CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete thi	1 Filer ID (Ethics Commis 00024376	ssion Filers)	2 Total pages filed:43
3 CANDIDATE /	MS / MRS / MR FIRS	ST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Card	ol		Date Received ELECTRONICALLY FILED
	NICKNAME LAST	 Г	SUFFIX	07/14/2024
	Alva	rado		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	P.O. Box 230842			Receipt # Amount
Change of Address	Houston, TX 77223			
				Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	Т	MI	
TREASURER NAME	Ms. Yolai	nda		
	NICKNAME LAST	-	SUFFIX	
	Alvar			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX F 6669 Fairfield	PLEASE); API	7 SUITE#; CITY;	STATE; ZIP CODE
(Residence or Business)	Houston, TX 77023			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI (713) 557-1767	MBER EXTENSION		
8 REPORT TYPE	January 15 30t	th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2024	THROUGH	06/30/2024	1
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	X General	Special	
11 OFFICE	OFFICE HELD (if any)	<u> </u>	12 OFFICE SOUGHT	(if known)
II OFFICE	State Senator District 6		State Senator Dis	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Alvarado, Carol (The	Honorable)	14 Filer ID (00024376	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t 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 ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 56,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 48,125.69
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 1,197,634.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		The Hor	norable Carol Alvarado	0
		Signature of	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 43
	.ER NAN /arado,	ME Carol (The Honorable)	19 Filer ID 00024376	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	56,400.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	0.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				48,125.69
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	500,000.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	11,986.52

	MONET	ARY POLITICAL CONTRIBUTION	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/43		
2	FILER NAME Alvarado, Ca	ırol (The Honorable)		3	Filer ID (Ethics Commission 00024376	on Filers)	
4	Date 03/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
		Abbott Park, IL 60064					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors of Texas-PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4,000.00	
	Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Date 03/01/2024	e Full name of contributor out-of-state PAC (ID#:) Brotherhood of Locomotive Engineers & Trainmen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Decatur, TX 76234 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 03/16/2024	Full name of contributor X out-of-state PAC (ID#: CC Caresource Mission PAC Contributor address; City; State; Zip Code Columbus, OH 43215	00829713		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#: Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/43			
2	FILER NAME Alvarado, Ca	arol (The Honorable)		3	Filer ID (Ethics Commission 00024376	on Filers)		
4	Date 06/25/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00		
0	Dringing oggu	The Woodlands, TX 77381	9 Employer (See Instructions)					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)) 					
	Date Full name of contributor x out-of-state PAC (ID#: C00121368) 03/01/2024 ExxonMobil PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00		
	Irving, TX 75039 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))				
	Date O1/13/2024 Full name of contributor out-of-state PAC (ID#: Haley, Anthony (Mr.) Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00		
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions))				
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Apartment Association PAC Contributor address; City; State; Zip Code Houston, TX 77041)		Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/43		
2	FILER NAME Alvarado, Ca	arol (The Honorable)		3	Filer ID (Ethics Commission 00024376	on Filers)	
4	Date 02/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Houston ILA Dock and Marine Council PAC Fur 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00	
_	<u> </u>	Webster, TX 77598					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/16/2024 Houston Pilots PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) Lyondell Chemical Company PAC Contributor address; City; State; Zip Code Houston, TX 77010			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Sampson Public Affairs, LLC Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:_Schulgen, Seth (Mr.) Contributor address; City; State; Zip Code Fulshear, TX 77441			Amount of Contribution (\$)	\$1,000.00	
	Principal occu VP	pation / Job title (See Instructions)	Employer (See Instructions William Brothers Constru		ion Co		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/43	
2	FILER NAME Alvarado, Ca	ırol (The Honorable)		3	Filer ID (Ethics Commission 00024376	on Filers)
4	Date 02/07/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_	5	San Antonio, TX 78208				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/25/2024	Full name of contributor			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/01/2024				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2024 Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701		,		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#: Texas Sands PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTR		SCHEDUL	E A1		
	The Instru	ction Guide explains how to comp	lete this for	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/43	
2	FILER NAME Alvarado, Ca	ırol (The Honorable)			3	Filer ID (Ethics Commission 00024376	on Filers)
4	Date 06/25/2024	 Full name of contributor out-of-st Texas Society of Anesthesiologist P. Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$3,000.00
_		Austin, TX 78701					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))				
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:) Texas Surplus Lines Association/PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78766 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/14/2024 USAA Employee PAC Contributor address; City; State; Zip Code San Antonio, TX 78288				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/07/2024 Vatat - PAC Fund Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$400.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	TARY POLITICAL CONTRIBUTION	\$	SCHEDULE A1	
	The Instru	action Guide explains how to complete this	form.	1 Total pages Sch Sch: 6/6 Rpt: 9	
2	FILER NAME Alvarado, Ca	arol (The Honorable)		3 Filer ID (Ethics 00024376	s Commission Filers)
4	Date 02/16/2024	Full name of contributor		7 Amount of Conti	sibution (\$) \$500.00
		Austin, TX 78754			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID#; Zachry Corporation Political Action Committee Contributor address; City; State; Zip Code San Antonio, TX 78265		Amount of Conti	s2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ns)	

L	DANS					SCHEDUL	.E E
Th	e Instructio	on Guide explains h	ow to complete this f	orm.	1	ages Schedule E: /1 Rpt: 10/43	
	ER NAME arado, Carol	(The Honorable)			3 Filer ID 000243	(Ethics Commission F	-ilers)
4 то	TAL OF UN	IITEMIZED LOANS			\$	0.00	
5 Dat	e of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fina	ender a ncial itution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Prin	ncipal occupation	on / Job title (See Instructi	ons)	13 Employer (See Instruction	ns)	•	
14 Des	scription of Coll	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
	ARANTOR ORMATION	17 Name of guarantor		<u> </u>		19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code		.	
20 Prin	ncipal occupation	on		21 Employer (See Instruction	ns)	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	<u> </u>		3	Filer ID (Ethics Commission Filers)
Ĺ	Sch: 1/29 Rpt: 11/43	Alvarado, Carol (The Honorable)			00024376
4	Date	Payee name			
	01/04/2024	AT&T			
6	Amount (\$) \$86.22	Payee address; City; State; P.O. Box 930170 Dallas, TX 75393	Zip Code	9	
8	PURPOSE	Category (See Categories listed at the top of this sched	dule) (k	Description	
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs	side of Texas. Complete Schedule T. K, officeholder living expense communications, Cell Phone
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Of	ffice sough	nt	Office held
	Date	Payee name			
	02/05/2024	AT&T			
	Amount (\$)	Payee address; City; State;	Zip Code	9	
	\$86.22	P.O. Box 930170			
	DUDDOG	Dallas, TX 75393	Т	N	
	PURPOSE OF	Category (See Categories listed at the top of this sched	_{dule)} (t	DescriptionCheck if travel outs	side of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		<u> </u>	side of Texas. Complete Schedule 1.
				Campaign Tele	communications, Cell Phone
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Of	ffice sough	nt	Office held
	Date	Payee name			
	03/05/2024	AT&T			
	Amount (\$)	Payee address; City; State;	Zip Code	9	
	\$85.98	P.O. Box 930170			
		Dallas, TX 75393			
	PURPOSE OF	Category (See Categories listed at the top of this sched	dule) (k	Description	ide d'Ture Complete Cele III T
	EXPENDITURE	Office Overhead/Rental Expense		ш	side of Texas. Complete Schedule T. K, officeholder living expense
					communications, Cell Phone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Of	ffice sough	nt	Office held
					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations I Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T-t-1		
1	Total pages Schedule F1: Sch: 2/29 Rpt: 12/43	2 FILER NAME Alvarado, Carol (The Honorable) 3 Filer ID (Ethics Commission Filers) 00024376	
4	Date	5 Payee name	_
	04/04/2024	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$84.00	P.O. Box 930170	
		Dallas, TX 75393	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Telecommunications, Cell Phone	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
L	D :	T	_
	Date	Payee name	
	05/06/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.97	P.O. Box 930170	
		Dallas, TX 75393	
	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Telecommunications, Cell Phone	
		Sampagn researches, sent nene	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
L			
	Date	Payee name	
	06/04/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.97	P.O. Box 930170	
		Dallas, TX 75393	
	DUDDOCE	L	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Telecommunications, Cell Phone	
		Sampaign : sissemmanisations, con r none	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/29 Rpt: 13/43	Alvarado, Carol (The Honorable) 00024376	
4	Date	5 Payee name	_
	01/30/2024	Aceves Communications, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$5,000.00	P.O. Box 6514	
		Houston, TX 77265	
8	PURPOSE		_
٠	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Compliance/Fundraising	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to berieff C/O		
	Date	Payee name	
	06/30/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.50	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EX. ENDITORE	Check if Austin, TX, officeholder living expense	
		Credit Card Processing fees 01/01-6/30/2024	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Data	David and the second se	=
	Date 04/25/2024	Payee name Amazon	
			_
	Amount (\$) \$19.47	Payee address; City; State; Zip Code 1200 Twelfth Avenue South, Ste. 1200	
	Ф19.47	1200 Twellth Avenue South, Ste. 1200	
		C	
		Seattle, WA 98144	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of Check if to	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Microphone for videos	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/29 Rpt: 14/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/07/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$10.21	1200 Twelfth Avenue South, Ste. 1200
	7-0:	
		Seattle, WA 98144
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ribbons for Mother's Day carnations for seniors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/20/2024	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1717 West Loop South
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davisa nama
	03/18/2024	Payee name Amegy Bank
	Amount (\$)	
	\$12.00	Payee address; City; State; Zip Code 1717 West Loop South
	Ψ12.00	1717 West Loop South
		Houston, TX 77027
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign bank fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

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

	Candidate/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: 5/29 Rpt: 15/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	06/28/2024	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	1717 West Loop South
		Houston, TX 77027
8	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.
		Campaign bank fee
		Campaigh bank ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	04/19/2024	American Legion Post 472
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7599 Avenue C
		Houston, TX 77012
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Tournament
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/22/2024	Annette Ramirez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 591981
		Houston, TX 77259
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign contribution
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

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 By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 6/29 Rpt: 16/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	01/22/2024	Area 5 Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3800 Spencer Hwy., Suite L
		Pasadenz, TX 77504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution for brunch fundraiser
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	04/24/2024	Bikes for Excellence Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6418 Brookside Dr.
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Gpo.looi.op
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/09/2024	Blackburn, Benjamin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	605 W. 14th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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		mmittee Legal Services Salaries/Wage				OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to compl	let	e this form.				
1	Total pages Schedule F1:	2	FILER NAME		;	3	Filer ID	(Ethics Commission Filer	s)
	Sch: 7/29 Rpt: 17/43		Alvarado, Carol (The Honorable)				00024376		
4	Date	5	Payee name		•				
	02/10/2024		Blackburn, Benjamin						
6	Amount (\$)	7	Payee address; City; State; Zip Code	;					
	\$2,300.00		605 W. 14th Street						
	• •								
			Austin, TX 78701						
_	DUDD005	⊢							
8	PURPOSE OF	(a)	c , (ere emigenee mater in the ereme contacted)) [T	Description	ıtci	to of Toyon Com	plete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense	ŀ	=		officeholder living		
				_	_			or Legislative Purpose	es
9	Complete ONLY if direct		Candidate/Officeholder name Office sought	t			Office he	eld	
	expenditure to benefit C/OI	Н	Ţ.						
	Date	Π	Payee name						
	03/11/2024		Blackburn, Benjamin						
			-						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$2,300.00		605 W. 14th Street						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)) [Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	Į	=			plete Schedule T.	
				-	X Check if Austin, ⁻			r Legislative Purpose	20
					TOTAL TOTAL AUGUS	' '	tpartificiti ic	i Legisiative i diposi	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought	t			Office he	7ld	
	expenditure to benefit C/OI		Andread The Office Sought				Office fie	au	
		_							
	Date		Payee name						
	04/12/2024		Blackburn, Benjamin						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$2,300.00		605 W. 14th Street						
			Austin, TX 78701						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)) [Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	Į				plete Schedule T.	
					Check if Austin,				20
				ı	Rentior Austii	1 /-	фантент ю	or Legislative Purpose	25
	Complete ONII V if direct	Ļ	Condidate/Officeholder name				Office I	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought	ι			Office he	eiu	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 8/29 Rpt: 18/43	Alvarado, Carol (The Honorable) General (Ethics Commission Filers) 00024376
4	Date	5 Payee name
	05/11/2024	Blackburn, Benjamin
6	Amount (\$) \$2,300.00	7 Payee address; City; State; Zip Code 605 W. 14th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	X Check if Austin, TX, officeholder living expense
		Rent for Austin Apartment for Legislative Purposes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/11/2024	Blackburn, Benjamin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	605 W. 14th Street
	, ,	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent for Austin Apartment for Legislative Purposes
		None for Additive Parameter for Legislative Parposes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/22/2024	Briscoe PTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	131 Forest Hill Blvd.
		Houston, TX 77011
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/29 Rpt: 19/43	Alvarado, Carol (The Honorable) 00024376
4 Date	5 Payee name
02/06/2024	Campos Communications
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 816 Ralfallen St. Houston, TX 77008
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 Campaign and Compliance Consultation
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/30/2024	Capitol Extension Gift Shop
Amount (\$) \$227.33	Payee address; City; State; Zip Code 1400 Congress Ave., E1.006
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Miniature gavels for Sunshine Kids State Capitol vis
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2024	Constant Contact
Amount (\$) \$154.57	Payee address; City; State; Zip Code 1601 Trapelo Rd.
	Waltham, MA 02451
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/29 Rpt: 20/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	02/01/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.57	1601 Trapelo Rd.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
		Subscription for Campaign List Management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.57	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
		Subscription for Campaign List Management
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/01/2024	Constant Contact
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.57	1601 Trapelo Rd.
		Waltham, MA 02451
	DUDDO05	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt: 21/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/02/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.57	1601 Trapelo Rd.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
		Subscription for Campaign List Management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.57	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/15/2024	Dixie Little League
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7302 Keller St.
		Houston, TX 77012
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Little League Sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/29 Rpt: 22/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	02/28/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	4619 Lyons Ave.
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ad Purchase and Sponsorship for County
		Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2024	High Fashion Fabric CT
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.10	3101 Louisiana
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ribbons for Resolutions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.07	P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for State Capitol Office
		water for State Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/29 Rpt: 23/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	02/02/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.32	P.O. Box 2220
		Manchaca, TX 78652
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for State Capitol Office
		water for state suprior since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
╙	03/01/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.07	P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Water for State Capitol Office
L	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.32	P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Water for State Capitol Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	•	
L		

SCHEDULE F1

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

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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	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: 14/29 Rpt: 24/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/01/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.31	P.O. Box 2220
		Manchaca, TX 78652
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for State Capitol Office
		water for State Capitor Office
Ļ	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	06/04/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.32	P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for State Capitol Office
		water for State Suprior Since
┡	Compulate ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
┕		
	Date	Payee name
	01/08/2024	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.63	10516 Katy Freeway, Suite F
		Houston, TX 77043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Custom framing for resolution
L	Operation ON V. V. V.	Open Highest (Office health an arms)
I	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
I		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage I
Contributions/ Donations Made By - Gift/Awards/Men

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
با	Tatalana O. I. I. T.	· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1: Sch: 15/29 Rpt: 25/43	2 FILER NAME Alvarado, Carol (The Honorable) 3 Filer ID (Ethics Commission Filers) 00024376				
4	Date	5 Payee name	_			
	02/27/2024	Hobby Lobby				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$31.38	5651 Fairmont Parkway				
		Pasadena, TX 77505				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense				
		Check if Austin, TX, officeholder living expense Frames for resolutions				
		Frames for resolutions				
Ļ	0 1. 0					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H				
-	Date	Payee name	_			
	03/13/2024	Hobby Lobby				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.38	6145 Westheimer Road				
	φ31.30	0143 Westheliner Road				
		Houston, TX 77057				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Custom framing for resolution				
_	Complete ONU V if alice	Constitute (Office holder name)				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
L	,					
	Date	Payee name				
L	04/22/2024	Hobby Lobby				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$32.48	10516 Katy Freeway, Suite F				
		Houston, TX 77043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense				
	EM LINDITURE	Check if Austin, TX, officeholder living expense				
		Custom framing for resolution				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OH					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	a category not listed abo	ve)
-	Total pages Cabadula F1:	2 FUEDNAM					12	Filor ID	(Ethics Commission	n Filore)
ľ	Total pages Schedule F1:						3	Filer ID 00024376	(Ethics Commission	on File(s)
	Sch: 16/29 Rpt: 26/43		Carol (The Honorable)					00024370		
4	Date	5 Payee name								
	05/15/2024	Hobby Lob	bby							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de					
	\$34.09	5651 Fairn	nont Parkway							
		Pasadena	TX 77505							
8	PURPOSE	(a) Category	See Categories listed at the top of	this echodulo)	(b)	Description				
	OF		s/Memorials Expense	illis scriedule)	ľ	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE					_		officeholder livin		
						Custom frami	ing	of resolutio	n	
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	7								
	Date	Payee name	9							
	06/27/2024	Hobby Lob	by							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de					
	\$54.11	5651 Fairn	nont Parkway							
		Pasadena Pasadena	TX 77505							
-	PURPOSE				(b)	Description				
	OF		See Categories listed at the top of s/Memorials Expense	tnis schedule)	(3)	_	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	City ward	S/Memorials Expense			Check if Austin	, TX	officeholder livin	g expense	
						Framed resol	lutio	on for const	ituent memorial	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	7								
	Date	Payee name	9							
	04/22/2024	Holiday Inı	n Express El Paso - Do	wntown						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de					
	\$514.50	409 E. Mis	souri Ave.							
		El Paso, T	X 79901							
-	PURPOSE				(h)	Description				
	OF	Travel Out	See Categories listed at the top of	this schedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	i ilavei out	of District					officeholder livin		
									Staff to attend Te	exas
						Democratic P	art	y State Cor	ivention	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OH									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/29 Rpt: 27/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/02/2024	Hoot's Smokehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.20	7648 Canal St.
		Houston, TX 77012
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sides for Immaculate Conception Church Mother's
		Day Celebration
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/12/2024	Payee name Law Offices of Kevin C. Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ethics and Compliance Consulting
		Ethics and Compliance Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Data	
	Date	Payee name Law Offices of Kevin C. Stewart
	05/10/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ethics and Compliance Consulting
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	-	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 18/29 Rpt: 28/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	06/13/2024	Lindale Park Civic Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	218 Joyce St.
		Houston, TX 77009
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution to support Fourth of July Parade
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2024	Michaels Stores
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.92	3939 West John W. Carpenter Fwy.
		Irving, TX 75063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Frames for resolutions
		Traines for resolutions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/26/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.10	6888 Gulf Fwy.
		Haveton TV 77007
		Houston, TX 77087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Name tags for Latino elected officials lunch
		Than tage is: enough is in the control of th
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 19/29 Rpt: 29/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	03/01/2024	Pancho Claus Art and Education Project
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3522 Polk St.
		Houston, TX 77003
8	PURPOSE	
U	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Christmas in July Table Sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/07/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.58	511 Lockwood Dr.
		Houston, TX 77011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Mother's Day carnations for seniors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/08/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.56	511 Lockwood Dr.
		Houston, TX 77011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mother's Day carnations for seniors
		Modifici & Day Curriculoris for Schiols
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAME	=				3	Filer ID	(Ethics Commission	n Filers)
_	Sch: 20/29 Rpt: 30/43		- Carol (The Honorabl	le)				00024376	(=1	,
4	Date	5 Payee name								
	01/12/2024	Sofitel Was	hington D.C. Lafay	ette Square						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$398.99	806 15th St	reet NW							
		Washingtor	n, DC 02005							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			=		de of Texas. Comp		
						_		officeholder living	expense 4 to attend Latino	_
						Leaders Netv			+ to attenu Latin	U
Ļ	Commission ONLL V if alice at	Canalidate/Off	in a la la la una una una	O#ing no					ıa	
9	Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office sou	ıgnı			Office he	eiu .	
	Date	Payee name								
	01/11/2024	Southwest	Airlines							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$436.98	2702 Love	Field Dr.	•						
	*	_,								
		Dallas, TX	75235							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			=		de of Texas. Comp		
						—		officeholder living		
						All liaverilon	ш	ousion to w	ashington D.C.	
	Complete ONLY if direct		ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OF									
	Date	Payee name								
	01/17/2024	Southwest	Airlines							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$40.00	2702 Love	Field Dr.							
		Dallas, TX	75235							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description	_			
	EXPENDITURE	Travel Out	of District			X Check if travel of				
						_		officeholder living	rom Houston to	
						Washington	C IC	n an naverr	เอกา ก่อนอเอก เป	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/O			200 300				211100 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Co	mmittee Legal Services Salaries/M The Instruction Guide explains how to co		/Contract Labor OTHER (enter a category not listed above) te this form.					
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 21/29 Rpt: 31/43		Alvarado, Carol (The Honorable)		00024376					
4	Date	5	Payee name							
	04/22/2024		Southwest Airlines							
6	Amount (\$)	7	Payee address; City; State; Zip Co	de						
	\$211.98		2702 Love Field Dr.							
			Dallas, TX 75235							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF	<u> </u> `	Travel Out of District	` ′	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin, TX, officeholder living expense					
					Air travel from El Paso to Houston from State					
					Convention					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held					
	Date		Payee name							
	04/22/2024		Southwest Airlines							
	Amount (\$)		Payee address; City; State; Zip Co	de						
	\$211.98		2702 Love Field Dr.							
			Dallas, TX 75235							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.					
					Check if Austin, TX, officeholder living expense Staff Air travel from El Paso to Houston from State					
					Convention					
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held					
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	04/22/2024		Southwest Airlines							
	Amount (\$)		Payee address; City; State; Zip Co	nde						
	\$109.98		2702 Love Field Dr.							
	Ψ100.00		2702 2070 7 1010 27.							
			Dallas, TX 75235							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.					
					Check if Austin, TX, officeholder living expense					
					Staff Air travel from Houston to El Paso for State Convention					
	0 1. 0	L	2 11 1 10 11 11							
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held					
	The straight of the straight of the									

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 By - Candidate/Officeholder/Political Comn Credit Card Payment		/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel Out of District Travel (enter a category not listed above)			
	oreak ourd r dyment		The Instruction Gui	de explains ho	w to com	plete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/29 Rpt: 32/43	Alvarado, (Carol (The Honora	able)				00024376	
4	Date	5 Payee name	<u> </u>						
	06/27/2024	Sprint 2 Pr							
		· ·							
6	Amount (\$)	7 Payee addre	•	State;	Zip Code	е			
	\$427.59	8748 Clay	Rd., #300						
		Houston, T	X 77080						
8	PURPOSE	(a) Catagony			0	b) Description			
ľ	OF	Printing Ex	See Categories listed at the	e top of this schedi	ule)	:	outs	side of Texas. Cor	nplete Schedule T.
	EXPENDITURE		perise					, officeholder livir	
						Car door ma	gne	ets and ban	ners
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	ice sough	nt		Office h	الم
,	expenditure to benefit C/OI		necholder hame	OII				Office 1	iciu
	Date	Payee name	9						
	05/14/2024	St. Patrick'	s Catholic Church	1					
	Amount (\$)	Payee addre	ess; City;	State;	Zip Code	e			
	\$200.00	4918 Coch		•	•				
	4200.00	.020 000							
		l							
		Houston, T	X 77009						
	PURPOSE	(a) Category (s	See Categories listed at the	e top of this schedu	ule) (k	b) Description			
	OF EXPENDITURE		ns/Donations Mad	,		=			nplete Schedule T.
	ZAI ZIADITORZ	Candidate/	Officeholder/Politi	ical Committ	tee	ш		, officeholder livir	
						Summer Fes	stiva	al Sponsors	nıp
	Complete ONLY if direct		ficeholder name	Off	ice sough	nt		Office h	eld
	expenditure to benefit C/OI	4							
	Date	Payee name	7						
	04/12/2024	Target	•						
	Amount (\$)	Payee addre	· ·	State;	Zip Code	Э			
	\$8.62	8509 Main	St.						
		Houston, T	X 77025						
	PURPOSE	(a) Catagony			0	Description			
	OF		See Categories listed at the S/Memorials Expe		uie)		outs	side of Texas. Cor	nplete Schedule T.
	EXPENDITURE	GilvAwaiu	s/iviemonais Expe	1130				, officeholder livir	
									ton Area Woemn's Center
						-			
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Off	ice sough	nt		Office h	neld
	expenditure to benefit C/O		nocholaci Haille	Oli	ice sougi			Onice i	iciu
	ms provided by Texas E	thias Cammias	ion un	www othics sta	to tv 110				Version V// 1.0 d378aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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: 23/29 Rpt: 33/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	03/21/2024	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 15707
		Austin, TX 78761
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		State Party Convention Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/04/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,656.00	P.O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol calendars for civic leaders
		Capitor calcinates for civic leaders
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Capitol calendars for civic leaders
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officeholder/Belities

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		T	
1	Total pages Schedule F1:)
	Sch: 24/29 Rpt: 34/43	Alvarado, Carol (The Honorable) 00024376	
4	Date	5 Payee name	
	01/22/2024	Twitter, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.64	1355 Market St., Ste. 900	
		San Francisco, CA 94103	
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	
		COH Verification Fee	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/21/2024	Twitter, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.64	1355 Market St., Ste. 900	
		San Francisco, CA 94103	
	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	
		COH Verification Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	
	Date	Payee name	
	03/21/2024	Twitter, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.64	1355 Market St., Ste. 900	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		COH Verification Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		
	•		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/29 Rpt: 35/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	04/22/2024	Twitter, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.64	1355 Market St., Ste. 900
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COH Verification Fee
		COTT Vermedulori i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
	Date	Pavee name
	05/21/2024	Twitter, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St., Ste. 900
	40.0	
		San Francisco, CA 94103
	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
		COH Verification Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2024	Twitter, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1355 Market St., Ste. 900
		San Francisco, CA 94103
	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
		COH Verification Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	ard Payment	The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · · · ·
1 Total pa	ages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	6/29 Rpt: 36/43	Alvarado, Carol (The Honorable)	00024376
4 Date		5 Payee name	
01/20/2	2024	U.S. Postmaster	
6 Amount	t (\$)	7 Payee address; City; State; Zip Code	
	\$66.00	1900 W. Gray Street	
		Houston, TX 77019	
	RPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF NDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Postage for mailing donations and paying bills
			ostage for mailing demailors and paying sins
9 Comple	ete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	iture to benefit C/O		Office field
			
Date		Payee name	
02/28/2	2024	U.S. Postmaster	
Amount	(\$)	Payee address; City; State; Zip Code	
	\$600.00	5415 Lawndale St.	
		Houston, TX 77023	
	RPOSE OF		Description
	NDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Check if Austin, 174, orniceholder living expense Postage for mailing out calendars to civic leaders
			ostage for mailing out calendars to civic leaders
Comple	oto ONII V if direct	Candidate/Officeholder name Office sought	Office held
	ete <u>ONLY</u> if direct iture to benefit C/O		Office field
		T	
Date		Payee name	
01/11/2	2024	United Airliines	
Amount	(\$)	Payee address; City; State; Zip Code	
	\$344.10	233 S. Wacker Dr.	
		Chicago, IL 60606	
	RPOSE		Description
	OF NDITURE	Travel Out of District	X Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense Air travel from Washington D.C.
			All traver from washington b.C.
0	A CAN Wife disease	Out did to 10 ff or hold our own	Office heald
	ete <u>ONLY</u> if direct iture to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/Wages/Contract L	abor		OTHER (enter a	strict category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to complete this fo	orm.				
1	Total pages Schedule F1:	2	FILER NAME	3	}	Filer ID	(Ethics Commission Filers))
	Sch: 27/29 Rpt: 37/43		Alvarado, Carol (The Honorable)			00024376		
4	Date	5	Payee name					
	04/22/2024		United Airlines					
6	Amount (\$)	7	Payee address; City; State; Zip Code					_
	\$234.60		233 S. Wacker Dr.					
	,							
			Chicago, IL 60606					
_		<u> </u>						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descrip		:	T O	unlate Calcadula T	
	EXPENDITURE		Travel out of District			e or Texas. Com officeholder living	nplete Schedule T.	
			, , , , , , , , , , , , , , , , , , ,				El Paso for State	
			Conver	ntion				
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office h	eld	
	expenditure to benefit C/O							
_	Date	Т	Payee name					_
	03/26/2024		University of Houston					
	Amount (\$)	⊢	Payee address; City; State; Zip Code					
	\$2,800.00		4800 Calhoun Road					
	Ψ2,000.00		4000 Cambun Noau					
			H					
		L	Houston, TX 77204					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descrip			. - 0		
	EXPENDITURE		Continuations/Donations water by			e or Texas. Com officeholder living	nplete Schedule T.	
			Garrandato/ Giriodinination Giriodinination				Awards Gala	
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office h	eld	_
	expenditure to benefit C/O	Н	•					
	Date	Т	Payee name					_
	01/05/2024		Zoom.us					
	Amount (\$)	\vdash	Payee address; City; State; Zip Code					
	\$17.05		55 Almaden Blvd., 6th Floor					
	Ψ11.00		30 / Alliadell Biva., Still 1001					
			San Jose, CA 95113					
		ļ.,						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descrip		teid	e of Teyes Com	nplete Schedule T.	
	EXPENDITURE		Onice Overneau/Nental Expense			officeholder living		
							Video Conferencing	
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office h	eld	_
	expenditure to benefit C/O	Н						

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)

4 Date 5 2 5 6 Amount (\$) \$17.05	FILER NAME Alvarado, Carol (The Honorable) Payee name Zoom.us Payee address; City; State; Zip Coo 55 Almaden Blvd., 6th Floor	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 5 202/05/2024 6 Amount (\$) 7 1	Payee name Zoom.us Payee address; City; State; Zip Coo	I .
02/05/2024 7 6 Amount (\$) \$17.05	Zoom.us Payee address; City; State; Zip Coo	
\$17.05		
	San Jose, CA 95113	de
OF 1		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sou(ht Office held
Date	Payee name	
03/05/2024	Zoom.us	
\$17.05	Payee address; City; State; Zip Coo 55 Almaden Blvd., 6th Floor San Jose, CA 95113	de
OF 1	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sou	oht Office held
	Payee name Zoom.us	
	Payee address; City; State; Zip Coo 55 Almaden Blvd., 6th Floor	de
	San Jose, CA 95113	
OE I	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sout	ght Office held

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: 29/29 Rpt: 39/43	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/06/2024	Zoom.us
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd., 6th Floor
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Subscription for Video Conferencing
		Campaigh Subscription for video Conferencing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2024	Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd., 6th Floor
		San Jose, CA 95113
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Subscription for Video Conferencing
		Campaign cascomption video comorcinomy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

The Inc						
IIIe III	truction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 40/43				
FILER NAME Alvarado, Caro	(The Honorable)	3 Filer ID (Ethics Commission Filers 00024376				
Date 02/13/2024	5 Name of person from whom investment is purchased Amegy Bank 6 Address of person from whom investment is purchased; City, 1717 West Loop South Houston, TX 77027 7 Description of investment Certificate of Deposit 8 Amount of investment (\$) 500,000.00	; State; Zip Code				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 41/43	
2	FILER NAME		3	Filer I	D (Ethics Commission F	ilers)
	Alvarado, Carol (The Honorable)				4376	
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)	
	06/24/2024	Amegy Bank				960.04
		6 Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, City, State, 21p Code				
		Houston, TX 77027				
			1			
			Olitio	cal cor	tribution returned to filer	
		Monthly Interest from Money Market Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/24/2024	Amegy Bank				896.44
		Address of person from whom amount is received; City; State; Zip Code	•••••		·· 	
		Houston, TX 77027				
		_	olitio	cal cor	tribution returned to filer	
		Monthly Interest from Money Market Account	Onti	Jai 001	and an including to mor	
	Date	Name of person from whom amount is received			Amount (\$)	
	04/25/2024	Amegy Bank]	\$555.61
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77027				
		Purpose for which amount is received	oliti	cal cor	tribution returned to filer	
		Monthly Interest from Money Market Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/22/2024	Amegy Bank			` ′	957.89
	00/22/2021					,001.00
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77027				
			1			
			Olitio	cai cor	tribution returned to filer	
		Monthly Interest from Market Account				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/23/2024	Amegy Bank				375.81
		Address of person from whom amount is received; City; State; Zip Code			"	
		Houston, TX 77027				
			Oliti	cal con	Itribution returned to filer	
		Monthly Interest from Money Market Account	JIIII	Jai 501		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ion Guide explains how to complete this form.		1		ages Schedule K: /2 Rpt: 42/43	
2	FILER NAME			—	Filer ID	•	sion Filers)
_	Alvarado, Carol (The Honorable)					376	310111 11013)
4					1		
4	Date	Name of person from whom amount is received				8 Amount (\$)	ΦE10 40
	04/05/2024	Amegy Bank					\$510.48
		Address of person from whom amount is received; City; State;	Zip Code				
		Houston TV 77027					
		Houston, TX 77027					
		Purpose for which amount is received	Check if p	olitic	al contr	ibution returned to	filer
		Monthly Interest from Certificate of Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	03/12/2024	Amegy Bank					\$1,841.92
		Address of person from whom amount is received; City; State;	Zip Code				
		Houston, TX 77027					
		Purpose for which amount is received	Check if p	olitic	al contr	ibution returned to	filer
		Monthly Interest from Certificate of Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/12/2024	Amegy Bank					\$1,976.44
		Address of person from whom amount is received; City; State;	Zip Code				
		Houston, TX 77027					
		Purpose for which amount is received	Check if p	olitic	al contr	ibution returned to	filer
		Monthly Interest from Certificate of Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/12/2024	Amegy Bank					\$1,920.10
		Address of person from whom amount is received; City; State;	Zip Code				
		,	P				
		Houston, TX 77027					
		Purpose for which amount is received	Check if p	olitic	al contr	ibution returned to	filer
		Monthly Interest from Certificate of Deposit	<u> </u>				
_	Date	Name of person from whom amount is received				Amount (\$)	
	06/12/2024	Amegy Bank				7 πσαιε (ψ)	\$1,991.79
		Address of person from whom amount is received; City; State;					. ,
		Address of person from whom amount is received, City, State,	Zip Code				
		Houston, TX 77027					
		Purpose for which amount is received	Check if p	olitic	al contr	ibution returned to	filer
		Monthly Interest from Certificate of Deposit					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form	1 Total pages Schedule T: Sch: 1/1 Rpt: 43/43					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Alvarado, Carol (The Honorable)	00024376					
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines						
5 Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Sched	dule C2 Schedule D X Schedule F1					
Schedule F2 Schedule F4 Schedule G Sched	dule H Schedule COH-UC					
6 Dates of Travel 7 Name of person(s) traveling						
Alvarado, Carol (Sen.)						
8 Departure city or name of departure location						
01/17/2024 Houston						
9 Destination city or name of destination location						
01/17/2024 Washington						
10 Means of transportation 11 Purpose of travel (including name of conference, s						
Commercial Airplane Air travel from Houston to Washington D.C. o	on January 17, 2024 to attend Latino Leaders Network					
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee						
Southwest Airlines						
Contribution / Expenditure reported on:						
	dule C2 Schedule D X Schedule F1					
Schedule F2 Schedule F4 Schedule G Sched	dule H Schedule COH-UC					
Dates of Travel Name of person(s) traveling						
Alvarado, Carol (Sen.)						
Departure city or name of departure location 01/17/2024 Houston						
01/17/2024 Washington	Destination city or name of destination location 01/17/2024 Washington					
Means of transportation Purpose of travel (including name of conference, s	seminar, or other event)					
	Washington D.C. on January 17, 2024 to attend Latino					
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee						
United Airliines						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Sched	dule C2 Schedule D X Schedule F1					
Schedule F2 Schedule F4 Schedule G Sched	dule H Schedule COH-UC					
Dates of Travel Name of person(s) traveling						
Alvarado, Carol (Sen.)						
Departure city or name of departure location						
01/18/2024 Washington						
Destination city or name of destination location						
01/18/2024 Houston						
Means of transportation Purpose of travel (including name of conference, s						
Commercial Airplane Air travel from Washington D.C. to Houston of	on January 18, 2024 returning from Latino Leaders					