CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00088045		30			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	Mrs.	Alexsandra R.			02/27/2024	
		NICKNAME	LAST		SUFFIX		
			Annello			Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam appointment (office				
		X 8th day before election	Final Report (Attac	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
•	COVERED	01/26/2024	THROUGH	02/24/2024	1001	Date imaged	
6	EXPLANATION OF C			02/2 1/202 1		<u> </u>	
-		n was entered into Political	Contributions on hand	I at the end of the repo	orting period. Th	e original report had	1 \$26,001.30 but the
	corrected report reads				31	3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	AFFIDAVIT						
′	AFFIDAVII		Isw	ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ble statements:	
			_				
				Semiannual reports was made in good fa			
				misrepresent the infe			01 10
			_	0.1			
			X	Other reports: I s report not later than			
				that the report as ori			
				swear, or affirm, that		nission in the report	as originally
				filed was made in go	ood taith.		
				Mr	s. Alexsandra	R. Annello	
				Signati	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signate	ire or carididate	or Officeriolaci	
		, , 02, 12, 130 12					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office			
			•				
	Signature of office	er administering oath	Printed name of o	fficer administering oa	th 7	Title of officer admin	istering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Comm 00088045		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST	, <u>I</u>	MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mrs.	Alexsandra R.			Date Received	
					ELECTRONICA	TLY FILED
	NICKNAME	LAST		SUFFIX	02/27/2024	
		Annello				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	4114 Oxford Ave.				Receipt #	Amount
Change of Address	El Paso, TX 79903				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Laura L.				
	NICKNAME	LAST Valdez		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	2819 Lebanon Ave.	,		.,,		-,
(Residence or Business)	El Paso, TX 79930					
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (915) 258-8544	HONE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after cam appointment (offic	
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Yea 01/26/2024		HROUGH	Month Day 02/24/202	Year 4	
10 ELECTION	ELECTION DATE	l <u>—</u>		ELECTION TYPE		
	Month Day Yea	ar XP	Primary	Runoff	Other	
	03/05/2024	G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)	
				State Representa	ative Place El Pas	so District 77
	•			•		
		GO 1	ΓO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 30

13 C / OH NAME	Annello, Alexsandra I	R. (Mrs.)	14 Filer ID (00088045	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 33,688.99			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 27,844.52			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,601.30			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 16,500.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mrs. Ale	exsandra R. Annello				
		Signature of	Candidate or Officeholo	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 30

					+ 01 00
18 FIL	ER NAN	1E	19 Filer ID	(Eth	ics Commission Filers)
An	nello, A	lexsandra R. (Mrs.)	00088045		
20 SC	HEDULI	SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			SOBTOTAL AMOUNT
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				25,393.00
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				8,295.99
3.		\$			
4.	X	SCHEDULE E: LOANS		\$	14,000.00
5.	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				27,730.52
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	114.00
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 TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instru	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/30	
2	FILER NAME Annello, Alex	sandra R. (Mrs.)			3	Filer ID (Ethics Commission 00088045	n Filers)
4	Date 02/14/2024	Aguirre, Marie 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe						
	Date 02/22/2024	Full name of contributor out-of Ambler, Gloria Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902					
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions El Paso ISD	5)		
	Date 02/13/2024	Full name of contributor out-of Barajas, Victor Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79930					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Westat	5)		
	Date 01/30/2024	Bartlett, Martin				Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions) c Involvement Manager		Employer (See Instructions CONSOR Engineers LL			
	Date 02/24/2024	Benitez, Juan)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/30	
2	FILER NAME Annello, Alex	ksandra R. (Mrs.)				3	Filer ID (Ethics Commission 00088045	n Filers)
4	Date 02/14/2024	5 Full name of contributor Cabezuela, Mauricio6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78726						
8	Principal occu Financial An	pation / Job title (See Instructions alyst	!	9	Employer (See Instructions Travis County	5)		
	Date 02/03/2024	Full name of contributor Carter-Tripp, Marshal Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Dringing Lagra	El Paso, TX 79902	, T		Francis or (Coo Instructions	<u></u>		
				Employer (See Instructions University of Texas at E		aso		
	Date 02/20/2024	Full name of contributor Castillo, Eduardo Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79935						
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions US Attorneys Office	s)		
	Date 02/20/2024	Full name of contributor Conroy, Cynthia Contributor address; City; St El Paso, TX 79902	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Administrativ	pation / Job title (See Instructions /e)		Employer (See Instructions WestStar Bank	5)		
	Date 02/22/2024	Full name of contributor Feinberg, Joyce Contributor address; City; St El Paso, TX 79902	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/30	
2	FILER NAME Annello, Alex	sandra R. (Mrs.)			3	Filer ID (Ethics Commission 00088045	on Filers)
4	Date 02/06/2024	Glaser, Rebecca 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe				,		
	Date 02/05/2024	Glass, Allison)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79902					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions The Raben Group	i)		
	Date 02/02/2024	Full name of contributor out-of-state Halpern, Rosario & Robert Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$3,000.00
	Deinsinal assu	Marfa, TX 79843		Franksyar (Cook batusations	_		
	Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed)		
	Date 01/28/2024	Heyman, Merlyn				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 02/21/2024	Heyman, Merlyn)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			l				

MONET	ARY POLITICAL CONTRIBUTION	NS	SC	HEDULE A1
The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Sched Sch: 4/9 Rpt: 8/3	
2 FILER NAME Annello Alex	ksandra R. (Mrs.)		3 Filer ID (Ethics C 00088045	commission Filers)
	 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribu	ution (\$) \$100.00
	El Paso, TX 79902			
8 Principal occup Strategic Adv	,	9 Employer (See Instructions Las Americas Immigran	•	
Date 02/06/2024	Full name of contributor)	Amount of Contribu	ution (\$) \$100.00
	El Paso, TX 79902			
Principal occup Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
Date 02/23/2024	Full name of contributor		Amount of Contribu	s1,000.00
	El Paso, TX 79901			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions Houghton Financial	is)	
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code Washington, DC 20001		Amount of Contribu	ution (\$) \$1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Kapenga, Kathleen Contributor address; City; State; Zip Code		Amount of Contribu	ution (\$) \$50.00
Principal occup	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions	ls)	
	'			

	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	_E A1
The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/30	
2 FILER NAME Annello, Ale	xsandra R. (Mrs.)		3	Filer ID (Ethics Commission 00088045	on Filers)
4 Date 01/29/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
	El Paso, TX 79902				
8 Principal occi Self Employ	' '	Employer (See Instructions Kasco Structures	5)		
Date 02/20/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
Principal occi	San Francisco, CA 94109 upation / Job title (See Instructions)	Employer (See Instructions	.)		
Founder	apation 7 505 title (See Instructions)	Grayce	')		
Date 02/21/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
	El Paso, TX 79905				
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Instructions)		
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Linebarger Goggan Blaire & Sampson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Austin, TX 78760				
Principal occi	Austin, TX 78760 upation / Job title (See Instructions)	Employer (See Instructions	5)		
Principal occi Date 02/20/2024		Employer (See Instructions)	Amount of Contribution (\$)	\$100.00

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/30	
2	FILER NAME Annello, Alex	sandra R. (Mrs.)			3	Filer ID (Ethics Commission 00088045	n Filers)
4	Date 02/20/2024	Martinez, Carlos	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$150.00
_		El Paso, TX 79912			_		
8	Retirement C	pation / Job title (See Instructions) Counselor		Employer (See Instructions TX County & District Re		ment System	
	Date 02/23/2024	Full name of contributor of contributor darkinez, Jacqueline Contributor address; City; State; Z)		Amount of Contribution (\$)	\$293.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Account Exe			Yelp	,		
	Date 02/20/2024	Full name of contributor oo'Rourke, Amy Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
		El Paso, TX 79902					
	Principal occu Education Ad	pation / Job title (See Instructions) dvisor		Employer (See Instructions Sanders Foundation	i)		
	Date 02/06/2024	Full name of contributor oo'Rourke, Beto Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 02/09/2024	Full name of contributor oney, Jessica Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions NRG	i)		
			ı				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/30	
2	FILER NAME Annello, Alex	sandra R. (Mrs.)			3	Filer ID (Ethics Commission 00088045	on Filers)
4	Date 02/15/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Data Manag			Empower Project	,		
	Date 02/12/2024	Full name of contributor Planned Parenthood Texa Contributor address; City; Sta)		Amount of Contribution (\$)	\$6,000.00
	5	Austin, TX 78704		-	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/21/2024	Full name of contributor Rodriguez, Laura Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions The Raben Group	5)		
	Date 02/05/2024	Full name of contributor Rosenbaum, Noel Contributor address; City; Sta El Paso, TX 79912	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Sam Legate P.C. Operatin Contributor address; City; Sta	-			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/30	
2	FILER NAME Annello, Alex	ssandra R. (Mrs.)		3	Filer ID (Ethics Commission 00088045	on Filers)
4	Date 02/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
		El Paso, TX 79902				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	ballott 7 Job title (See Instructions)	Employer (See Instructions	')		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO State COPE Fund Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Parent PAC Contributor address; City; State; Zip Code Austin, TX 78703-0051			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code Austin, TX 78759			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 13/30	
2	FILER NAME Annello, Alex	xsandra R. (Mrs.)		3		n Filers)
4	Date 02/21/2024 5 Full name of contributor out-of-state PAC (ID#:) Wilson, Joyce 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
_	Dringing con	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
8	Not Employe	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	<u></u>		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Wyatt, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79930				
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions El Paso County	5)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Yellen, Tracy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902				
	Principal occu Foundation I	pation / Job title (See Instructions) Executive	Employer (See Instructions Paso del Norte Health F		ndation	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The least on	ration Children Indiana Indian	1 Total pages Schedule A2:				
i ne instru	uction Guide explains how to complete this f	orm.	Sch: 1/1 Rpt: 14/30			
2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)				
Annello, Ale	exsandra R. (Mrs.)	00088045				
4			_			
TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
02/16/2024	Gonzalez, Mary		contribution (\$) description \$900.00 l			
	7 Contributor address; City; State; Zip Code					
			i i			
			_			
	Clint, TX 79836		Check if travel outside of Texas. Complete Schedule T.			
1	supation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-			
Nonprofit E		Mexican American	School Board Association			
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 contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution			
02/08/2024	<u></u>		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$7,395.99 phone banking			
			į į			
			i			
	Clint, TX 79836		Check if travel outside of Texas. Complete Schedule T.			
Principal occ	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 contributor's spouse (if any) (FOR JUDICIAL)				
		, , , , , , , , , , , , , , , , , , , ,				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
	, , , , , , , , , , , , , , , , , , , ,					

	LOANS							SCHEDULE E	
	The Instruction	n Guide explains ho	w to co	omplete this f	form.			ges Schedule E: 2 Rpt: 15/30	
2	FILER NAME Annello, Alexsar	ndra R. (Mrs.)				1	Filer ID 000880	(Ethics Commission Filers)	
4	TOTAL OF UN	TOTAL OF UNITEMIZED LOANS						\$	
5	Date of loan 02/08/2024	7 Name of lender		out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial institution?	Annello, Alexsandra 8 Lender address;	City;	State;	Zip Code			\$10,000.00 10 Interest Rate 11 Maturity Date	
	NO	El Paso, TX 79903							
12	Principal occupation Unemployed	on / Job title (See Instruction	าร)		13 Employer (See Instructions Unemployed	5)			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code			19 Amount Guaranteed (\$)	
20	Principal occupation	l on			21 Employer (See Instructions	5)			
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	
	02/01/2024	Annello, Alexsandra						\$3,000.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	El Paso, TX 79903						Maturity Date	
	Principal occupation	on / Job title (See Instruction	าร)		Employer (See Instructions Unemployed	s)			
	Description of Coll X None	ateral			Check if personal funds were deposited into			into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation			Employer (See Instructions	5)				

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 2/2 Rpt: 16/30
2 FILER NAME Annello, Alexsandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender out-of-state PAC (ID#: 02/22/2024 Annello, Alexsandra	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? 8 Lender address; City; State; Zip C	code 10 Interest Rate
No El Paso, TX 79903	11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employ Unemployed Unem	ver (See Instructions) ployed
14 Description of Collateral15 CheckX NoneX	if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
x not applicable 18 Guarantor address; City; State; Zip C	code
20 Principal occupation 21 Employ	ver (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - dist - E4	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/13 Rpt: 17/30	2 FILER NAME Annello, Alexsandra R. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088045
4	Date	5 Payee name
	02/02/2024	Acosta, Delia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$232.00	1917 Amy Sue Dr
		El Paso, TX 79936
8	PURPOSE	
o	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of Toy of Toy of Complete Schedule Toy of Toy
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign work
		Campagn work
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
	Date	Payee name
	02/06/2024	Acosta, Delia
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$200.00	1917 Amy Sue Dr
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/12/2024	Acosta, Delia
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	1917 Amy Sue Dr
		El Paso, TX 79936
L	DUDDOOF	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of Toy of Toy of Complete Schedule Toy of Toy
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign work
		Campaign work
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

O2/14/2024 Acosta, Delia 7 Payee address; City; State; Zip Code \$132.00 \$132.00 El Paso, TX 79936 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 campaign work		Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services ne Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)
Date	1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Accepted Accepted Accepted Accepted at the top of this schedulery Purpose		Sch: 2/13 Rpt: 18/30	Annello, Alexs	sandra R. (Mrs.)					00088045	
Total Page Face F	4	Date	5 Payee name							
Salaries		02/14/2024	Acosta, Delia							
El Paso, TX 79936 8	6	Amount (\$)	7 Payee address;	City; S	state; Zip Co	ode				
Complete ONLY if direct expenditure to benefit C/OH		\$132.00	1917 Amy Su	e Dr						
Complete ONLY if direct expenditure to benefit C/OH										
Check if travel outside of Texas. Complete Schedule T.			El Paso, TX 7	9936						
### Salaries/Wages/Contract Labor Check # Austin, TX, officeholder himp expense campaign work	8		(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
Campaign work			Salaries/Wag	es/Contract Labor						
PURPOSE EXPENDITURE Payee name Office sought Office held							_		officenoider living	expense
Date O2/20/2024							campaign wo	IIX		
Date O2/20/2024	9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	laht			Office he	ald.
Amount (\$)	9			noider name	Office Soc	ignt			Office fie	au
Amount (\$)	\vdash	Date	Dover a							
Amount (\$)										
\$530.00 1917 Amy Sue Dr El Paso, TX 79936 PURPOSE OF Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2024 ActBlue Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Javasin, TX, officeholder living expense campaign work Office held Office held (b) Description Check if Javasin, TX, officeholder in Javasin, TX, officeholder living expense campaign work Office held Office held Office Sought Office held Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
El Paso, TX 79936 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 01/28/2024 Amount (\$) Payee name ActBlue Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder Ivving expense campaign work (b) Description Check if Austin, TX, officeholder Ivving expense campaign work (b) Description Check if Austin, TX, officeholder Ivving expense campaign work (c) Date (c) Date (c) Description (c) Description (c) Description (c) Check if Austin, TX, officeholder Ivving expense campaign work (c) Date (c) Description (c) Description (c) Check if Austin, TX, officeholder Ivving expense campaign work (b) Description (c) Description (c) Check if Austin, TX, officeholder Ivving expense campaign work Complete ONLY if direct (c) Candidate/Officeholder name (c) Office sought (c) Description (c) Candidate/Officeholder name (c) Description (c) Description (c) Candidate/Officeholder name (c) Description (c) Candidate/Officeholder name (c) Complete Schedule (c) Description (c) Candidate/Officeholder name (c) Candidate/Officeholder name (c) Complete Schedule (c) Description (c) Candidate/Officeholder name (c) Candidate/Officeh		, ,			state; Zip Co	ode				
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 campaign work Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2024 Amount (\$) Payee name ActBlue Amount (\$) Payee address; City; State; Zip Code \$16.80 P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee		\$530.00	1917 Amy Su	e Dr						
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 campaign work Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2024 Amount (\$) Payee name ActBlue Amount (\$) Payee address; City; State; Zip Code \$16.80 P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct Candidate/Officeholder name Office sought (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee										
Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2024			El Paso, TX 7	9936						
Complete ONLY if direct expenditure to benefit C/OH			(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
Complete ONLY if direct expenditure to benefit C/OH Date O1/28/2024		-	Salaries/Wag	es/Contract Labor			<u></u>			
Complete ONLY if direct expenditure to benefit C/OH Date		_//					—		officeholder living	expense
Date 01/28/2024 ActBlue Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held							campaign wo	IK		
Date 01/28/2024 ActBlue Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONLY if direct	Candidate/Office	holder name	Office see	ıaht			Office he	old.
O1/28/2024 ActBlue Payee address; City; State; Zip Code \$16.80 P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held				noider name	Office Soc	ıgnı			Office fie	eiu
O1/28/2024 ActBlue Payee address; City; State; Zip Code \$16.80 P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held	_	_								
Amount (\$) Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
\$16.80 P.O. Box 441146 Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		01/28/2024	ActBlue							
Somerville, TX 02144 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held				•	state; Zip Co	ode				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$16.80	P.O. Box 441	146						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
Fees Complete ONLY if direct Condidate/Officeholder name Condidate/Officeholder name 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. 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			Somerville, T	K 02144						
Fees Complete ONLY if direct Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							=			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXI ENDITORE					—	TX,	officeholder living	expense
							ACIRING F66			
	_	Complete ONII V if direct	Condidate/Office	holder nome	Office	lak+			O#: !-	old.
				пошентатте	Onice Sot	ignt			Office ne	tiu

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	
	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: 3/13 Rpt: 19/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/04/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.45	P.O. Box 441146
		Somerville, TX 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/11/2024	ActBlue
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$53.34	P.O. Box 441146
		Somerville, TX 02144
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/18/2024	ActBlue
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$9.89	P.O. Box 441146
		Somerville, TX 02144
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ActBlue Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
L		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica 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: 4/13 Rpt: 20/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	01/31/2024	Fernandez, Jovanni
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$330.00	1231 Four Wheel Dr
		San Elizario, TX 79849
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 campaign work
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	02/14/2024	Fernandez, Jovanni
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.50	1231 Four Wheel Dr
		San Elizario, TX 79849
	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
		campaign work
		oampaign work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/21/2024	Fernandez, Jovanni
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.00	1231 Four Wheel Dr
		San Elizario, TX 79849
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		campaign work
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 21/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/07/2024	Fernandez, Jovanni
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$245.00	1231 Four Wheel Dr
		San Elizario, TX 79849
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 campaign work
		Cumpaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/13/2024	Gomez, Mayda
L		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	4317 Manchester Ave
		El Paso, TX 79903
	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
		campaign work
		oampaign nom
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/31/2024	Gonzalez, Richard
H	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	7260 Gateway Blvd E
	¥200.00	
		El Paso, TX 79915
	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
		campaign work
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<u> </u>

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalmana C.I. III Tr	
1	Total pages Schedule F1: Sch: 6/13 Rpt: 22/30	2 FILER NAME3 Filer ID(Ethics Commission Filers)Annello, Alexsandra R. (Mrs.)00088045
4	Date	5 Payee name
•	02/07/2024	
L	02/01/2024	Gonzalez, Richard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	7260 Gateway Blvd E
		El Paso, TX 79915
8	PURPOSE	
ľ	OF	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
L		
	Date	Payee name
L	02/14/2024	Gonzalez, Richard
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.50	7260 Gateway Blvd E
		El Paso, TX 79915
_	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign work
		Journal of the state of the sta
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/09/2024	Message Audience & Presentation, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,204.30	2400 S 4th St
		Austin, TX 78704
	DUDESCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toxas, Complete Schedule T
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		mail
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 23/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/16/2024	Message Audience & Presentation, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	2400 S 4th St
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense mail
		Then
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/23/2024	Message Audience & Presentation, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,722.00	2400 S 4th St
	, ,	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		consultants
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 01/31/2024	Payee name Peov, Daena
		<u> </u>
	Amount (\$) \$270.00	Payee address; City; State; Zip Code 1800 N Stanton St
	Ψ210.00	1000 N Stanton St
		El Paso, TX 79902
	DUDDOCE	In.
	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
		campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u>_</u>	T-t-1		1
1	Total pages Schedule F1: Sch: 8/13 Rpt: 24/30	2 FILER NAME Annello, Alexsandra R. (Mrs.) 3 Filer ID (Ethics Commission Filer ID) 00088045	lers)
4	Date	5 Payee name	
	02/07/2024	Peov, Daena	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$106.00	1800 N Stanton St	
		El Paso, TX 79902	
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 campaign work	
		Campaign work	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/14/2024	Peov, Daena	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.00	1800 N Stanton St	
		El Paso, TX 79902	
	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	
		campaign work	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_	D :	T _	
	Date	Payee name	
	02/21/2024	Peov, Daena	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$195.00	1800 N Stanton St	
		FI Door TV 70003	
		El Paso, TX 79902	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/M/ages/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	
		campaign work	
	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) Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 9/13 Rpt: 25/30		Annello, Ale	xsandra R. (Mı	rs.)					00088045		
4	Date	5	Payee name									
	01/30/2024	ı	Perez, Gabr	iel								
6	Amount (\$)	7	Payee addres	s; City;	State	e; Zip Co	de					
	\$308.00		5515 Nato Court									
			El Paso, TX	79924								
8	PURPOSE	⊢					(h)	Description				
OF				e Categories listed at ges/Contract L		chedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Jaianes/ Wa	ges/contract L	aboi			=		officeholder living		
								campaign wo	rk			
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/06/2024		Perez, Gabr	iel								
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$210.00		5515 Nato C	Court								
			El Paso, TX	79924								
	PURPOSE	⊢					(h)	Description				
	OF			e Categories listed at		chedule)	(D)	Description Check if travel of	outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Salaries/wa	ges/Contract L	.aboi			=		officeholder living		
								campaign wo	rk			
	Complete <u>ONLY</u> if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/13/2024		Perez, Gabr	iel								
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$195.00		5515 Nato C	Court								
			El Paso, TX	79924								
	PURPOSE	 		e Categories listed at	the top of this or	ob o du lo)	(b)	Description				
	OF			ges/Contract L		neuule)	(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		00.00.770	900,001				Check if Austin,	TX,	officeholder living	gexpense	
								campaign wo	rk			
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 10/13 Rpt: 26/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/20/2024	Perez, Gabriel
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	5515 Nato Court
l		
l		El Paso, TX 79924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida marra
l	02/20/2024	Payee name Perez, Gabriel
┡		
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 5515 Nato Court
	\$70.00	5515 Nato Court
		FI Page TV 70024
L		El Paso, TX 79924
l	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
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	02/02/2024	Perez, Maria
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.00	325 Vermilion
l		
l		El Paso, TX 79928
	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 campaign work
		Sampagn work
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/13 Rpt: 27/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/05/2024	Perez, Maria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	325 Vermilion
		El Paso, TX 79928
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
		campaign work
		Campaign Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/12/2024	Perez, Maria
H	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	325 Vermilion
	φ340.00	323 Verifillion
		51 D TV 70000
		El Paso, TX 79928
	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
		campaign work
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/21/2024	Perez, Maria
H	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	325 Vermilion
		El Paso, TX 79928
H	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		campaign work
L	Operated Children	Openhalte Office halden and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/13 Rpt: 28/30	Annello, Alexsandra R. (Mrs.) 00088045
4	Date	5 Payee name
	02/01/2024	Regency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.74	2313 N Piedras
		El Paso, TX 79930
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 Push Cards
		T don Ourdo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/08/2024	Stonewall Democrats of El Paso
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10856 Loma Del Norte Dr
L		El Paso, TX 79934
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/30/2024	Turnbaugh, Daniel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	1170 Sylvia Aguilar St
	, , , , ,	
		El Paso, TX 79928
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign work
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM	F				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/13 Rpt: 29/30			– lexsandra R. (Mr	·s.)				00088045	,
4	Date	5	Payee name					•		
	02/12/2024		Wells Farg							
6	Amount (\$)	7	Payee addr	ess; City;	State:	; Zip Code				
	\$15.00		420 Montg	omery St						
			San Franc	isco, CA 94104						
8	PURPOSE	(a)	Category (See Categories listed at t	the top of this sch	edule) (b) Description			
	OF EXPENDITURE		Accounting				_		ide of Texas. Com	
	EXPENDITORE							stin, TX	, officeholder living	expense
l							bank fee			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sough	t		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense s/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.					
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 1/1 Rpt: 30/30		Annello, Alexsandra R. (Mrs.)			00088045			
4	Date	5	Payee name						
	02/20/2024		Albertsons						
6	Amount (\$)	7	Payee address; City; State; Zip	Code					
	\$57.00		5200 Montana Ave						
	Reimbursement from political contributions intended		El Paso, TX 79903						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense		CI	neck if Austin, TX, officeholder living expense			
	LXI LINDITORE			Cake					
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought		Office held			
Г	Date		Payee name						
	02/21/2024		Albertsons						
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$57.00		5200 Montana Ave						
	Reimbursement from								
	political contributions intended		El Paso, TX 79903						
┝	PURPOSE	\vdash	Category (See Categories listed at the top of this schedule)	Description	7 cı	neck if travel outside of Texas. Complete Schedule T.			
	OF		Food/Beverage Expense		=	neck if Austin, TX, officeholder living expense			
	EXPENDITURE Cake								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought		Office held			