

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00069803	<b>2</b> Total pages filed:  14		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Karen	MI MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024	
	NICKNAME LAST Alexander	SUFFIX SUFFIX			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 326 S. Edmonds Lane Suite 102 Lewisville, TX 75067		ZIP CODE ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
	MS / MRS / MR Mr.		FIRST Andrew	MI MI	
	NICKNAME LAST Lloyd		SUFFIX SUFFIX		
	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1512 E. McKinney Street Suite 201 Denton, TX 76209				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 995-0881	EXTENSION 		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month    Day    Year 01/26/2024		THROUGH	Month    Day    Year 02/24/2024	
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) District Judge District 393		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 14

<b>13 C / OH NAME</b> Alexander, Karen (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00069803
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,450.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 8,428.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 52,234.21
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

**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.

Ms. Karen Alexander  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 14

<b>18 FILER NAME</b> Alexander, Karen (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00069803
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,428.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 02/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation Executive		<b>9</b> Contributor's Job Title Executive
<b>10</b> Contributor's employer/law firm Center Street Finance		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrington, Gary <hr/> Contributor address; City; State; Zip Code  Bartonville, TX 76226	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Jerry <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gwartney, Mike <hr/> <b>6</b> Contributor address; City; State; Zip Code  Double Oak, TX 75077	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation General Contractor		<b>9</b> Contributor's Job Title General Contractor
<b>10</b> Contributor's employer/law firm OHomes		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Bonnie <hr/> Contributor address; City; State; Zip Code  Denton, TX 76210	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Koons Fuller PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Craig <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Craig Jackson LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerestine, Julia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lantana, TX 76226	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Julia Kerestine Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuykendall, William <hr/> Contributor address; City; State; Zip Code  Denton, TX 76208	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm William E Kuykendall- Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laschinger, David <hr/> Contributor address; City; State; Zip Code  Denton, TX 76207	Amount of Contribution (\$)  \$75.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 02/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Kelley	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm McClure Law Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Karrie	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Robinson, TX 76706	
Contributor's Principal Occupation Loan Officer		Contributor's Job Title Loan Officer
Contributor's employer/law firm K&B Lending		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson, Tim	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76111	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Vinson & Bales		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 01/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yale, Roger <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76209	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Yale Law Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 9/14	<b>2</b> FILER NAME Alexander, Karen (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 02/24/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$221.90	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name BestBuy	
Amount (\$) \$21.63	Payee address; City; State; Zip Code 1800 S. Loop 288 Ste 102 Bldg 1  Denton, TX 76205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Square	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square Device
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Denton County Lincoln Cabinet PAC	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code PO Box 50748  Denton, TX 76206	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Table & Dinner Table for 8
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 10/14	<b>2</b> FILER NAME Alexander, Karen (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069803
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<b>4</b> Date 01/29/2024	<b>5</b> Payee name Denton County Republican Party
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<b>6</b> Amount (\$) \$1,550.00	<b>7</b> Payee address; City; State; Zip Code 2921 Country Club Rd 102  Denton, TX 76210
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Table and Dinner Table for 8
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Fed Ex
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Amount (\$) \$58.44	Payee address; City; State; Zip Code 2267 S Stemmons Freeway 602  Lewisville, TX 76067
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bingo Flyers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2024	Payee name Robson Publishing
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Amount (\$) \$280.00	Payee address; City; State; Zip Code 9532 E Riggs Road  Sun Lakes, AZ 85248
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper insert
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 11/14	<b>2</b> FILER NAME Alexander, Karen (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069803
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<b>4</b> Date 02/07/2024	<b>5</b> Payee name Robson Ranch Banquets
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<b>6</b> Amount (\$) \$2,693.25	<b>7</b> Payee address; City; State; Zip Code 9532 E Riggs Rd  Sun Lakes, AZ 85248
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bingo Event
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2024	Payee name Robson Ranch Banquets
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 9532 E Riggs Rd  Sun Lakes, AZ 85248
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Room Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2024	Payee name Southwest Promo Team
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Amount (\$) \$79.65	Payee address; City; State; Zip Code 851 Weaver Road  Nacona, TX 76255
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Badge
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 12/14	<b>2</b> FILER NAME Alexander, Karen (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069803
<b>4</b> Date 02/13/2024	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$68.00	<b>7</b> Payee address; City; State; Zip Code 201 W. Bailey St  Ponder, TX 76259	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Stamps	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name USPS	
Amount (\$) \$612.00	Payee address; City; State; Zip Code 201 W. Bailey St  Ponder, TX 76259	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Stamps	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Walmart	
Amount (\$) \$18.88	Payee address; City; State; Zip Code 2750 W. University Dr  Denton, TX 76201	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Square	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square Device
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 13/14	<b>2</b> FILER NAME Alexander, Karen (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00069803
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Wildhorse Grill & Clubhouse
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<b>6</b> Amount (\$) \$539.76	<b>7</b> Payee address; City; State; Zip Code 9400 Ed Robson Blvd A  Denton, TX 76207
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beer & Wine for Bingo Event
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name Wildhorse Grill & Clubhouse
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 9400 Ed Robson Blvd A  Denton, TX 76207
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beer & Wine for Bingo Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 14/14
<b>2</b> FILER NAME Alexander, Karen (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00069803
LENDER INFORMATION	<b>4</b> Name of lender Alexander, Karen	
	<b>5</b> Lender address; City; State; Zip Code  PONDER, TX 76259	
GUARANTOR INFORMATION	<b>6</b> Name of guarantor	
	<input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code	