

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088045		2 Total pages filed: 30		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Alexsandra R.	MI MI	ELECTRONICALLY FILED 02/27/2024	
	NICKNAME	LAST Anello	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED		Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024	

6 EXPLANATION OF CORRECTION

The wrong information was entered into Political Contributions on hand at the end of the reporting period. The original report had \$26,001.30 but the corrected report reads \$2,601.30.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Alexsandra R. Anello

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.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering 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 complete this form.		1 Filer ID (Ethics Commission Filers) 00088045	2 Total pages filed: 30	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Alexandra R.	MI	OFFICE USE ONLY
	NICKNAME	LAST Annello	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4114 Oxford Ave. El Paso, TX 79903			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Laura L.	MI	
	NICKNAME	LAST Valdez	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2819 Lebanon Ave. El Paso, TX 79930			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(915)	258-8544		
8 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/26/2024	THROUGH		Month Day Year 02/24/2024
10 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	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative Place El Paso District 77	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 30

13 C / OH NAME Annello, Aleksandra R. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00088045

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	33,688.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	27,844.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,601.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,500.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Aleksandra R. Annello

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.

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

SUBTOTALS - C/OH

18 FILER NAME Annello, Alexsandra R. (Mrs.)		19 Filer ID 00088045	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	25,393.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	8,295.99
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	14,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	27,730.52
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	114.00
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 A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Marie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code El Paso, TX 79936		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambler, Gloria	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) El Paso ISD
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas, Victor	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code El Paso, TX 79930		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Westat
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlett, Martin	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code El Paso, TX 79903		
Principal occupation / Job title (See Instructions) Senior Public Involvement Manager		Employer (See Instructions) CONSOR Engineers LLC
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benitez, Juan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code El Paso, TX 79903		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabezuela, Mauricio <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78726	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Financial Analyst		9 Employer (See Instructions) Travis County
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Tripp, Marshal <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Museum Administration		Employer (See Instructions) University of Texas at El Paso
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Eduardo <hr/> Contributor address; City; State; Zip Code El Paso, TX 79935	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) US Attorneys Office
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conroy, Cynthia <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) WestStar Bank
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feinberg, Joyce <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaser, Rebecca <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Allison <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) The Raben Group
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halpern, Rosario & Robert <hr/> Contributor address; City; State; Zip Code Marfa, TX 79843	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, Merlyn <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, Merlyn <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, Robert	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code El Paso, TX 79902		
8 Principal occupation / Job title (See Instructions) Strategic Advisor		9 Employer (See Instructions) Las Americas Immigrant Advocacy Center
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horak, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houghton, Ted	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code El Paso, TX 79901		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Houghton Financial
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC Voluntary Fund	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Washington, DC 20001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapenga, Kathleen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastrin, Deborah <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Kasco Structures
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kipp, Kassidee <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Grayce
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Richard <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TTUHSC EP
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blaire & Sampson, LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macias, Jonathan <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Incite Consultancy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Carlos	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Retirement Counselor		9 Employer (See Instructions) TX County & District Retirement System
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jacqueline	Amount of Contribution (\$) \$293.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Yelp
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Amy	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Education Advisor		Employer (See Instructions) Sanders Foundation
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Beto	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oney, Jessica	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) VP of Government Affairs		Employer (See Instructions) NRG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Rodolfo	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code El Paso, TX 79930		
8 Principal occupation / Job title (See Instructions) Data Manager		9 Employer (See Instructions) Empower Project
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Planned Parenthood Texas Votes PAC	Amount of Contribution (\$) \$6,000.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Laura	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) The Raben Group
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, Noel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Legate P.C. Operating Account	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code El Paso, TX 79907		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapleigh, Eliot <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spieczny, Thomas <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Parent PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-0051	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Michael <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) El Paso County
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yellen, Tracy <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Foundation Executive		Employer (See Instructions) Paso del Norte Health Foundation

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/30	
2 FILER NAME Anello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/16/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Mary	8 Amount of contribution (\$) \$900.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Clint, TX 79836	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Nonprofit Executive		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Gonzalez Campaign	Amount of contribution (\$) \$7,395.99	In-kind contribution description phone banking
	Contributor address; City; State; Zip Code Clint, TX 79836	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 15/30
2 FILER NAME Annello, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/08/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Annello, Alexandra	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code El Paso, TX 79903	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Unemployed		13 Employer (See Instructions) Unemployed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 02/01/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Annello, Alexandra	Loan Amount (\$) \$3,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code El Paso, TX 79903	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

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, Alexandra R. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088045
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/22/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Annello, Alexandra	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code El Paso, TX 79903	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Unemployed		13 Employer (See Instructions) Unemployed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 17/30	2 FILER NAME Annelo, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/02/2024	5 Payee name Acosta, Delia	
6 Amount (\$) \$232.00	7 Payee address; City; State; Zip Code 1917 Amy Sue Dr 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Acosta, Delia	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1917 Amy Sue Dr El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Acosta, Delia	
Amount (\$) \$260.00	Payee address; City; State; Zip Code 1917 Amy Sue Dr El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1	Total pages Schedule F1: Sch: 2/13 Rpt: 18/30	2	FILER NAME Annelo, Aleksandra R. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088045
4	Date 02/14/2024	5	Payee name Acosta, Delia		
6	Amount (\$) \$132.00	7	Payee address; City; State; Zip Code 1917 Amy Sue Dr 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign work		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 02/20/2024		Payee name Acosta, Delia		
	Amount (\$) \$530.00		Payee address; City; State; Zip Code 1917 Amy Sue Dr El Paso, TX 79936		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 01/28/2024		Payee name ActBlue		
	Amount (\$) \$16.80		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fee		
		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.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 19/30	2 FILER NAME Annello, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/04/2024	5 Payee name ActBlue	
6 Amount (\$) \$122.45	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, TX 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2024	Payee name ActBlue	
Amount (\$) \$53.34	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name ActBlue	
Amount (\$) \$9.89	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fee
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.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 20/30	2 FILER NAME Annelo, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 01/31/2024	5 Payee name Fernandez, Jovanni	
6 Amount (\$) \$330.00	7 Payee address; City; State; Zip Code 1231 Four Wheel Dr San Elizario, TX 79849	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Fernandez, Jovanni	
Amount (\$) \$202.50	Payee address; City; State; Zip Code 1231 Four Wheel Dr San Elizario, TX 79849	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Fernandez, Jovanni	
Amount (\$) \$330.00	Payee address; City; State; Zip Code 1231 Four Wheel Dr San Elizario, TX 79849	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1	Total pages Schedule F1: Sch: 5/13 Rpt: 21/30	2	FILER NAME Annelo, Aleksandra R. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088045
4	Date 02/07/2024	5	Payee name Fernandez, Jovanni		
6	Amount (\$) \$245.00	7	Payee address; City; State; Zip Code 1231 Four Wheel Dr San Elizario, TX 79849		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/13/2024		Payee name Gomez, Mayda		
	Amount (\$) \$270.00		Payee address; City; State; Zip Code 4317 Manchester Ave El Paso, TX 79903		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/31/2024		Payee name Gonzalez, Richard		
	Amount (\$) \$165.00		Payee address; City; State; Zip Code 7260 Gateway Blvd E El Paso, TX 79915		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
	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.

1	Total pages Schedule F1: Sch: 6/13 Rpt: 22/30	2	FILER NAME Annello, Aleksandra R. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088045
4	Date 02/07/2024	5	Payee name Gonzalez, Richard		
6	Amount (\$) \$360.00	7	Payee address; City; State; Zip Code 7260 Gateway Blvd E El Paso, TX 79915		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 02/14/2024		Payee name Gonzalez, Richard		
	Amount (\$) \$153.50		Payee address; City; State; Zip Code 7260 Gateway Blvd E El Paso, TX 79915		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 02/09/2024		Payee name Message Audience & Presentation, Inc.		
	Amount (\$) \$6,204.30		Payee address; City; State; Zip Code 2400 S 4th St Austin, TX 78704		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail		
		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.

1	Total pages Schedule F1: Sch: 7/13 Rpt: 23/30	2	FILER NAME Annelo, Aleksandra R. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088045
4	Date 02/16/2024	5	Payee name Message Audience & Presentation, Inc.		
6	Amount (\$) \$10,000.00	7	Payee address; City; State; Zip Code 2400 S 4th St Austin, TX 78704		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mail		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/23/2024		Payee name Message Audience & Presentation, Inc.		
	Amount (\$) \$4,722.00		Payee address; City; State; Zip Code 2400 S 4th St Austin, TX 78704		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consultants		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/31/2024		Payee name Peov, Daena		
	Amount (\$) \$270.00		Payee address; City; State; Zip Code 1800 N Stanton St El Paso, TX 79902		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work		
		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.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 24/30	2 FILER NAME Annello, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/07/2024	5 Payee name Peov, Daena	
6 Amount (\$) \$106.00	7 Payee address; City; State; Zip Code 1800 N Stanton St El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Peov, Daena	
Amount (\$) \$94.00	Payee address; City; State; Zip Code 1800 N Stanton St El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Peov, Daena	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 1800 N Stanton St El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 25/30	2 FILER NAME Annelo, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 01/30/2024	5 Payee name Perez, Gabriel	
6 Amount (\$) \$308.00	7 Payee address; City; State; Zip Code 5515 Nato Court El Paso, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Perez, Gabriel	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 5515 Nato Court El Paso, TX 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Perez, Gabriel	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 5515 Nato Court El Paso, TX 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 26/30	2 FILER NAME Annelo, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/20/2024	5 Payee name Perez, Gabriel	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5515 Nato Court El Paso, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Perez, Gabriel	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 5515 Nato Court El Paso, TX 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name Perez, Maria	
Amount (\$) \$128.00	Payee address; City; State; Zip Code 325 Vermilion El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 27/30	2 FILER NAME Annello, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/05/2024	5 Payee name Perez, Maria	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 325 Vermilion El Paso, TX 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Perez, Maria	
Amount (\$) \$540.00	Payee address; City; State; Zip Code 325 Vermilion El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Perez, Maria	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 325 Vermilion El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 28/30	2 FILER NAME Annelo, Aleksandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/01/2024	5 Payee name Regency	
6 Amount (\$) \$127.74	7 Payee address; City; State; Zip Code 2313 N Piedras El Paso, TX 79930	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2024	Payee name Stonewall Democrats of El Paso	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 10856 Loma Del Norte Dr El Paso, TX 79934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Turnbaugh, Daniel	
Amount (\$) \$83.00	Payee address; City; State; Zip Code 1170 Sylvia Aguilar St El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 work
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 29/30	2 FILER NAME Anello, Alexandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
4 Date 02/12/2024	5 Payee name Wells Fargo	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 420 Montgomery St San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

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/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.

1 Total pages Schedule G: Sch: 1/1 Rpt: 30/30	2 FILER NAME Annello, Alexandra R. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088045
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4 Date 02/20/2024	5 Payee name Albertsons
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6 Amount (\$) \$57.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5200 Montana Ave El Paso, TX 79903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cake
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2024	Payee name Albertsons
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Amount (\$) \$57.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5200 Montana Ave El Paso, TX 79903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cake
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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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