9800 Airport Blvd
		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
		Lunch while traveling to conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	10/03/2023	Fiesta Youth
	Amount (\$)	Payee address; City; State; Zip Code
	\$523.47	702 Donaldson Ave
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Contribution to Fiesta Youth
		Continbution to Flesta Foutif
	Operation ONLY if all part	Our distance (Office health an array of the constitution of the co
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 32/73 Rpt: 35/77 Alvarez, Maria Luisa (The Honorable) 00081826 4 Date Payee name 07/18/2023 Givebutter 6 Amount (\$) Payee address; City; State; Zip Code \$52.30 2020 Pennsylvania Ave NW, 401 Washington, DC 20006 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense NCJFCJ contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/07/2023 Godaddy.com Amount (\$) Payee address; City; State; Zip Code \$19.18 14455 N. Hayden Rd Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Website domain name fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2023 Godaddy.com Amount (\$) Payee address: City: State; Zip Code \$19.18 14455 N. Hayden Rd Scottsdale, AZ 85260 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly website domain fee 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 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		Travel Out of District OTHER (enter a category not listed above)
Ŀ		-	T
1	Total pages Schedule F1: Sch: 33/73 Rpt: 36/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081826
ᆫ	3011. 33/13 Kpt. 30/11	Alvalez, Maria Luisa (The Horiorable)	00081820
4	Date	5 Payee name	
	09/06/2023	Godaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$19.18	14455 N. Hayden Rd	
	Ψ13.10	14400 N. Haydeli Na	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Website Don	nain fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payeo namo	
		Payee name	
	09/18/2023	Godaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$204.54	14455 N. Hayden Rd	
		Scottsdale, AZ 85260	
H	PURPOSE	(a) a	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	n, TX, officeholder living expense
			e renewal fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	09/20/2023	Godaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.48	14455 N. Hayden Rd	
		•	
		Contradala AZ 05260	
		Scottsdale, AZ 85260	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Domain nam	e renewal fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiulture to benefit C/OI	I 	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

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 NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 34/73 Rpt: 37/77	Alvarez, Maria Luisa (The Honorable) 00081826	
4	Date	5 Payee name	
	10/10/2023	Godaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.18	14455 N. Hayden Rd	
		Scottsdale, AZ 85260	
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. Check if Austin, TX, officeholder living expense	
		Domain monthly fee	
		Bontain montainy lee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
3	expenditure to benefit C/O		
_	D-4-	<u> </u>	=
	Date	Payee name	
	11/07/2023	Godaddy.com	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.18	14455 N. Hayden Rd	
		Scottsdale, AZ 85260	
	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 Domain name monthly fee	
		Domain name monthly lee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/O		
			=
	Date	Payee name	
	12/07/2023	Godaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.18	14455 N. Hayden Rd	
		Scottsdale, AZ 85260	
	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Domain name monthly fee	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		_
	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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		pense ages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
	Sch: 35/73 Rpt: 38/77		aria Luisa (The Honorab	le)		00081826	,
4	Date	5 Payee name					
	07/03/2023	Google, In					
6	Amount (\$)	7 Payee addre	ess; City; St	tate; Zip Co	de		
	\$12.79	1600 Ampl	hitheatre Parkway				
		Mountain \	/iew, CA 94043				
8	PURPOSE	(a) Category (S	See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	Fees				outside of Texas. Com	
					ш	ı, TX, officeholder living icial Account go	
					. 555 151 5441	Jan A Gooding	. 5 9.0 5 61.15
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght	Office he	eld
	expenditure to benefit C/OI	H					
	Date	Payee name					
	08/01/2023	Google, In	C.				
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Co	de		
	\$12.79	1600 Ampl	hitheatre Parkway				
		Mountain \	/iew, CA 94043				
	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	Fees			=	outside of Texas. Com	
						ı, TX, officeholder livinç ge for judicial g	
					silany onai	J J. Jaciolal y	
	Complete ONLY if direct		ficeholder name	Office sou	ght	Office he	eld
L	expenditure to benefit C/OI	H					
	Date	Payee name	e			-	
L	09/01/2023	Google, In	c				
	Amount (\$)	Payee addre	. , ,	tate; Zip Co	de		
	\$12.79	1600 Ampl	hitheatre Parkway				
L		Mountain \	/iew, CA 94043				
	PURPOSE OF	l	See Categories listed at the top of this	s schedule)	(b) Description		
	EXPENDITURE	Fees				outside of Texas. Com ı, TX, officeholder livinç	
						or Google apps	
					,	5 · -1-F-	•
	Complete ONLY if direct		ficeholder name	Office sou	ght	Office he	eld
	expenditure to benefit C/OI	H					
_							

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	
_	Total marca Cabadula E1.	
1	Total pages Schedule F1: Sch: 36/73 Rpt: 39/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
4	Date	5 Payee name
	10/02/2023	Google, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
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
		Monthly fee Google judicial apps suite
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Google, Inc.
		2
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		Fee for Google judical apps suite
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	Paraga marra
	Date	Payee name
	12/01/2023	Google, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.79	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Monthly fee for Google Apps suite
	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 -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: 37/73 Rpt: 40/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/30/2023	Grasshopper.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$405.71	320 Summer St
		Boston, MA 02210
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.
		Check if Austin, TX, officeholder living expense Campaign phone number annual renewal fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/08/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.99	516 S. Flores St.
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Groceries for chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Davida marra
	08/25/2023	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.41	516 S. Flores St.
	Ψ20.41	515 G. 1 10165 G.
		San Antonio, TX 78204
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Miscellaneous items for court chambers
	Complete ONLY if direct expenditure to benefit C/Ol	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 -

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: 38/73 Rpt: 41/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/14/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.86	516 S. Flores St.
L		San Antonio, TX 78204
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
		Groceries for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/20/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.10	516 S. Flores St.
		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
		Groceries for Chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	09/28/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.83	516 S. Flores St.
		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
		Groceries for chambers
		Sisseries is: silatingers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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: 39/73 Rpt: 42/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	11/01/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$211.42	516 S. Flores St.
		San Antonio, TX 78204
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 Groceries for Chambers
		Grocenes for Chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	11/06/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.46	516 S. Flores St.
		San Antonio, TX 78204
	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 Groceries for chambers
		Glocelles for chambers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/08/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.43	516 S. Flores St.
		San Antonio, TX 78204
	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 Groceries for chambers
		Glocelles for Chambers
_	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

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		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed al	oove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 40/73 Rpt: 43/77	Alvarez, M	aria Luisa (The Hon	orable)				00081826		
4	Date	5 Payee name	Э							
	11/09/2023	HEB								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$47.43	516 S. Flo	res St.							
		San Anton	io, TX 78204							
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			_		ide of Texas. Com , officeholder living		
						Groceries for			ускрепос	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> uaht			Office he	eld	
ľ	expenditure to benefit C/OI			33	-g			55		
	Date	Payee name								
	11/30/2023	HEB								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$25.47	516 S. Flo	res St.							
		San Anton	io, TX 78204							
	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense					ide of Texas. Com , officeholder living		
						Groceries for			у ехрепас	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
H	Date	Payee name								
	12/12/2023	HEB								
\vdash	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$43.31	516 S. Flo								
		San Anton	io, TX 78204							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			ш		ide of Texas. Com		
						_		, officeholder living	j expense	
						Groceries for	CII	anners		
\vdash	Complete ONLY if direct	 Candidate/Ωt	ficeholder name	Office sou	laht			Office he	əld	
	expenditure to benefit C/OI			Since 300	agiii			Office He		
\vdash										
L										

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 41/73 Rpt: 44/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/18/2023	HP Groos Lot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	506 Bonham
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking for conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Power name
	08/10/2023	Payee name Hispanic Law Alumni Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1 Camino Santa Maria
	Ψ500.00	1 Garriano Garria Maria
		San Antonio, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Thopaino Law oponeoisinp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/11/2023	J. Alexander's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.24	255 E Basse Rd Suite 1300
		San Antonio, TX 78209
	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 Lunch meeting with colleagues
		Editor freeding with concagaes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

orean oard raymone	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
Sch: 42/73 Rpt: 45/77	Alvarez, Maria Luisa (The Honorable)		00081826	
4 Date	5 Payee name			
10/02/2023	Jimmy Johns			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$54.47	518 E Houston St			
	San Antonio, TX 78205			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		el outside of Texas. Complete Schedule T.	
		Lunch for st	in, TX, officeholder living expense	
		24.161.161.60		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> laht	Office held	
expenditure to benefit C/OI		9		
Date	Payee name			
09/27/2023	Josey Garcia for Texas House District 124			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$100.00	110 E. Houston Street, 7th Floor			
	Box 176			
	San Antonio, TX 78205			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By		el outside of Texas. Complete Schedule T.	
EXPENDITORE	Candidate/Officeholder/Political Committee		in, TX, officeholder living expense	
		Contribution	to Campaign	
Complete ONLY if direct	Candidate/Officeholder name Office sou	vaht.	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		igrit	Office held	
D-t-				
Date 10/27/2023	Payee name			
	LAZ Parking LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$20.00	114 Stumberg			
	Con Antonio TV 70004			
	San Antonio, TX 78204			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.	
EXPENDITURE	Travel In District		in, TX, officeholder living expense	
		Parking for I	meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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/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: 43/73 Rpt: 46/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
L	09/19/2023	La Mexicana Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.78	130 Main Plaza
		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 Staff lunch
		Star functi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/27/2023	La Mexicana Mexican Restaurant
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$79.17	130 Main Plaza
	Ψ10.11	100 Main Flaza
		San Antonio, TX 78205
	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 Lunch meeting
		Lunorinceting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Payee name
	10/30/2023	La Mexicana Mexican Restaurant
H	Amount (\$)	Payee address; City; State; Zip Code
	\$29.82	130 Main Plaza
	Ψ23.02	130 Main Flaza
		San Antonio, TX 78205
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch meeting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to borront 0/01	•

SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/73 Rpt: 47/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	11/02/2023	La Mexicana Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.70	130 Main Plaza
		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
		Lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/21/2023	La Mexicana Mexican Restaurant
	Amount (\$) \$54.29	Payee address; City; State; Zip Code 130 Main Plaza
	Φ04.29	130 Main Plaza
		San Antonio, TX 78205
	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 Lunch for staff
		Eurori of Stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies manua
	Date 11/28/2023	Payee name La Mexicana Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.76	130 Main Plaza
		San Antonio TV 7020E
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

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 Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 45/73 Rpt: 48/77	Alvarez, Maria Luisa (The Honorable)	00081826
4 Date	5 Payee name	<u> </u>
11/29/2023	La Mexicana Mexican Restaurant	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$52.44	130 Main Plaza	
	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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Lunch meeting
Complete ONLY if direct	Condidate/Officeholder name Office sev	oht Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght Office held
Date	Payee name	
08/21/2023	Leticia R. Vazquez for Constable	
Amount (\$)	Payee address; City; State; Zip Co	de
\$100.00	8149 Oak Island	
	San Antonio, TX 78250	
PURPOSE OF	, , ,	(b) Description
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/Officeriolder/Political Committee	Contribution to campaign
		. •
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	-1	
Date	Payee name	
07/05/2023	Liberty Bar	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$91.17	1111 S Alamo St	
	San Antonio, TX 78210	
PURPOSE		(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Toda/Zovorage Zaponee	Check if Austin, TX, officeholder living expense
		Campaign staff lunch meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experientiale to beliefft C/O	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	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)
l	Sch: 46/73 Rpt: 49/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/22/2023	Little Red Barn Steak House
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$111.19	1836 S Hackberry St
l		
		San Antonio, TX 78210
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff birthday lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/28/2023	Marble Slab
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$26.15	10670 Culebra Rd Suite 103
		San Antonio, TX 78251
Г	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign staff ice cream
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
⊨	Data	
l	Date 09/05/2023	Payee name
		Marina Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	850 E Commerce St
l		
		San Antonio, TX 78205
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Parking for Labor Day event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

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	al Committee Legal Services Salaries/Wage The Instruction Guide explains how to comp	s/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 47/73 Rpt: 50/77	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	
	09/11/2023	Marriott Marquis Houston	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$901.81	1777 Walker St	
		Houston, TX 77010	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Hotel for conference in Houston
			Tioterior conference in Houston
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	10/10/2023	Marriott Marquis Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.49	1777 Walker St	
		Houston, TX 77010	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Reversal of duplicate refund for state taxes for hotel
			stay at Houston conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/20/2023	Marriott Waterfront Baltimore	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$710.58	700 Aliceanna St.	
	7.2000		
		Baltimore, MD 21202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GILZ		Check if Austin, TX, officeholder living expense
			Hotel for conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field

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: 48/73 Rpt: 51/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/19/2023	McCormick & Schmick's Seafood & Steaks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.39	711 Eastern Ave
		Baltimore, TX 21202
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
		Lunch at conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	07/20/2023	McDonald's
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.68	BWI Concourse AB
		Terminal Gates AB
		Linthicum Heights, MD 21240
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch at airport
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/29/2023	Mexican American Bar Association of San Antonio
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	P.O. Box 830953
		San Antonio, TX 78283
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Membership Dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Polling Ex nse Printing E	xpense xpens			Travel in Distric	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 49/73 Rpt: 52/77	Alvarez, M	aria Luisa (The Hond	rable)				00081826	
4	Date	5 Payee name		<u> </u>			<u> </u>		
	07/03/2023	NGP VAN,							
	0110312023								
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$159.90	655 15th S	t NW, Suite 650						
		Washingto	n, DC 20005						
8	PURPOSE	(a) Category (s	2 O-ti li-t-d -t d t	-f4b:bb-l-\	(b)	Description			
	OF	Fees	See Categories listed at the top	of this schedule)	(~)	_ :	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	1 003				Check if Austin	, TX,	officeholder livin	g expense
						Contributor d	ata	base month	nly service fee
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/O				_				
_	Data								
	Date	Payee name							
	08/02/2023	NGP VAN,	inc.						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$159.90	655 15th S	t NW, Suite 650						
		Washingto	n, DC 20005						
	PURPOSE				(h)	Description			
	OF	Fees	See Categories listed at the top	of this schedule)	(5)	_ :	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	1663						officeholder livin	
						Supporter da	tab	ase monthly	y charge
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/OI	1			Ū				
-	Data								
	Date	Payee name							
	09/01/2023	NGP VAN,							
	Amount (\$)	Payee addre	•	State; Zip Co	ode				
	\$159.90	655 15th S	t NW, Suite 650						
		Washingto	n, DC 20005						
	PURPOSE	(-) -	See Categories listed at the top	of this cohedule)	(h)	Description			
	OF	Fees	see Calegories listed at the top	of trils scriedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	1 003				Check if Austin	, TX,	officeholder livin	g expense
						Supporter Da	ıtab	ase monthl	y fee
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office h	eld
	expenditure to benefit C/O				_				
-	me provided by Tayas E	thine Commice	ion 14044	athice etata ty i		·	_	· · · · · · · · · · · · · · · · · · ·	Version V2 5 1 Objeth6

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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 50/73 Rpt: 53/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081826
Ļ	-	·	00001020
4	Date 10/02/2023	5 Payee name NGP VAN, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$159.90	655 15th St NW, Suite 650	
		Washington, DC 20005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trav	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense latabase fee
		Supporter	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
L			
	Date	Payee name	
	11/02/2023	NGP VAN, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.90	655 15th St NW, Suite 650	
		Washington, DC 20005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 663	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			Database fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	12/04/2023	NGP VAN, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.90	655 15th St NW, Suite 650	
		Washington, DC 20005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T.
		l	tin, TX, officeholder living expense
		Capporter C	
	Complete ONLY if direct expenditure to benefit C/Oh	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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 Cabadula 51:	,		
1 Total pages Schedule F1: Sch: 51/73 Rpt: 54/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826		
•			
4 Date	5 Payee name		
07/20/2023	Nalley Fresh		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$14.79	7050 Friendship Rd		
	Baltimore, MD 21240		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Lunch at airport		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
08/30/2023	National Domestic Violence Hotline		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	PO Box 90249		
	Austin, TX 78709		
PURPOSE	I		
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 Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense		
	Contribution to Help is on the Line Fundraiser		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	· ·		
Date	Payee name		
08/29/2023	Northeast Bexar County Democrats		
	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 700766		
	San Antonio, TX 78270-0766		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	Sponsorship for Labor Day picnic		
Complete ONLY if direct	Condidate/Officeholder name Office sought		
Complete <u>ONLY</u> 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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 52/73 Rpt: 55/77	Alvarez, Maria Luisa (The Honorable) 00081826				
4	Date	5 Payee name				
	07/19/2023	Northwest Democrats				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$560.00	5403 Jackwood Drive				
		San Antonio, TX 78238				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	ZA ZADITORZ	Candidate/Officeholder/Political Committee				
		Pat Maloney Dinner Sponsorship				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	08/31/2023	Nothing Bundt Cakes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.40	11620 Bandera Rd				
	400.10	Suite 102				
		San Antonio, TX 78250				
	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				
		Cake staff birthday				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-	Date	Davisa nama				
	12/18/2023	Payee name Panaderia Jimenez				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$897.88	1846 Fredericksburg				
		San Antonio, TX 78201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Christmas cookies for courts and court offices				
	2					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	onponditure to beliefit 6/01	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
	Sch: 53/73 Rpt: 56/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/03/2023	Paragon Payment Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
8	PURPOSE	(3)
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fee for contributor credit card processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2023	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2023	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
	PURPOSE	· · · · · · · · · · · · · · · · · · ·
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	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 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		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 54/73 Rpt: 57/77	2 FILER NAME Alvarez, Maria Luisa (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081826
4	Date 11/02/2023	5 Payee name Paragon Payment Solutions	
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 2141 East Broadway Rd. Suite 202 Tempe, AZ 85282	
8	PURPOSE OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T. TX, officeholder living expense DCESSING fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/04/2023	Payee name Paragon Payment Solutions	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 East Broadway Rd. Suite 202 Tempe, AZ 85282	
	PURPOSE OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T. TX, officeholder living expense OCESSING fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/29/2023	Payee name Pete's Tako House	
	Amount (\$) \$24.07	Payee address; City; State; Zip Code 502 Brooklyn Ave	
	DUDDOOF	San Antonio, TX 78215	
	PURPOSE OF EXPENDITURE	1 00d/Develage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense os for staff
	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 Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Lat The Instruction Guide explains how to complete this form	nse or		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Sch: 55/73 Rpt: 58/77	Alvarez, Maria Luisa (The Honorable)			00081826	
4	Date	Payee name				
	10/05/2023	Poblano's on Main				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$56.94	115 S Main Plaza San Antonio, TX 78205				
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check in C		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE	1 cod/Beverage Expense			officeholder living expense	
		Lunch n	eetir	ng		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office held	
	Date	Payee name				
	12/19/2023	Poblano's on Main				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$59.00	115 S Main Plaza				
		San Antonio, TX 78205				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	n			
	OF EXPENDITURE	1 Ood/Develage Expense			de of Texas. Complete Schedule T.	
		Lunch n			officeholder living expense	
		Lanon	cciii	9		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office held	
H	Date	Payee name				
	07/11/2023	Ready Refresh				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$66.33	PO Box 856192				
		Louisville, KY 40285				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	n			
	OF EXPENDITURE	1 Ood/Develage Expense			de of Texas. Complete Schedule T.	
					officeholder living expense r chambers	
		, was s				
_	Complete ONLY if direct	L Candidate/Officeholder name Office sought			Office held	
	expenditure to benefit C/OH					

SCHEDULE F1

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

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

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

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
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 56/73 Rpt: 59/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	08/09/2023	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.33	PO Box 856192
		Louisville, KY 40285
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 Drinking water service for chambers
		Difficing water service for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	09/06/2023	Ready Refresh
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$61.95	PO Box 856192
	Ψ01.93	1 0 00 030132
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
L		Louisville, KY 40285
	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
		Drinking water service for chambers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/04/2023	Ready Refresh
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.41	PO Box 856192

		Louisville, KY 40285
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Drinking water service for chambers
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

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: 57/73 Rpt: 60/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/31/2023	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.41	PO Box 856192
		Louisville, KY 40285
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 Drinking Water service for chambers
		Difficing votes service for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	11/24/2023	Ready Refresh
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$75.41	PO Box 856192
		Louisville, KY 40285
	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 Drinking water service for chambers
		Similar water service for chambers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/26/2023	Ready Refresh
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$75.41	PO Box 856192
		Louisville, KY 40285
	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 Drinking water service for chambers
		Dilliking water service for chambers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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	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: 58/73 Rpt: 61/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	08/31/2023	Rosario's Mexican Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.90	910 S. Alamo
		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 Staff Lunch
		Stati Euricii
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
	Date	Payee name
	08/30/2023	San Antonio Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	100 Dolorosa #500
		San Antonio, TX 78205
	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
		Membership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	10/24/2023	Sheraton Brix and Ale
		Payee address; City; State; Zip Code
	Amount (\$) \$154.60	1101 Woodlawn Avenue
	Φ104.00	TIOI WOOGIAWII AVEIIUE
		Coorgotours TV 70C20
		Georgetown , TX 78628
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner meeting at conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

	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: 59/73 Rpt: 62/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/31/2023	Sheraton Georgetown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.12	1101 Woodlawn Avenue
		Georgetown, TX 78626
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel room for conference in Georgetown
		Tioter room for connecence in Ocongetown
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/28/2023	St. Regis Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.01	1919 Briar Oaks Ln
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for conference
		Tioterior conterence
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	09/19/2023	Starbucks
_	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	801 San Pedro
	Φ25.00	601 Sali Peulo
		San Antonio, TX 78212
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Cond/Bayarage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee and breakfast for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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: 60/73 Rpt: 63/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/26/2023	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	801 San Pedro
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Coffee and Breakfast for court staff
		Collee and Dieaklast for Court Stail
_	Complete ONLY if direct	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	801 San Pedro
		San Antonio, TX 78212
	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
		Coffee and breakfast for court staff
		Conce and preamage for court stain
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/11/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	801 San Pedro
		San Antonio, TX 78212
	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.
	ZA ZABITORZ	Ceffee and breakfew that
		Coffee and breakfast for staff
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 61/73 Rpt: 64/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/13/2023	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.55	801 San Pedro
		San Antonio, TX 78212
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
		Coffee and breakfast for court staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dove nome
	08/30/2023	Payee name State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$445.00	1414 Colorado Street
		Austin, TX 78701
	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
		Bar Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Pouse name
	07/20/2023	Payee name Stellar News BWI
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.09	7050 Friendship Road
		Baltimore, MD 21240
	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
		Refreshment while waiting at airport for flight
	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 -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: 62/73 Rpt: 65/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/27/2023	Taqueria Chapla Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.53	1902 McCullough
		San Antonio, TX 78212
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
		Lunch meeting
		Landi incoming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	H
F	Date	Payee name
	08/04/2023	Texas Woman Rainmakers
H	Amount (\$)	Payee address; City; State; Zip Code
	\$81.88	3701 Kirby Dr Ste 760
	Ψ01.00	STOLINIBY DI SIC 100
		H TV 77000
L		Houston, TX 77098
	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 Conference registration fee.
		Conference registration ree.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· ·
⊨		
	Date	Payee name
L	10/25/2023	The Garden at the Summit
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.60	1500 Rivery Blvd, Suite 2175
l		
		Georgetown, TX 78268
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Dinner meeting at conference
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditats/Officebldor/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide 6	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM		•			3	Filer ID	(Ethics Commission Filers	:)
_	Sch: 63/73 Rpt: 66/77	l	L aria Luisa (The Hono	rable)				00081826	(Lancs Commission File)	,,
4	Date	5 Payee name	<u> </u>				<u> </u>			
	09/22/2023	Tiff's Treat								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	nde					
ľ	\$115.50	l ´	dway St #114	State, Zip Ge	Juc					
	Ψ113.30	1221 5100	away St #114							
		San Anton	io, TX 78215							
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			ш		de of Texas. Comp		
						_		officeholder living		
						Cookies for c	oui	mouse stan		
					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office he	ld	
	Date	Payee name)							
	12/07/2023	Tito's Mexi	can Restaurant							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$55.41	955 S Alan	no St							
		San Anton	io, TX 78205							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Comp		
						Staff Lunch	, IX,	officeholder living	expense	
						Stall Lulicii				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	uld.	
	expenditure to benefit C/O		ncenoidel name	Office Suc	ignt			Office fie	iiu	
		<u> </u>								
	Date	Payee name								
	07/20/2023	Tony + Bei	nny's							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$21.62	Space A-5	a, Concourse A							
		Baltimore \	Nashington Internatio	nal Airport						
		Baltimore,	MD 21240							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schodulo)	(b)	Description				
	OF	1	rage Expense	of this scriedule)	()		outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE		reige =/iperioe			Check if Austin	, TX	officeholder living	expense	
						Airport food fo	or o	conference ti	ravel	
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 64/73 Rpt: 67/77	Alvarez, Maria Luisa (The Honorable) 00081826					
4	Date	5 Payee name					
	07/17/2023	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$38.79	1455 Market Ste. 400					
		San Francisco, CA 94103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Car ride to airport for conference					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
H	Date	Payee name					
	07/17/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$27.84	1455 Market Ste. 400					
		San Francisco, CA 94103					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Uber from airport to hotel for conference					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Data						
	Date 07/19/2023	Payee name Uber					
	Amount (\$) \$19.03	Payee address; City; State; Zip Code 1455 Market Ste. 400					
	Ψ19.03	1433 Market Ste. 400					
		San Francisco, CA 94103					
		To.					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Uber ride while attending conference					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	experiulture to benefit C/OI	п					

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: 65/73 Rpt: 68/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/19/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.03	1455 Market Ste. 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride while attending conference
		Ober fide while attending conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	07/19/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.72	1455 Market Ste. 400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride while attending conference
		Ober fide while attending contenence
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 07/20/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.70	1455 Market Ste. 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride while attending conference
		Oper fide wille attending conference
_	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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide e	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 66/73 Rpt: 69/77	Alvarez, M	laria Luisa (The Hono	rable)				00081826		
4	Date	5 Payee nam	е							
	08/07/2023	Uber								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$12.97	1455 Mark	cet Ste. 400							
		San Franc	isco, CA 94103							
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Travel In [District			=		de of Texas. Com officeholder living		
						Uber ride to n			, олрошое	
								J		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	<u>I</u> ught			Office he	eld	
	experientare to benefit Grot	1								
	Date	Payee nam	е							
	09/12/2023	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$5.81	1455 Mark	cet Ste. 400							
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out of District			=		de of Texas. Com			
						Uber ride at o		officeholder living		
						ober nac at c	,011	iciciice iii ii	ouston	
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H			Ū					
H	Date	Payee nam	e							
	10/04/2023	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$8.71	l í	cet Ste. 400							
		San Franc	isco, CA 94103							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Travel In [District					de of Texas. Com officeholder living		
						Uber ride to n			j expense	
						SSCI HUC TO II		Julig		
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI			200 000	J			200 110		
\vdash										

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	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: 67/73 Rpt: 70/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/19/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.96	1455 Market Ste. 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride at conference in Georgetown
		Ober fide at conference in occupation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/19/2023	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$3.74	1455 Market Ste. 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Uber ride at conference in Georgetown
		Ober fide at conference in Octorgetown
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/20/2023	Uber
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.92	1455 Market Ste. 400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber ride at conference in Georgetown
		555. 1.de at 651110.51.55 ii. 6561.650111
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

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

	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: 68/73 Rpt: 71/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/23/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.63	1455 Market Ste. 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber ride at conference in Georgetown
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.69	1455 Market Ste. 400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Uber ride at conference in Georgetown
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.60	1455 Market Ste 400

		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber ride at conference in Georgetown
	0 1. 0	
	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 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

Credit Card Payment		Eegal Services Salaties/wages/Solitate E	aboi	OTTIET (CITICI &	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: 69/73 Rpt: 72/77	Alvarez, Maria Luisa (The Honorable)		00081826				
4	Date	5 Payee name						
	10/23/2023	Uber						
3	Amount (\$) \$28.68	7 Payee address; City; State; Zip Code 1455 Market Ste 400						
		San Francisco, CA 94103						
В	PURPOSE OF EXPENDITURE	Check	k if travel out k if Austin, T	side of Texas. Com X, officeholder living nference in G	expense			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office he	eld			
	Date	Payee name						
	10/23/2023	Uber						

EXPENDITURE CATEGORIES FOR BOX 8(a)

9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
	Date	Payee name		
	10/23/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$27.54	1455 Market Ste 400		
		San Francisco, CA 94103		
	PURPOSE OF		(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Uber ride at conference in Georgetown
				3 3 3 3 3 3
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ght	Office held
	Date	Payee name		
	12/04/2023	Vargas III, Robert		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	301 E. Cevallos #137		
		San Antonio, TX 78204		
	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.
				Check if Austin, TX, officeholder living expense Graphics and Social Media consulting retainer
				Craphics and Coolar Media consulting retainer
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held

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 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: 70/73 Rpt: 73/77	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date	5 Payee name						
	11/06/2023	Vargas III, Robert						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	301 E. Cevallos #137						
		San Antonio, TX 78204						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF Consulting Expense Check if travel outside of Texas. Complete Schedule							
			in, TX, officeholder living expense Id Social Media consulting retainer					
		Graphics an	a Social Media Consulting retainer					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
ľ	expenditure to benefit C/O		Childe Held					
_	Date	Payee name						
	10/03/2023	Vargas III, Robert						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	301 E. Cevallos #137						
	Ψ500.00	301 L. Gevanos #131						
		San Antonio TV 70204						
		San Antonio, TX 78204						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.					
	EXPENDITURE	Consulting Expense	in, TX, officeholder living expense					
		Graphics an	nd Social Media consulting retainer					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	1						
	Date	Payee name						
	09/05/2023	Vargas III, Robert						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	301 E. Cevallos #137						
		San Antonio, TX 78204						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense	el outside of Texas. Complete Schedule T.					
	EXI ENDITORE		in, TX, officeholder living expense					
		Graphics an	nd Social Media consulting retainer					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field					

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: 71/73 Rpt: 74/77	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	08/02/2023	Vargas III, Robert
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	301 E. Cevallos #137
		San Antonio, TX 78204
8	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. Check if Austin, TX, officeholder living expense
		Graphics and Social Media consulting retainer
		Chapmoo and Cooke mould consuming retained
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	07/05/2023	Payee name Vargas III, Robert
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	301 E. Cevallos #137
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Graphics and Social Media consulting retainer
		3. sp. 1.03 st. 18 33. st. 1. 3 st. 1.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	09/18/2023	Westin Riverwalk
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.48	420 W. Market
		San Antonio, TX 78205
	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
		Lunch meeting
		g
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - પી Cor		Gift/Awards/M Legal Services	•			/ages/	/Contract Labor			Out of Dis (enter a	strict category not listed a	above)
L					uon Guide	expiains i	TOW TO COL	npie	ete this form.					
1	Total pages Schedule F1:	ı								3			(Ethics Commis	sion Filers)
_	Sch: 72/73 Rpt: 75/77	⊢	Alvarez, Ma	ria Luisa (The Hond	orable)					00081	1826		
4	Date	ı	Payee name											
	10/17/2023		Westin Rive	rwalk										
6	Amount (\$)	7	Payee addres	ss; City	;	State;	Zip Co	de						
	\$69.47		420 W. Mar	ket										
			San Antonio	o, TX 7820	15									
8	PURPOSE	(a)	Category (Se	e Categories li	sted at the ton	of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever				-,			outsi	ide of Tex	as. Com	plete Schedule T.	
	EXPENDITURE								Check if Austin,		, officehol	der living	g expense	
									Lunch meetin	ng				
L		L						_		_				
9	Complete ONLY if direct		Candidate/Offic	ceholder na	me	0	Office sou	ght			Ot	ffice he	eld	
	expenditure to benefit C/OF	H												
Г	Date	Г	Payee name					_		_				
	08/04/2023		Westin San	Antonio										
	Amount (\$)	Т	Payee addres	ss; City	;	State:	Zip Co	de		—				
	\$36.48		9821 Coloni			-1								
	Ψ30.∃0		501011	5 5,70										
			San Anto-	, TV 7000	·O									
		Ļ	San Antonio											
	PURPOSE OF	(a)	Category (Se			of this sche	edule)	(b)	Description		ale C		mlate O. I	
	EXPENDITURE		Food/Bever	age Expe	nse				Check if travel of Check if Austin,				plete Schedule T.	
									Refreshment					
									. conconnicill	ul	, at ivit	aioi i c)	, 5411161	
_	Complete ONLY if direct	Щ	Candidate/Offic	eholder no	me		Office soug	thr				ffice he	əld	
	expenditure to benefit C/OF		Janundie/UIII	ocholuel Ili	u IIC	U	mee sou(gill			O.	ce 116	Jiu	
_		_						_						
	Date		Payee name											
	09/20/2023	L	Wix.com Ltd	J										
	Amount (\$)	_	Payee addres	•		State;	Zip Co	de		_				
	\$350.73		500 Terry A	. Francois	Blvd.									
			San Francis	co, CA 94	158	_	_							
	PURPOSE	(a)	Category (Se	e Categories li	sted at the top	of this sche	edule)	(b)	Description					_
	OF EXPENDITURE		Advertising										plete Schedule T.	
	EVLEINDLIOKĘ		J						Check if Austin,				g expense	
									Website hosti	ing	renew	<i>ı</i> al		
	Complete ONLY if direct		Candidate/Offic	ceholder na	ıme	0	Office sou	ght			O:	ffice he	eld	
	expenditure to benefit C/OF	H —								_				
_														

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FII FR NAME							3	Filer ID	(Ethics Co	ommission Filers)		
•	Sch: 73/73 Rpt: 76/77	ı	Alvarez, Ma		(The Hor	norable)				ı	00081826	(2.1100 00			
4	Date	5	Payee name												
	12/26/2023		Wix.com Ltd												
6	Amount (\$) \$506.61	7	Payee address 500 Terry A			State	; Zip Co	de							

		 	San Francis	co, CA 94	4158										
8	PURPOSE OF	(a)	Category (Se	ee Categories	listed at the t	op of this sch	nedule)	(b)	Description						
	EXPENDITURE		Fees						ш		de of Texas. Co		e T.		
									_		officeholder livir				
									Domain hosti	ng	annuai ren	ewai			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder n	ame	(Office sou	ght			Office h	neld			
	Date		Payee name												
	07/20/2023		iFusion Exp	ress											
	Amount (\$)		Payee addres	ss; City	y ;	State	; Zip Co	de							
	\$7.37		621 E. Pratt	St. #120											
		┝	Baltimore, N												
	PURPOSE OF		Category (Se			op of this sch	nedule)	(b)	Description				_		
	EXPENDITURE		Food/Bever	d/Beverage Expense			_		de of Texas. Co		le T.				
Check if Austin, TX, officeholder living expense Lunch while attending conference															
									Lanon Willo	<i></i>	rianing com	3101100			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder n	ame	(Office sou	ght			Office h	neld			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 77/77 2 FILER NAME Filer ID (Ethics Commission Filers) Alvarez, Maria Luisa (The Honorable) 00081826 8 Amount (\$) Date 5 Name of person from whom amount is received 09/13/2023 Marriott Marquis Houston \$101.49 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77010 Purpose for which amount is received Check if political contribution returned to filer Refund from hotel state tax charges for conference Amount (\$) Name of person from whom amount is received Date 09/13/2023 Marriott Marquis Houston \$101.49 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77010 Purpose for which amount is received Check if political contribution returned to filer Refund from hotel state tax charges for conference