FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087442 12 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Lillian Henny NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Alexander CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2525 Robinhood St. MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77005 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Amy Elizabeth NAME NICKNAME LAST **SUFFIX** Tomlinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1911 La Magnolia **ADDRESS** (Residence or Business) Houston, TX 77023 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (954) 483-8832 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 507

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Alexander, Lillian He	nny (Mrs.)	14 Filer ID 00087442	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
	CDECIFIC	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS	-	\$	5,061.42
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	\$	0.00
TOTALS				•	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	48,890.51
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	6,199.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.				
	Mrs. Lillian Henny Alexander				
	Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subso	Sworn to and subscribed before me, by the said, this theday				
of, 20, to certify which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerir	ng oath
	January January	g oath	3. 3. 3.1100		J

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 12
18 FILER NAI	(Ethics Commission Filers)		
	r, Lillian Henny (Mrs.) E SUBTOTALS	00087442	
	SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 2,161.42
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,900.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 48,890.51
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this t	form.	1	ges Schedule A(J)1: 2 Rpt: 4/12	
2	FILER NAME				3 Filer ID	(Ethics Commissio	n Filers)
	Alexander, L	illian Henny (Mrs.)			000874	142	
4	Date 02/16/2024			7 Amount	of Contribution (\$)	\$104.42	
		6 Contributor address; City; S	State; Zip Code				
		Houston, TX 77047					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's Whitaker La	employer/law firm w Firm pllc		11 Law firm of contributor's sp	oouse (if any)	1	
12	2 If contributor i	s a child, law firm of parent(s) (if	any)	1			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	02/01/2024	Houston Federation of Te	eachers				\$500.00
		Contributor address; City; S	State; Zip Code		1		
		Houston, TX 77023					
┝	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor 5 i	molpai occapation		Continuation 3 dob Title			
H	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)	1	
L	If a contaile steen i						
	if contributor i	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	02/21/2024	Walbridge, Peter					\$50.00
		Contributor address; City; S	State; Zip Code		1		
		Houston TV 77046					
L	Houston, TX 77046 Contributor's Principal Occupation Contributor's Job Title						
Attorney Attorney							
┝	Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)				
Jenkins and Kamin			, ,,				
H	If contributor i	s a child, law firm of parent(s) (if	any)				
ı							

	MONETARY POLITICAL CONTRIBUT	SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/12
2	FILER NAME Alexander, Lillian Henny (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087442
4	Date 02/19/2024 Witty, Joanne Game	D#:)	7 Amount of Contribution (\$) \$1,507.00
	NY, NY 10507		
8	Contributor's Principal Occupation	9 Contributor's Job Title	
	Attorney	Attorney	
10	Contributor's employer/law firm Witty Law	11 Law firm of contributor's sp	oouse (if any)
12	! If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alexander, Lillian Henny (Mrs.) 00087442 \$ 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 02/16/2024 M3 Graphics \$2,900.001 7 Contributor address; City; State; Zip Code Houston, TX 77099 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 1/6 Rpt: 7/12	Alexander, Lillian Henny (Mrs.) 00087442	
4	Date	5 Payee name	
	02/16/2024	AB Canvanssing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,250.00	5238 Canterway Dr	
		Houston, TX 77048	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense	mplete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder livi	ng expense
		Poll Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	hald
9	expenditure to benefit C/OI		ileiu
-	Date	Payes name	
	01/29/2024	Payee name Bailey , Cynthia	
	Amount (\$) \$690.00		
	Φ090.00	341 East Richey Ru	
		Hausten TV 77000	
		Houston, TX 77038	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Co	umplata Schadula T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Co	
		Signs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	02/16/2024	Bailey , Cynthia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,675.00	341 East Richey Rd	
		Houston, TX 77038	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Polling Expense	•
	LAI LINDITORE	Check if Austin, TX, officeholder livi	ng expense
		Labor	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/OI		nou
H			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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:		
L	Sch: 2/6 Rpt: 8/12		_
4	Date	5 Payee name	
	02/05/2024	Brownlow, Earl	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	11821 Longwood Garden Way	
		Houston , TX 77047	
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	
		Signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O	and the second of the second o	
⊨	Date	Paras name	=
	02/03/2024	Payee name Digitalogy pte. ltd.	
L			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,300.00	531A UPPER CROSS STREET	
		04 95	
		HONG LIM COMPLEX Singapore	
	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	
		Ad Messages	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
⊨	Date		=
	Date	Payee name	
	02/08/2024	Digitalogy pte. ltd.	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	531A UPPER CROSS STREET	
		04 95	
		HONG LIM COMPLEX Singapore	
	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	
		Messages	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/6 Rpt: 9/12	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
	02/09/2024	Digitalogy pte. ltd.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	531A UPPER CROSS STREET
		04 95
		HONG LIM COMPLEX Singapore
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 Messaging
		iviessaying
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	Digitalogy pte. ltd.
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	531A UPPER CROSS STREET
		04 95
		HONG LIM COMPLEX Singapore
	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 Voter Message GOTV
		Voici Message COTV
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/16/2024	Francis , Anthea
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1620 Oak Tree Dr
		Houston, TX 77048
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Labor
		Lasor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: Sch: 4/6 Rpt: 10/12 Alexander, Lillian Henny (Mrs.) 5 Pages name Houston Black Association of Democrats 6 Amount (\$) 7 Pages address; City; State; Zip Code EXPENDITURE 8 PURPOSE EXPENDITURE (a) Category (Sen Categores lated of the top of this schoolab) Printing Expense Candidate/Officeholder name Office sought Office sought Office sought Office held		Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
A Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
O2/07/2024		Sch: 4/6 Rpt: 10/12	Alexander, Lillian Henny (Mrs.) 00087442
Complete ONLY if direct expenditure to benefit C/OH Consulting Expense Consulting Expen	4	Date	5 Payee name
\$2,000.00 5300 Griggs Rd Houston, TX 77021 8 PURPOSE OF EXPENDITURE (a) Category Gene Categories listed at the top of this schedule) (b) Description Check # Austin, TX, officeholder living expense Printing Expense Candidate/Officeholder name Office sought Office held Date Date Payee name Human Age Digital Amount (s) Payee address; City; State; Zip Code 2700 Post Oak Blvd Houston, TX 77056 PURPOSE OF EXPENDITURE (a) Category Gene Categories listed at the top of this schedule) (b) Description Consulting Expense Complete QNLY if direct Candidate/Officeholder name Office sought Office held Date O1/29/2024 Jacobs, Wanda Amount (s) Payee name Jacobs, Wanda Amount (s) Payee address; City; State; Zip Code Consultant Office held Date O1/29/2024 Jacobs, Wanda Amount (s) Payee address; City; State; Zip Code S1,000.00 S1,000.00 S2,000.00 PURPOSE O2/2024 Jacobs, Wanda Amount (s) Payee address; City; State; Zip Code S1,000.00 S3,000.00 S3,000.00 PURPOSE O4/2024 Jacobs, Wanda Amount (s) Payee address; City; State; Zip Code S1,000.00 S3,000.00 S3,000.00 PURPOSE O4/2024 Jacobs, Wanda Amount (s) Payee address; City; State; Zip Code S1,000.00 Check if timed outside of Texas. Complete Schedule T. Check if timed outside of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the medical state of Texas. Complete Schedule T. Check if the		02/07/2024	
Houston, TX 77021 Houston, TX 77021 Houston, TX 77021 (a) Category (see Categories listed at the top of this schedule) Candidate of Texas. Complete Schedule T. Check if Austin, TX, officieholder living expense	6	Amount (\$)	7 Payee address; City; State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH		\$2,000.00	5300 Griggs Rd
Complete ONLY if direct expenditure to benefit C/OH			
Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH			Houston, TX 77021
Printing Expense	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH Date 02/09/2024			Timing Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date			
Date 02/09/2024 Payee name Human Age Digital			
Date 02/09/2024 Amount (\$) \$25,000.00 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Consulting Expense Consultant Office held Payee address; City; State; Zip Code (b) Description Check if ravel outside of Texas. Complete Schedule T. Consultant Office held Consultant Office held Payee name 01/29/2024 Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$\$1,000.00 Payee address; City; State; Zip Code \$\$1,000.00 (a) Category (see Categories listed at the top of this schedule) Office held Date 01/29/2024 Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$\$1,000.00 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete QNLY if direct Candidate/Officeholder name Office sought Office held	9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Date			
Amount (\$)		Date	Payee name
\$25,000.00 2700 Post Oak Blvd Houston, TX 77056 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense Consultant Complete QNLY if direct expenditure to benefit C/OH Date O1/29/2024 Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 Payee address; City; State; Zip Code \$1,000.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete QNLY if direct Candidate/Officeholder name Office sought Office held		02/09/2024	Human Age Digital
Houston, TX 77056		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant Office held Complete ONLY if direct expenditure to benefit C/OH Date O1/29/2024 Amount (\$) Payee name Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 \$1,000.00 Amount (\$) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$25,000.00	2700 Post Oak Blvd
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant Office held Complete ONLY if direct expenditure to benefit C/OH Date O1/29/2024 Amount (\$) Payee name Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 \$1,000.00 Amount (\$) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Consulting Expense Consulting Expense Consultant Complete ONLY if direct expenditure to benefit C/OH Date 01/29/2024 Date Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Houston, TX 77056
Consulting Expense Consulting Expense Consultant Complete ONLY if direct expenditure to benefit C/OH Date 01/29/2024 Date 01/29/2024 Amount (\$) Payee name 1 acobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 \$1,000.00 \$2 actegories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH Date O1/29/2024 Payee name Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 \$1803 Spaulding St Houston, TX 77041 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 Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Consulting Expense
Complete ONLY if direct expenditure to benefit C/OH Date O1/29/2024 Payee name Jacobs, Wanda Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1803 Spaulding St Houston, TX 77041 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. Candidate/Officeholder name Office sought Office held			
Date 01/29/2024 Amount (\$) Payee name Jacobs, Wanda Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 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 Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
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O1/29/2024 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Houston, TX 77041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Other in travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing		expenditure to benefit C/Ol	1
Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PURPOSE OF EXPENDITURE PORPOSE OF Candidate/Officeholder name PORPOSE OF Candidate/Officeholder name Office sought Porpose Candidate/Officeholder name Office sought Office held		Date	Payee name
\$1,000.00 1803 Spaulding St Houston, TX 77041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Complete ONLY if direct Candidate/Officeholder name Office sought Office held		01/29/2024	Jacobs, Wanda
Houston, TX 77041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Houston, TX 77041 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
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 Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$1,000.00	1803 Spaulding St
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 Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Houston, TX 77041
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Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Salaries/Wages/Cornilact Eabor
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
		expenditure to benefit C/O	1

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 11/12	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
L	02/20/2024	M3 Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$963.42	11730 S WIlcrest Dr
		Houston, TX 77099
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lit
		Lit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	02/16/2024	M3 Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,287.09	11730 S WIlcrest Dr
		Houston, TX 77099
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		print union
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	02/12/2024	Maldonado , Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6814 Evans St
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		T OII
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 12/12	Alexander, Lillian Henny (Mrs.)	00087442
4	Date	5 Payee name	
	02/02/2024	Ross, Evan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	21118 N. Fair Ct	
		Houston, TX 77073	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	tside of Texas. Complete Schedule T.
		Content	X, officeholder living expense
		Content	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	02/12/2024	Vaughn, Jemarcus	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$480.00	2536 Yorktown St	
	*		
		Houston, TX 77056	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		tside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, T	X, officeholder living expense
l		Parade Work	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
-	Date	Pouse name	
	02/16/2024	Payee name Wanda, Jacobs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,985.00		
	Ψ1,000.00	1000 opadium g Di	
		Houston , TX 77041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		tside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, T	X, officeholder living expense
		Poll labor	
L	Complete ONII V if allow	Condidate/Officeholder name	Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
L			