# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00019673		2 Total pages filed: 48	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY
OFFICEHOLDER NAME	The Honorable	Alma A.			Date Received	
10 WIL					ELECTRONICALLY F	II ED
					02/26/2024	ILLD
	NICKNAME	LAST		SUFFIX	02/20/2024	
		Allen				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Pos	tmarked
OFFICEHOLDER MAILING	3717 Cork Drive					
ADDRESS					Receipt # Amoun	nt
Change of Address	Houston, TX 77047-2801					
					Date Processed	
					Data laranad	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mr.	Alfred				
NAME	IVII.	7 un cu				
	NICKNAME	LAST		SUFFIX		
	NICKNAME	Jackson		SUFFIX		
		Jackson				
6 CAMPAIGN	STREET ADDRESS (NO PO	DOV DI EASE):	ΛD:	T / SUITE #; CITY;	STATE;	ZIP CODE
TREASURER	3717 Cork Drive	BOX PLEASE),	AP	1/3011E#, CITT,	SIAIE,	ZIP CODE
ADDRESS	3717 COIK DIIVE					
(Residence or Business)						
	Houston, TX 77047-2801					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(713) 734-1542					
PHONE	(1.29) 1.0 1.20 1.2					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign tr	
			<u> </u>		appointment (officeholder	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH	I-FR)
<b>6</b> DEDIOD	Month Day Voor			Month Day	Vasu	
9 PERIOD COVERED	Month Day Year	TU	IROUGH	Month Day	Year	
	01/26/2024	117	ikougn	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LO ELECTION	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		illiary	브		
	33/33/232	□□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distr	rict 131		State Represent	ative District 131	
		GO T	O PAGE 2			
		• • • • • • • • • • • • • • • • • • • •	<del></del> -			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	<b>14</b> Filer ID 00019673	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Gulf Coast AFL-CIO Working People	PAC	
		COMMITTEE ADDRESS		
	SPECIFIC	2506 Sutherland St.		
		Houston, TX 77023		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Wolf, Lacy		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		2506 Sutherland St.		
		Houston, TX 77023		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	<b>\$</b> 135,165.35
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 36,403.47
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 112,290.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Alma A. Aller	1
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

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				3 01 48
<b>18</b> FILER NAME Allen, Alma	E A. (The Honorable)	<b>19</b> Filer ID 00019673	(Ethics Co	mmission Filers)
20 SCHEDULE NAME OF SC			SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	115,045.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	20,120.35
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	36,403.47
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	13.94

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/48	
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/13/2024	<ul><li>5 Full name of contributor ATPE PAC</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78752-3792					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructio	ns)		
	Date 02/22/2024	Full name of contributor Allen Boone Humphries F Contributor address; City; S				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	s)	Employer (See Instructio	ns)		
	•	`	,	. , (			
	Date 02/22/2024	Full name of contributor Ann Johnson Campaign Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
		Houston, TX 77253					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructio	ns)		
	Date 02/14/2024	Full name of contributor Benford, Bennie Contributor address; City; S Pearland, TX 77584				Amount of Contribution (\$)	\$100.00
	Principal occu Operations N	pation / Job title (See Instructions Manager	;)	Employer (See Instructio Quantum Environmen			
	Date 02/01/2024	Full name of contributor CenterPoint Energy PAC Contributor address; City; S Houston, TX 77210-4567				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructio	ns)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/48	
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/13/2024	Chris Turner Campaign	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
_		Grand Prairie, TX 75054					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 02/22/2024	Connor, Matthew	state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Cypress, TX 77433					
	Principal occu Managing Pr	pation / Job title (See Instructions) incipal		Employer (See Instructions Aerete Public Affairs	)		
	Date 02/22/2024	Full name of contributor out-of-s Craft PAC Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78766					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/22/2024	Deadrick, June		)		Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) deral Relations		Employer (See Instructions CenterPoint Energy	)		
	Date 02/12/2024	Ellis, Melody				Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/48
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00019673
4	Date 02/01/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$25.00
8	Principal occu	Houston, TX 77047 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)	
	Retired			retired		
	Date 02/22/2024	Full name of contributor		)		Amount of Contribution (\$) \$1,000.00
		Houston, TX 77010-3031				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Funds Available for Involved Reporters  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$500.00
		Austin, TX 75751				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> s)	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Leroy Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$15.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Gee, Terri  Contributor address; City; State; Zip Code  Sugar Land, TX 77479		)		Amount of Contribution (\$) \$250.00
	Principal occu not employe	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONEI	ARY POLITICAL CONTRIBUTION	N	15		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/48
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00019673
4	Date 02/18/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$) \$250.00
8	Principal occu Partner	Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions Waterman Steele Group		E LLC
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Hawkins, Barbara  Contributor address; City; State; Zip Code  San Antonio, TX 78255		)	•	Amount of Contribution (\$) \$500.00
	Principal occu President/CE	pation / Job title (See Instructions) EO		Employer (See Instructions George Gervin Youth C		ter Inc.
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ House Democratic Campaign Committee  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$6,250.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Federation of Teachers COPE  Contributor address; City; State; Zip Code  Houston, TX 77027		)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC  Contributor address; City; State; Zip Code  Deer Park, TX 77536		)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/48	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Allen, Alma	A. (The Honorable)				00019673	
4	Date 02/22/2024	Jaramillo, Fulvio	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$500.00
•	Dringing occur	Houston, TX 77056	lo.	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions DECON LLC Structural		aineerina	
	Fresidenii/O			DECON LLC Structural			
	Date 02/20/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77042					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	attorney			Law Office of Harry John	nsc	on	
	Date 02/01/2024	Full name of contributor  Josey, Martha  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77053					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) [		
	Retired	paner rest and (est mendeners)			,		
	Date 02/13/2024	Full name of contributor Kelly, Russell  Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions Blackridge	5)		
	Date 02/09/2024	Ligon, Ira	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/48	
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/13/2024	<ul><li>5 Full name of contributor MOAK Casey PAC</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions	·)	9 Employer (See Instructions	s)		
	Date 02/13/2024	Full name of contributor Miller, Robert  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 77033 pation / Job title (See Instructions	<u>,                                      </u>	Employer (See Instructions	z) 		
	Attorney	pation 7 300 title (See matrictions		Locke Lord LLP	> <i>)</i>		
	Date 02/13/2024	Full name of contributor Mirwis, Etan Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77096					
	Principal occu Owner	pation / Job title (See Instructions	(i)	Employer (See Instructions Rockwell Management	S)		
	Date 02/01/2024	Full name of contributor Munoz, Lindsay  Contributor address; City; St  Houston, TX 77027		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions	5)	Employer (See Instructions Whitmire and Munoz LL			
	Date 02/13/2024	Full name of contributor NRG PAC Contributor address; City; St Princeton, NJ 08540-6213		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/48	
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/06/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$250.00
_		Fort Worth, TX 76124				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Parents for Full & Fair Funding of Public Schools Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Houston, TX 77057				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: Philips Uresti Meachum Partners  Contributor address; City; State; Zip Code  Austin, TX 78711	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: Plumber's Local Union #68  Contributor address; City; State; Zip Code  Houston, TX 77249	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		I				

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/48	
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/09/2024	<ul> <li>Full name of contributor  out-of-st</li> <li>Pouncy, Boretha</li> <li>Contributor address; City; State; Zip Cod</li> </ul>		)	7	Amount of Contribution (\$)	\$15.00
_		Houston, TX 77053					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 02/22/2024	Rodney Ellis Campaign  Contributor address; City; State; Zip Cod		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston , TX 77005 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/22/2024	Full name of contributor out-of-st Sadeghpour, David Contributor address; City; State; Zip Cod Houston, TX 77007	ate PAC (ID#:	)		Amount of Contribution (\$)	\$150.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Scientech	)		
	Date 02/05/2024	Full name of contributor out-of-st Salman Bhojani Campaign Contributor address; City; State; Zip Cod Irving, TX 75063		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/01/2024	Scurlock, Linda	ate PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions HISD	)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/48	
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commissi 00019673	on Filers)
4	Date 02/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$15,000.00
_	Deinsinal	Houston, TX 77081	C. Faralance (Construction	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Katy, TX 77449 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Senior Princi	`	Brooks and Sparks Inc.	,		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sylvester Turner for Mayor Campaign  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77256				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO State COPE Fund Contributor address; City; State; Zip Code  Austin, TX 78711-2727			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas American Federation of Teachers COPE Contributor address; City; State; Zip Code  Austin, TX 78704	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		•				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/48			
2	FILER NAME Allen, Alma	A. (The Honorable)		;	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 02/13/2024	_ `			7 Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (S	See Instructions)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (I Texas Dental Association PAC/ DENPAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (I Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code	D#:		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Waco, TX 76702 pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/22/2024 Texas Optometric PAC  Contributor address; City; State; Zip Code  Austin, TX 78705			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (S	Gee Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/13/2024 Texas Sands PAC  Contributor address; City; State; Zip Code  Austin, TX 78701		)	Amount of Contribution (\$)	\$4,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (S	See Instructions)		
			•			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/48			
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commission 00019673	on Filers)	
4	Date 02/13/2024	Full name of contributor			Amount of Contribution (\$)	\$50,000.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
_	- Timolpai coca	pation / cos the (ese metastions)	Campioyer (God mondonorio				
	Date Full name of contributor out-of-state PAC (ID#:)  02/01/2024 VATAT PAC Fund  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$350.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Timolpai occa	pation / oob title (oce motivations)	Employer (See mandellons	,			
	Date Full name of contributor out-of-state PAC (ID#:)  02/13/2024 Vogel, Anneliese  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
		Austin, TX 78758-3831					
	Principal occu Chief of Staf	pation / Job title (See Instructions) f	Employer (See Instructions TX House of Reps./Alma		len		
	Date Full name of contributor out-of-state PAC (ID#:_02/01/2024 Wendolyn, Ray  Contributor address; City; State; Zip Code  Houston, TX 77045		)		Amount of Contribution (\$)	\$5.00	
	Principal occupation / Job title (See Instructions)  retired  Employer (See Instructions)						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Sc Sch: 1/2 Rpt:					
2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)				
Allen, Alma	A. (The Honorable)		00019673				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00			
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution			
02/02/2024	Blackridge		contribution (\$)	description Lemail blast for fundraiser			
	7 Contributor address; City; State; Zip Code		\$350.00	I			
	Austin, TX 78701		Check if travel of	outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See i	nstructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					
Date	Full name of contributor  ut-of-state PAC (ID#:	\	Amount of	In-kind contribution			
01/26/2024	Gulf Coast AFL-CIO Working People PAC		contribution (\$)				
02,20,202	Contributor address; City; State; Zip Code		I field services				
	Contributor address, Gity, State, Zip Code			<u>.</u>			
	Houston, TX 77023		Check if travel of	l butside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		· · · · · · · · · · · · · · · · · · ·			
	,		,				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)			
	,	,	,				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)			
				,			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>					
Date	Full name of contributor		Amount of	In-kind contribution			
02/12/2024		)	contribution (\$)				
02/12/2024	MOAK Casey PAC			fundraiser space and			
	Contributor address; City; State; Zip Code			refreshments			
	Austin, TX 78746		Charle if traval				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)			
1 morpai occi							
Contributor's	principal occupation (FOR JUDICIAL)	(FOR JUDICIAL)	(See instructions)				
	,	,	,				
Contributor's	employer/law firm (FOR JUDICIAL)	or's spouse (if any) (	FOR JUDICIAL)				
			, - ( )) (	,			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l					
	2, 2, paroni(o) (i. a.i.) (i. oi. oobionite)						
1							

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 16/48 3 Filer ID (Ethics Commission Filers) FILER NAME Allen, Alma A. (The Honorable) 00019673 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/05/2024 Texas Trial Lawyers Association PAC \$7,741.25 political mail 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 02/15/2024 Texas Trial Lawyers Association PAC \$7,741.25 political mail Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLEC	OGED CONTRIBU	TIONS			SCHEDULE B
TI	he Instruction Guide ex	1 Total pages Schedule B: Sch: 1/1 Rpt: 17/48			
2 FILER NA			(Ethics Commission Filers)		
	ma A. (The Honorable)	00019673			
TOTAL OF UNITEMIZED PLEDGES				\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	i:	) 8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code	3		I I I I I outside of Texas. Complete Schedule T
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In		outside of Texas. Complete Schedule 1.
				,	

	LOANS						SCH	IEDULE	E
	The Instructio	on Guide explains how to co	orm.	1		ges Schedule I L Rpt: 18/48	≣:		
2	FILER NAME Allen, Alma A. (1	Γhe Honorable)			3	Filer ID 000196	(Ethics Comr	nission Filers	6)
4	TOTAL OF UN	IITEMIZED LOANS					\$	(	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amo	unt (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	ate	
							<b>11</b> Maturity D	ate	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)				
14	Description of Coll	lateral		15 Check if personal	funds were o	deposited	into political a		
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount G	uaranteed (\$	5)
	not applicable	18 Guarantor address; City;	State;	Zip Code					
20	Principal occupation	on		21 Employer (See In	structions)				

#### 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 comple	ete this form.			
1	Total pages Schedule F1: Sch: 1/29 Rpt: 19/48	FILER NAME     Allen, Alma A. (The Honorable)			Filer ID 00019673	(Ethics Commission Filers)
4	Date 02/18/2024	5 Payee name ActBlue				
6	Amount (\$) \$73.08	7 Payee address; City; State; Zip Code 366 Summer Street				
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144-3132  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	_	TX,	le of Texas. Composition officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld
	Date 02/11/2024	Payee name ActBlue				
	Amount (\$) \$79.01	Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144-3132				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	$\Box$	TX,	le of Texas. Comp officeholder living g fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld
	Date 02/04/2024	Payee name ActBlue				
	Amount (\$) \$19.75	Payee address; City; State; Zip Code 366 Summer Street				
		Somerville, MA 02144-3132				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)		TX,	le of Texas. Comp officeholder living g fee	
	Complete ONLY if direct expenditure to benefit C/O	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 Committee

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 2/29 Rpt: 20/48	2 FILER NAME Allen, Alma A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00019673
L	•	
4	Date	5 Payee name
L	01/29/2024	Allied Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,401.36	14915 Stuebner Airline #L
		Houston, TX 77069
Ļ	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval sutside of Tayon Complete Cabedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		push cards
		paon oardo
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	Area 5 Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 608
		Pasadena, TX 77504
_	DUDDOSE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
	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
		contribution
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	02/20/2024	Brentwood Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13033 Landmark
		Houston, TX 77045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation
	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 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		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains		ages	s/Contract Labor	Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	12	<u> </u>		_		Filer ID	(Ethics Commission Filers)
	Sch: 3/29 Rpt: 21/48		Allen, Alma A. (The Honorable)				00019673	(Euros Commissión Fileis)
4	Date	5	Payee name					
	02/02/2024		Byrd, Kathy					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$350.00		4400 W. Airport Blvd.					
			#2004					
			Houston, TX 77045					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel outsid	de of Texas. Comp	olete Schedule T.
	EXPENDITORE		-			Check if Austin, TX,	officeholder living	expense
						block walking		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office he	ld
L	Dete							
	Date		Payee name					
	02/09/2024		Byrd, Kathy					
	Amount (\$)			e; Zip Co	de			
	\$215.00		4400 W. Airport Blvd.					
			#2004					
			Houston, TX 77045					
	PURPOSE	(a)	Category (See Categories listed at the top of this sol	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside		
						Check if Austin, TX, block walking	officeholder living	expense
						block walking		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht		Office he	ld
	expenditure to benefit C/OI		sandado, emechelaci name					
	Date		Payee name					
	02/16/2024		Byrd, Kathy					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$260.00		4400 W. Airport Blvd.					
			#2004					
			Houston, TX 77045					
	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside		
	_/					Check if Austin, TX,	officeholder living	expense
						block walking		
_	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht		Office he	ld
	expenditure to benefit C/O		San and a san a	211100 00u	9.11		Cilioc He	

#### 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 Salarice Magnet/Contract Labor

ense Travel in Dis pense Travel Out o ages/Contract Labor OTHER (ent

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 4/29 Rpt: 22/48	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	02/02/2024	Campbell, Evelyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	8627 Brandon St.
		Houston, TX 77051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		block walking
_	Complete ONLY if disent	Condidate Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	02/06/2024	Campbell, Evelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	8627 Brandon St.
		Houston, TX 77051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		block walking
	Operation ONE V # discort	Out it is to the later and the second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/21/2024	Campbell, Evelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	8627 Brandon St.
		Houston, TX 77051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		block walking
	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

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: 5/29 Rpt: 23/48	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	02/21/2024	Campbell, Evelyn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	8627 Brandon St.
		Houston, TX 77051
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  block walking
		block walking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/22/2024	Campbell, Evelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	8627 Brandon St.
		Houston, TX 77051
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  block walking
		block walking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	02/14/2024	Dewitt, Linda
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	302 Mulcahy St.
		Rosenberg, TX 77471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  block walking
		block walking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card r dyment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
L	Sch: 6/29 Rpt: 24/48	Allen, Alma A. (The Honorable)	00019673
4	Date 02/14/2024	5 Payee name Dewitt, Linda	
6	Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 302 Mulcahy St.	
L		Rosenberg, TX 77471	
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  block walking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Γ	Date	Payee name	
	02/02/2024	Ferguson, Terrance	
	Amount (\$) \$280.00	Payee address; City; State; Zip Code 3506 Cork Dr.	
		Houston, TX 77047	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  block walking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	02/07/2024	Ferguson, Terrance	
	Amount (\$) \$240.00	Payee address; City; State; Zip Code 3506 Cork Dr.	
		Houston, TX 77047	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking
	Complete ONLY if direct expenditure to benefit C/Ol	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 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 File	ers)
	Sch: 7/29 Rpt: 25/48	Allen, Alma A. (The Honorable) 00019673	
4	Date	5 Payee name	
	02/12/2024	Ferguson, Terrance	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$430.00	3506 Cork Dr.	
	¥ 100100		
		Houston, TX 77047	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		block walking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/21/2024	Ferguson, Terrance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$510.00	3506 Cork Dr.	
	,		
		Houston, TX 77047	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		block walking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/21/2024	Ferguson, Terrance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$480.00	3506 Cork Dr.	
		Houston, TX 77047	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		block walking	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/OI	11	

#### 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·			
_	Sch: 8/29 Rpt: 26/48	Allen, Alma A. (The Honorable)			
_	•				
4	Date 02/23/2024	5 Payee name			
		Garrett, Carol			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$190.00	5010 Pershing			
		Houston, TX 77033			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		pushing cards at the polls			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experientare to benefit 6/01	<u> </u>			
	Date	Payee name			
	02/02/2024	Guillory, Benjamine			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$210.00	12902 Segrest Dr.			
		Houston, TX 77047			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		block walking			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	02/09/2024	Guillory, Benjamine			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$485.00	12902 Segrest Dr.			
		· · · · · · · · · · · · · · · · · · ·			
		Houston, TX 77047			
	DUDDOGE	In.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		block walking			
	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 Made By -Candidate/Officeholder/Political Commit

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 9/29 Rpt: 27/48	Allen, Alma A. (The Honorable) 00019673		
4	Date	5 Payee name		
	02/16/2024	Guillory, Benjamine		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$430.00	12902 Segrest Dr.		
		Houston, TX 77047		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
		block walking		
		Sicol Walking		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Date	Davide name		
	02/21/2024	Payee name Guillory, Benjamine		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$290.00	12902 Segrest Dr.		
		Houston, TX 77047		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expense.		
		Check if Austin, TX, officeholder living expense  block walking		
		Slook Walking		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		
_	Data	Davies wares		
	Date 01/29/2024	Payee name House Democratic Campaign Committee		
		· -		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	PO Box 1925		
		Austin, TX 78767		
	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 ice		
	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: 10/29 Rpt: 28/48	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	02/08/2024	Houston Informer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3906 Daphne
		'
		Houston, TX 77021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		political email blast
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/20/2024	Houston Neighbors Newspaper
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	PO Box 330747
		Houston, TX 77233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  newspaper ad
		πενισμαρεί αυ
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
H		
	Date	Payee name
	02/06/2024	Hunter, Torrance
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	11103 Safeguard
		Houston, TX 77047
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
I		block walking
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 29/48	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
L	02/13/2024	Hunter, Torrance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$205.00	11103 Safeguard
		Houston, TX 77047
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  block walking
		DIOCK WAIKING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/21/2024	Hunter, Torrance
H	Amount (\$)	Payee address; City; State; Zip Code
	\$340.00	11103 Safeguard
		Houston, TX 77047
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  block walking
		Siook Walking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/22/2024	Hunter, Torrance
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	11103 Safeguard
		Houston, TX 77047
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		block walking
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### 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: 12/29 Rpt: 30/48	2 FILER NAME Allen, Alma A. (The Honorable)		Filer ID 00019673	(Ethics Commission Filers)
4	Date 01/29/2024	5 Payee name Johnson, James	<u> </u>		
6	Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 4706 Trail Lake Drive			
8	PURPOSE OF EXPENDITURE		stin, TX,	de of Texas. Comp officeholder living Signs	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH		Office he	eld
	Date 02/20/2024	Payee name KCOH Radio			
	Amount (\$) \$1,050.00	Payee address; City; State; Zip Code 2616 SW Freeway  Houston, TX 77054			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if trav		de of Texas. Composition	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH		Office he	eld
	Date 02/12/2024	Payee name Kaough, Trina			
	Amount (\$) \$135.00	Payee address; City; State; Zip Code 7447 Bellfort St. #404 Houston, TX 77087			
	PURPOSE OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	stin, TX,	de of Texas. Composficeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH		Office he	eld

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
•	Sch: 13/29 Rpt: 31/48	Allen, Alma A. (The Honorable)  00019673				
4	Date	5 Payee name				
	02/20/2024	Kaough, Trina				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$255.00	7447 Bellfort St.				
		#404				
		Houston, TX 77087				
_	DUDDOGE					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		block walking				
		block walking				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experialture to benefit C/O	1				
	Date	Payee name				
	02/21/2024	Kaough, Trina				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$210.00	7447 Bellfort St.				
	Φ210.00					
		#404				
		Houston, TX 77087				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		block walking				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
_	Date	Payee name				
	01/30/2024	Kelly, Ed (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$340.00	4614 Trail Lake				
		Houston, TX 77045				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		coordinate and put out yard signs				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
	Sch: 14/29 Rpt: 32/48	Allen, Alma A. (The Honorable) 00019673			
4	Date	5 Payee name	_		
l	01/29/2024	Lee, Clifford			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
l	\$240.00	4713 Tiffany			
l					
l		Houston, TX 77045			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
l	OF EXPENDITURE	Salaries/Wages/Contract Labor			
l		Check if Austin, TX, officeholder living expense  put out yard signs			
l		put out yard signs			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
ľ	expenditure to benefit C/OI				
⊨	Date	Payee name	-		
l	02/21/2024	McNiel, Kathryn			
┝	Amount (\$)	Payee address; City; State; Zip Code	_		
l	\$1,500.00	4711 Yoakum Blvd.			
l	Ψ1,000.00	FILL TOURGIN BIVG.			
l		Houston, TX 77006			
┝	PURPOSE		_		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Check if Austin, TX, officeholder living expense			
l		fundraising			
L					
l	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
┕			_		
	Date	Payee name			
L	02/02/2024	McQueen, LaQuinta			
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$210.00	12606 South Coast Dr.			
l					
		Houston, TX 77047			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
l		block walking			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI	<del>1</del>			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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 6	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 15/29 Rpt: 33/48	Allen, Alma	a A. (The Honorable)					00019673		
4	Date	5 Payee name	e							
	02/09/2024	McQueen,	LaQuinta							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$485.00	12606 Soເ	th Coast Dr.							
		Houston, 7								
8	PURPOSE OF		See Categories listed at the top		(b)	Description		:d4.T	mlata Cabadula T	
	EXPENDITURE	Salaries/W	ages/Contract Labor			=		, officeholder living	plete Schedule T. a expense	
						block walking		,	, . ,	
						J				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>I</u> ught			Office h	eld	
┕										
	Date	Payee name								
	02/16/2024	McQueen,	LaQuinta							
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$430.00	12606 Soເ	ith Coast Dr.							
		Houston, 1	X 77047							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			<b>=</b>			plete Schedule T.	
						block walking		, officeholder living	) expense	
						DIOOK Walking	,			
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ıaht			Office he	he	
	expenditure to benefit C/OI			200	gc			000		
H	Date	Doves nome	`							
	02/21/2024	Payee name McQueen,								
		` `		Ctoto: 7in C	odo					
	Amount (\$) \$290.00	Payee addr	ess; City; oth Coast Dr.	State; Zip C	oue					
	Φ290.00	12000 300	itii Coast Di.							
		Houston, 1	X 77047							
$\vdash$	PURPOSE		See Categories listed at the top	of this schodule)	(b)	Description				
	OF		ages/Contract Labor		'		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		g					, officeholder living	g expense	
						block walking	J			
L										
1	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	experialitate to beliefft C/OI	1								
1										
1										
_										

#### 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 (Contract Labor

eimbursement Solicitation/Fundraising Expense
Intal Expense Transportation Equipment & Related Expense
Travel in District
Intract Labor OTHER (enter a category not listed above)

	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: 16/29 Rpt: 34/48	Allen, Alma A. (The Honorable) 00019673			
4	Date	5 Payee name			
	01/26/2024	Mt. Hebron Missionary Baptist Church			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$40.00	7817 Calhoun Road			
		Houston, TX 77033			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		Scholarship fund			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
$\vdash$	Data				
	Date	Payee name			
	02/06/2024	New Faith Baptist Church			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	4315 W. Fuqua St.			
		Houston, TX 77045			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		donation			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O				
	Date	Payee name			
	01/31/2024	Owens, Jackie			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$505.00	12715 Claygate			
		Houston, TX 77047			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		block walking			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
_					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 17/29 Rpt: 35/48	Allen, Alma A. (The Honorable)	00019673			
4	Date	5 Payee name				
	02/06/2024	Owens, Jackie				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$360.00	12715 Claygate				
		Houston, TX 77047				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Galarico Wagoor Comitact Easter	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
		block walkin				
		3.501.114.111	g captain			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
_	Date	Payee name				
	02/12/2024	Owens, Jackie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$635.00	12715 Claygate				
		· · ·				
		Houston, TX 77047				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Jaianes/ Wages/ Contract Labor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
		block walkin				
		3.501.114.111	g captain			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/20/2024	Owens, Jackie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$650.00	12715 Claygate				
		Houston, TX 77047				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.			
	EXI ENDITORE		in, TX, officeholder living expense			
		block walkin	y captain			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	•	Office field			
			<del></del>			
l						

#### 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

	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: 18/29 Rpt: 36/48	Allen, Alma A. (The Honorable)	00019673			
4	Date	5 Payee name				
	02/12/2024	Owens, Terrion				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	12715 Claygate Dr.				
		Houston, TX 77047				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Daianes/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T.			
		☐ Check if Aus block walkir	tin, TX, officeholder living expense			
		DIOCK WAIKII	·g			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		555 1.6.0			
_	Date	Payee name				
	02/21/2024	Owens, Terrion				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$320.00	12715 Claygate Dr.				
	Ψ020.00	12110 Olaygalo Di.				
		Houston, TX 77047				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if trav	el outside of Texas. Complete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contract Eabor	tin, TX, officeholder living expense			
		block walkir	ng			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	experiditure to beliefit C/Oi	1				
	Date	Payee name				
	02/23/2024	Owens, Terrion				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$360.00	12715 Claygate Dr.				
		Houston, TX 77047				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Cornilact Labor	el outside of Texas. Complete Schedule T.			
		block walkir	tin, TX, officeholder living expense			
		SIOCK WAIKI	ig capitani			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		555			
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 19/29 Rpt: 37/48	Allen, Alma A. (The Honorable) 00019673			
4	Date	5 Payee name			
	02/01/2024	Redmon, RonLand			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$280.00	12942 Claygate Dr.			
		Houston, TX 77047			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		block walking			
		area remark			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	02/06/2024	Redmon, RonLand			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$240.00	12942 Claygate Dr.			
		Houston, TX 77047			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		block walking			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Davisa nama			
	02/12/2024	Payee name Redmon, RonLand			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$350.00	12942 Claygate Dr.			
	4000.00				
		Houston, TX 77047			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		block walking			
	0 1: 0::::::				
	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 -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 co	mplete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Sch: 20/29 Rpt: 38/48	Allen, Alma A. (The Honorable)	00019673
4	Date	5 Payee name	·
	02/20/2024	Redmon, RonLand	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$320.00	12942 Claygate Dr.	
		Houston, TX 77047	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense block walking
			block walking
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
9	expenditure to benefit C/OI		gnit Office field
	Date	Payee name	
	02/22/2024	Redmon, RonLand	
	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$270.00	12942 Claygate Dr.	
		Houston, TX 77047	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		1	NIOCK WAIKING
			block walking
	Complete ONLY if direct	Candidata/Officeholder name Office sou	-
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	-
	expenditure to benefit C/OI	-	-
	expenditure to benefit C/Ol	Payee name	_
	Date 02/07/2024	Payee name Roberts, Eric	ght Office held
	Date 02/07/2024 Amount (\$)	Payee name Roberts, Eric Payee address; City; State; Zip Co	ght Office held
=	Date 02/07/2024	Payee name Roberts, Eric	ght Office held
_	Date 02/07/2024 Amount (\$)	Payee name Roberts, Eric Payee address; City; State; Zip Co 3228 Binz St.	ght Office held
	Date 02/07/2024 Amount (\$)	Payee name Roberts, Eric Payee address; City; State; Zip Co	ght Office held
	Date 02/07/2024 Amount (\$)  PURPOSE	Payee name Roberts, Eric Payee address; City; State; Zip Co 3228 Binz St.	ght Office held  ode  (b) Description
	Date 02/07/2024 Amount (\$) \$210.00	Payee name Roberts, Eric Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004	ght Office held  ode  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 02/07/2024 Amount (\$)  PURPOSE OF	Payee name Roberts, Eric Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule)	ght Office held  ode  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 02/07/2024 Amount (\$)  PURPOSE OF	Payee name Roberts, Eric Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule)	ght Office held  ode  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 02/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Roberts, Eric  Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	ght Office held  Ode  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking
	Date 02/07/2024 Amount (\$)  PURPOSE OF	Payee name Roberts, Eric  Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sou	ght Office held  Ode  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking
	Date 02/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Roberts, Eric  Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sou	ght Office held  Ode  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking
	Date 02/07/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Roberts, Eric  Payee address; City; State; Zip Co 3228 Binz St.  Houston, TX 77004  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sou	ght Office held  Ode  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	plete	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 21/29 Rpt: 39/48	Allen, Alma A. (The Honorable)		1 (	00019673	
4	Date	5 Payee name		•		
	02/13/2024	Roberts, Eric				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$220.00	3228 Binz St.				
		Houston, TX 77004				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> [	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Ē	Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITORE	_	Ė	Check if Austin, TX, o	officeholder living	expense
			b	olock walking		
L	0 1 0 0 1 1 1 1				0". 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	Date	Payee name				
	02/22/2024	Roberts, Eric				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$240.00	3228 Binz St.				
		Houston, TX 77004				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> [	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Ę	Check if travel outsid		
			L	Check if Austin, TX, on the color of the col	onicendider living	expense
			~	ore ore treatment		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	•				
	Date	Payee name				
	02/02/2024	Roberts, Kleodis				
	Amount (\$)	Payee address; City; State; Zip Code	ρ			
	\$315.00	11103 Safeguard	C			
	φ010.00	11100 Galogaala				
		Houston, TX 77047				
	DUDDOCE		<b>L</b> \ 5			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	и) L Г	Description  Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaties/Wages/Contract Labor	Ė	Check if Austin, TX, o		
			b	olock waking		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	<u> </u>				

### 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

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 (outer a category pet listed above)

1 Total pages Schedule F1: Sch: 22/29 Rpt: 40/48 Allen, Alma A. (The Honorable) Allen, Alma A. (The Honorable) 3 Filer ID (Ethics Commission 00019673  4 Date	ove)
4 Date	on Filers)
Roberts, Kleodis   Roberts, Kleodis   Payee address; City; State; Zip Code   S727.50   S727.50   S11103 Safeguard   Houston, TX 77047	
Formulation	
ST27.50   11103 Safeguard   Houston, TX 77047	
Houston, TX 77047   Representation   Houston, TX 77047   Houston	
Salaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Complete Solaries/Wages/Contract Lab	
Salaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Candidate/Officeholder name   Complete Solaries/Wages/Contract Labor   Complete Solaries/Wages/Contract Lab	
Salaries/Wages/Contract Labor    Check if ravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder Irving expense block walking captain    Payee name	
Salaries/Wages/Contract Labor   Check if Austin, TX, officeholder ining expense block walking captain    9	
9 Complete ONLY if direct expenditure to benefit C/OH  Date	
9 Complete ONLY if direct expenditure to benefit C/OH  Date	
Date 02/16/2024  Amount (\$) Payee address; City; State; Zip Code 11103 Safeguard  Houston, TX 77047  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking captain  Complete ONLY if direct expenditure to benefit C/OH  Date 02/20/2024  Amount (\$) Payee name Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code 11103 Safeguard	
Amount (\$) Payee address; City; State; Zip Code  ### PURPOSE OF EXPENDITURE    Candidate/Officeholder name	
Amount (\$) Payee address; City; State; Zip Code  ### Houston, TX 77047    PURPOSE OF EXPENDITURE   Candidate/Officeholder name	
Amount (\$) Payee address; City; State; Zip Code    Houston, TX 77047	
### Seron   ### Se	
Houston, TX 77047  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held  Payee name  02/20/2024  Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code  \$445.00  Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct expenditure to benefit C/OH  Date 02/20/2024  Amount (\$) Payee address; City; State; Zip Code  \$445.00  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking captain  Office sought Office held  Office held  State; Zip Code	
Salaries/Wages/Contract Labor  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking captain  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held  Payee name  Roberts, Kleodis  Amount (\$)  Payee address; City; State; Zip Code  \$445.00  11103 Safeguard	
EXPENDITURE  Salaries/Wages/Contract Labor  Check if Austin, TX, officeholder living expense block walking captain  Complete ONLY if direct expenditure to benefit C/OH  Date  02/20/2024  Amount (\$)  Payee address; City; State; Zip Code  \$445.00  11103 Safeguard	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code  \$445.00 State; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code  \$445.00 Safeguard	
Date Payee name 02/20/2024 Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code \$445.00 11103 Safeguard	
Date Payee name 02/20/2024 Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code \$445.00 11103 Safeguard	
O2/20/2024 Roberts, Kleodis  Amount (\$) Payee address; City; State; Zip Code  \$445.00 11103 Safeguard	
Amount (\$) Payee address; City; State; Zip Code \$445.00 11103 Safeguard	
\$445.00 11103 Safeguard	
Houston, TX 77047	
Houston, TX 77047	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Calculation (Manager (Construct to be seen to be se	
Salaries/Wages/Contract Labor  EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
block walking captain	
Stook Walking Suprain	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

### SCHEDULE F1

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

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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor 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: 23/29 Rpt: 41/48	Allen, Alma A. (The Honorable)	00019673
4	Date	5 Payee name	•
	02/16/2024	Rushing, Shawn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	3830 Prudence	
		Houston, TX 77045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Basketball team refreshments
		Middison its	basketsail team remesiments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/26/2024	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$224.74	15800 S Fwy S	
		Pearland, TX 77584	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	l outside of Texas. Complete Schedule T.
	LAI LINDITORE		n, TX, officeholder living expense
		get out the v	ote rally refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
_	Date	Payee name	
	02/22/2024	Sands, Barry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$560.00	4713 Tiffany	
		Houston, TX 77045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	l outside of Texas. Complete Schedule T.
	LAI LINDITORE		n, TX, officeholder living expense
		watching pol	llS
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinica riciu

#### SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gift/

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

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

1 Total pages Schedule F1: Sch: 24/29 Rpt: 42/48 Allen, Alma A. (The Honorable)  4 Date 02/05/2024  5 Payee name Sherman, Candace Thierry  6 Amount (\$) 7 Payee address; City; State; Zip Code 6107 Portal Dr. Houston, TX 77096  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sought  Candidate/Officeholder name Office sought  Office held	lers)
5 Payee name 02/05/2024 5 Sherman, Candace Thierry  6 Amount (\$)     \$135.00     \$135.00     \$135.00     \$135.00  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Sherman, Candace Thierry  6 Amount (\$) 7 Payee address; City; State; Zip Code \$135.00 \$135.00 Houston, TX 77096  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
\$135.00 6107 Portal Dr.  Houston, TX 77096  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking  9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete Schedule T.	
Date Payee name 02/14/2024 Sherman, Candace Thierry	
Amount (\$) Payee address; City; State; Zip Code \$215.00 6107 Portal Dr.  Houston, TX 77096	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name 02/22/2024 Sherman, Candace Thierry	
Amount (\$) Payee address; City; State; Zip Code \$140.00 6107 Portal Dr.	
Houston, TX 77096	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense block walking	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Forms provided by Tayas Ethics Commission www.athics state ty us Version V2.5.1.00	

#### 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/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  OTHER (enter a category not listed of the Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/29 Rpt: 43/48	Allen, Alma A. (The Honorable) 00019673				
4	Date	5 Payee name				
	02/12/2024	Spain, Pamela				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$195.00	3506 Goodhope St.				
		Houston, TX 77021				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  block walking				
		DIOCK WAIKING				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	02/20/2024	Spain, Pamela				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$255.00	3506 Goodhope St.				
		Houston, TX 77021				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  block walking				
		Diodit Walking				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	02/21/2024	Spain, Pamela				
Н	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.00	3506 Goodhope St.				
		Houston, TX 77021				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		block walking				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
$\vdash$						

### 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

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Allen, Alma A. (The Honorable) 00019673
5 Payee name
Sprint 2 Print
7 Payee address; City; State; Zip Code
8748 Clay St, #300
Houston, TX 77084
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense
Check if Austin, TX, officeholder living expense  yard signs
yaru sigris
Candidate/Officeholder name Office sought Office held
H
Payee name
Texas Democratic Party
Payee address; City; State; Zip Code
PO Box 15707
Austin, TX 78761
(a) Category (See Categories listed at the top of this schedule) (b) Description
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
lee for rexus voter return (vrity) usage
Candidate/Officeholder name Office sought Office held
H
Payee name
The Crossing Community Church
Payee address; City; State; Zip Code
3225 W Orem Dr
Houston, TX 77045
(a) Category (See Categories listed at the top of this schedule) (b) Description
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
donation
Candidate/Officeholder name Office sought Office held
<u>'</u>

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed abo	ve)
	·	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 27/29 Rpt: 45/48	2 FILER NAME Allen, Alma A. (The Honorable) 3 Filer ID (Ethics Commission 00019673	n Filers)
	•	l L	
4	Date	5 Payee name	
	02/15/2024	The Young and the Politics	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	1911 Summer Place Dr.	
	• •		
		Missauri City 77400	
		Missouri City, TX 77489	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		Canvassing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	)H	
	Date	Payee name	
	02/20/2024	The Young and the Politics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	1911 Summer Place Dr.	
		Missouri City, TX 77489	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		membership dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	02/20/2024	US Post Office	
	Amount (\$)		
	\$204.00	9440 Cullen	
		Houston, TX 77051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		stamps	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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)
l	Sch: 28/29 Rpt: 46/48	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	02/20/2024	US Post Office
6	Amount (\$) \$449.34	7 Payee address; City; State; Zip Code 9440 Cullen
		Haveton TV 77054
ᆫ		Houston, TX 77051
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORIE	Check if Austin, TX, officeholder living expense stamps for post cards
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ſ	Date	Payee name
	02/09/2024	Vogel, Anneliese
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11702 Sterlinghill Dr
		Austin, TX 78758-3831
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense preparing ethics report
		proparing ethics report
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/07/2024	Vogel, Anneliese
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11702 Sterlinghill Dr
		Austin, TX 78758-3831
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Ethics report
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
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#### 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		nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu			ages	s/Contract Labor		Travel Out of D OTHER (enter	strict a category not listed above)	
┝	Total manage Calc. 1.1. 51	_	EU ED MAN		ac expiuiiis				_	Elles ID	(Ethiog Commission =	ilore\
l I	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission F	liers)
	Sch: 29/29 Rpt: 47/48		Allen, Alma	A. (The Honora	ble)					00019673		
4	Date	5	Payee name									
l	02/15/2024		Vogel, Ann	eliese								
<u>۔</u>	Amount (\$)	7	Payee addre	ss; City;	State:	; Zip Co	de					
ľ	\$500.00	ľ	11702 Ster		State,	, Zip C0	uc					
l	φ300.00		11702 3161	ingriii Di								
l												
			Austin, TX	78758-3831								
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
l	OF			ages/Contract La		,			outsi	ide of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE			· ·				Check if Austin,	, TX,	, officeholder livin	g expense	
l								ethics report				
9	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
H	Date	Г	Dayoe name									
	02/22/2024		Payee name	la sia. Clauriala								
L		_		lage Church								
	Amount (\$)		Payee addre		State;	; Zip Co	de					
	\$100.00		6011 W. Or	em								
			Houston, T	X 77085								
Г	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Ma		,		Check if travel	outsi	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Candidate/	Officeholder/Poli	itical Comm	ittee		ш	, TX,	, officeholder livin	g expense	
								donation				
	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	7										
L											\/i\/0.5.4.00	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 48/48 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Allen, Alma A. (The Honorable) 00019673 5 Name of person from whom amount is received 8 Amount (\$) Date 02/23/2024 \$13.94 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77584 Purpose for which amount is received Check if political contribution returned to filer account interest