JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00081826	sion Filers)	2 Total page	es filed: 62
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER	The Honorable	Maria Luisa				
NAME					Date Received	
					ELECTRON	IICALLY FILED
	NICKNAME	LAST		SUFFIX		
	MaryLou	Alvarez				
	-					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delive	red or Date Postmarked
MAILING						
ADDRESS	REDACTED PER 254	0313. GOV'T (CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Mark A.				
NAME		indancy a				
	NICKNAME	LAST			SUFFIX	
		Cevallos				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	/ SUITE #; CITY;		STATE; ZIP CODE
TREASURER		//		,		- ,
ADDRESS						
(Residence or Business)	REDACTED PER 254	.0313, GOVT (CODE			
7 CAMPAIGN	AREA CODE PHON	E NUMBER	EXTENSION			
TREASURER PHONE	(210) 802-1283					
FIIONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		r 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	Tł	HROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary		Other	
			lindiy	Kunon		
			General	Special		
				—		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 45 B	exar		District Judge Di		
		601	FO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.us	6	Ve	ersion V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 62

L

13 C / OH NAME	Alvarez, Maria Luisa	(The Honorable)	14 Filer ID 00081826	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politic. These expenditures may have been ma d officeholders are required to report this	de without the candidate's or offic	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC SPECIFIC				
		COMMITTEE CAMPAIGN TREASURE	ER NAME		
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS		
16 CONTRIBUTION TOTALS	\$	0.00			
		ICAL CONTRIBUTIONS	\$	0.00	
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES IZED POLITICAL EXPENDITURES	S OF LOANS)	-	
TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	31,736.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS	S OF THE LAST DAY OF THE	\$	7,304.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING	LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
			nder penalty of perjury, that the a d includes all information required tion Code.		
		т	he Honorable Maria Luisa Alv	/arez	
			Signature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	this the		day
		ertify which, witness my hand and seal c			_ uuy
Signature of offic	cer administering oath	Printed name of officer administer	ing oath Title of offic	er administeri	ng oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4	.1.0.d378aba0

FORM JC/OH COVER SHEET PG 3

						3 of 62
18		ER NAM arez, M	1E 1aria Luisa (The Honorable)	19 Filer ID 00081826	(Ethics Commission	n Filers)
20			E SUBTOTALS SCHEDULE		SUBTOTAL AI	MOUNT
	1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$		
	2.		\$			
	3.		\$			
	4.		\$			
	5.	X	\$	31,736.32		
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	8.		\$			
	9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
	11.		\$			

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

12. X

TO FILER

SUBTOTALS - JC/OH

207.59

\$

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/58 Rpt: 4/62		Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date 05/20/2024	Payee 557 R	name vercenter Garage						
6	Amount (\$) \$10.00	 Payee address; City; State; Zip Code 849 E. Commerce St. San Antonio, TX 78205 							
8	PURPOSE OF EXPENDITURE	OF Travel In District Check if travel outside of Texas. Complete Schedule T.					expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida	te/Officeholder name	0	office soug	nt		Office he	ld
	Date	Payee	name						
	04/22/2024	AUED	A						
	Amount (\$) \$100.00		address; City; aramount	State;	Zip Cod	e			
	PURPOSE OF	a) Catego	ntonio, TX 78228		edule)	b) Description	outsi	de of Texas. Com	alete Schedule T
	EXPENDITURE		butions/Donations Made date/Officeholder/Politic		ittee		ı, TX,	officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	ffice soug	nt		Office he	ld
	Date	Payee	name						
	04/01/2024	Amaz	on						
	Amount (\$) \$148.03	-	address; City; erry Avenue N	State;	Zip Cod	e			
			e, WA 98109						
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the I Overhead/Rental Expe		edule) (ι, TX,	de of Texas. Com officeholder living ambers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candida	te/Officeholder name	0	ffice soug	nt		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 2/58 Rpt: 5/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 03/05/2024	5 Payee name Bar Loretta							
6	Amount (\$) \$115.29	 7 Payee address; City; State; Zip Code 320 Beauregard St. San Antonio, TX 78210 							
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ng with legal counsel.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/22/2024	Bexar County Democratic Party							
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1844 Fredericksburg Rd.							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/16/2024	Bill Miller BBQ							
	Amount (\$) \$99.59	Payee address;City;State;Zip Code1004 San Pedro Avenue							
		San Antonio, TX 78212							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense OS for jurors and court staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE (CATEGORI	IES FOR E	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			T T T	Transportation E Travel in District Travel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
	T			e explains no	ow to comp	blete this form.			
1	Total pages Schedule F1: Sch: 3/58 Rpt: 6/62		г NAME ez, Maria Luisa (The Hor	norable)				iler ID 0081826	(Ethics Commission Filers)
4	Date	5 Payee	name				I		
	01/17/2024		iller BBQ						
6	Amount (\$) \$99.59	1004	e address; City; San Pedro Avenue Antonio, TX 78212	State;	Zip Code				
8	PURPOSE	(a) Cated	Ory (See Categories listed at the to	an of this ashed	dula) (t) Description			
	OF		/Beverage Expense	op of this sched	Jule) (*	Check if travel	ı, TX, of	fficeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	Of	fice sough	t		Office he	eld
	Date	Payee	e name						
	01/18/2024	Bill M	iller BBQ						
	Amount (\$)	Payee	address; City;	State;	Zip Code	9			
	\$99.59		San Pedro Avenue						
	BUBBOOF		Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the to /Beverage Expense	op of this sched	_{dule)} (r		ı, TX, of	fficeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	Of	fice sough	t		Office he	eld
	Date	Pavee	e name						
	02/02/2024		iller BBQ						
	Amount (\$) \$56.60		e address; City; San Pedro Avenue	State;	Zip Code				
		San /	Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the to /Beverage Expense	op of this sched	_{dule)} (k		i, TX, of	fficeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		ate/Officeholder name	Of	fice sough	t		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 4/58 Rpt: 7/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date 02/05/2024	Payee name Bill Miller BBQ						
6	Amount (\$) \$103.67	Payee address; City; State; Zip Code 1004 San Pedro Avenue						
		San Antonio, TX 78212						
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Siding court staff					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/28/2024	Bill Miller BBQ						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$27.28	1004 San Pedro Avenue						
		San Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Irt staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/12/2024	Bill Miller BBQ						
	Amount (\$) \$36.81	Payee address;City;State;Zip Code1004 San Pedro Avenue						
		San Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Irt staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	orials Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
		1_		n Guide explains	now to com	plete this form.	1_		
1	Total pages Schedule F1:							Ethics Commission Filers)	
	Sch: 5/58 Rpt: 8/62		Alvarez, Maria Luisa (Tl	ne Honorable)				00081826	
4	Date 04/24/2024		Payee name Bill Miller BBQ						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е			
	\$27.28		1004 San Pedro Avenue	e					
			San Antonio, TX 78212						
8	PURPOSE OF	(a)	Category (See Categories liste	d at the top of this sch	edule) (b) Description			
	EXPENDITURE		Food/Beverage Expens	е				de of Texas. Comple officeholder living ex	
								for court staff	(pense
						2.000.0001.000			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Dffice soug	nt		Office held	1
	Date		Payee name						
	05/22/2024		Bolch Judicial Institute o	of Duke Law Sc	chool				
	Amount (\$)		Payee address; City;	State;	; Zip Cod	e			
	\$85.00		210 Science Drive		· •				
			Durham, NC 27708						
	PURPOSE OF EXPENDITURE		Category (See Categories liste Fees	d at the top of this sch	ledule) (Check if Austin	n, TX,	de of Texas. Comple officeholder living ex or Bolch Institu	kpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office soug	nt		Office held	I
	Date		Payee name						
	01/31/2024		Broadway Bank						
	Amount (\$)		Payee address; City;	State;	; Zip Cod	е			
	\$4.00		PO Box 17001						
			San Antonio, TX 78217						
	PURPOSE OF		Category (See Categories liste	d at the top of this sch	edule) (b) Description	outoi	de of Texas. Comple	to Sabadulo T
	EXPENDITURE		Accounting/Banking					officeholder living ex	
						Monthly serv			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Office soug	nt		Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · ·	Filer ID (Ethics Commission Filers)						
-	Sch: 6/58 Rpt: 9/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 02/29/2024	5 Payee name Broadway Bank							
6	Amount (\$) \$4.00	 Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 							
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense nt service charge						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/29/2024	Broadway Bank							
	Amount (\$) \$4.00	Payee address; City; State; Zip Code PO Box 17001							
		San Antonio, TX 78217							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense e charge for bank account						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/30/2024	Broadway Bank							
	Amount (\$) \$4.00	Payee address;City;State;Zip CodePO Box 17001							
		San Antonio, TX 78217							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense e charge						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)						
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
ľ	Sch: 7/58 Rpt: 10/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date	Payee name							
	05/31/2024	Broadway Bank							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.00	PO Box 17001							
		San Antonia TV 70017							
		San Antonio, TX 78217							
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descrip							
	EXPENDITURE		: if travel outside of Texas. Complete Schedule T. : if Austin, TX, officeholder living expense						
			y bank service charge						
			y same convice charge						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Davias name							
	06/28/2024	Payee name Broadway Bank							
		Broadway Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.00	PO Box 17001							
		San Antonio, TX 78217							
	PURPOSE OF EXPENDITURE		tion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense y service charge						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/21/2024	Bucc-ees Hillsboro							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$38.38	165 US-77							
	+00.00								
		Hillsboro, TX 76645							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descrip	tion						
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.						
			: if Austin, TX, officeholder living expense						
		Fuel fo	r trip back from conference						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission	Filore)
1	Sch: 8/58 Rpt: 11/62		Alvarez, Maria Luisa (The Ho	norable)					00081826	(Ethes Commission	File(S)
4	Date	5	Payee name								
	06/21/2024		Bucc-ees Hillsboro								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$27.01		165 US-77								
			Hillshord TV 76645								
			Hillsboro, TX 76645								
8	PURPOSE OF		Category (See Categories listed at the	top of this sch	edule)	(b) D	escription				
	EXPENDITURE		Food/Beverage Expense			F	4		e of Texas. Comp officeholder living	olete Schedule T.	
						L	nacks for dri				
						0		IVC		conterence	
_	Complete ONIL V if direct		andidata (Officale alder races						Office he	Id	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office sou	Int			Office he	10	
	Date		Payee name								
	05/14/2024		Bucc-ees Luling								
	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$15.16		10070 I-10	State,	, zip co						
	φ10.10		100701-10								
			Ottine, TX 78658								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Travel Out of District		,	L	Check if travel o	outsid	e of Texas. Comp	plete Schedule T.	
	EXPENDITORE						_		officeholder living	expense	
						F	uel for trip to	o co	nference		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	lht			Office he	ld	
⊨	Date		Payee name								
	05/15/2024		Bucc-ees Luling								
	Amount (\$)		Payee address; City;	Stato	Zip Co	10					
	\$9.71		10070 I-10	State,	, zip coo						
	Φ9.7 I		100701-10								
			Ottine, TX 78658								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Food/Beverage Expense				_			olete Schedule T.	
						Ľ			officeholder living		
						S	nacks on trip	o fro	om conterer	ice	
	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	ht			Office he	ld	
	expenditure to benefit C/OI	-1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)						
-	Sch: 9/58 Rpt: 12/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 05/15/2024	5 Payee name							
		Bucc-ees Luling							
6	Amount (\$) \$24.71	7 Payee address; City; State; Zip Code 10070 I-10 Ottine, TX 78658							
8	PURPOSE	(a) Cotogony (a)							
U	OF		itside of Texas. Complete Schedule T. 'X, officeholder living expense Ck from conference						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/20/2024	Bucc-ees New Braunfels							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.22	2760 I-35, New Braunfels, TX 78130							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense conference						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/20/2024	Bucc-ees New Braunfels							
	Amount (\$) \$22.91	Payee address; City; State; Zip Code 2760 I-35,							
		New Braunfels, TX 78130							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense to conference						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schodula F1:		3 Filer ID (Ethics Commission Filers)						
T	Total pages Schedule F1: Sch: 10/58 Rpt: 13/62	Alvarez, Maria Luisa (The Honorable)							
4	Date	Payee name	•						
	02/14/2024	Bunz Handcrafted Burgers							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$31.92	122 E Houston St,							
		San Antonio, TX 78205							
8	PURPOSE								
0	OF	a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.						
	EXPENDITURE		stin, TX, officeholder living expense						
		Lunch mee							
			-						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/01/2024	Candy's Old Fashion Burgers							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$28.55	115 S Flores St							
		San Antonio, TX 78204							
	DUDDOCE								
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.						
	EXPENDITURE		stin, TX, officeholder living expense						
		Lunch mee							
			°						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/Oł								
	Date	Payee name							
	01/16/2024	Canva							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$12.99	L 1 110 Kippax St Surry Hills							
		Surry Hills New South Wales 2010 Australia							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.						
			tin, TX, officeholder living expense						
		Monthly fee	e for graphic design suite.						
L									
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								

			EXPENDITURE CATE	GORIE	ES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	C P S	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · ·	·	3	Filer ID (Ethics Commission Filers)				
	Sch: 11/58 Rpt: 14/62		Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date 02/14/2024		Payee name Canva							
6	Amount (\$) \$12.99		Payee address; City; S L 1 110 Kippax St Surry Hills Surry Hills New South Wales 2010	-	Zip Cod	e				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Food/Beverage Expense	s schedu	ule) (Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense graphic design suite.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offi	ice soug	nt		Office held		
	Date		Payee name							
	03/18/2024		Canva							
	Amount (\$) \$12.99		Payee address; City; S L 1 110 Kippax St Surry Hills	tate; 2	Zip Cod	e				
			Surry Hills New South Wales 2010	Austra	alia					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of thi Fees	s schedu	ule) (Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense for graphic design suite		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice soug	nt		Office held		
	Date		Payee name							
	04/15/2024		Canva							
	Amount (\$) \$12.99		Payee address; City; S L 1 110 Kippax St Surry Hills	tate; 2	Zip Cod	e				
			Surry Hills New South Wales 2010	Austra	alia					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Fees	s schedu	ule) (Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense graphic design suite.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice soug	nt		Office held		

			1	EXPENDITURE	CATEGO	RIES FOR	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Foo Gift/ nmittee Lega	d/Beverage Expense 'Awards/Memorials Exp al Services		Office Over Polling Exp Printing Ex Salaries/W	rhead/Re pense pense ages/Co	Reimbursement ental Expense ontract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment	& Related Expense	
	-		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:								3	Filer ID	(Ethics	Commission Filers)
	Sch: 12/58 Rpt: 15/62		Alvarez, Maria Luisa (The Honorable) 00081826									
4	Date	5	Payee name									
	05/13/2024		Canva									
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$12.99		L 1 110 Kippax	St Surry Hills								
			Surry Hills New	v South Wales :	2010 Aus	stralia						
8	PURPOSE						(b) D	escription				
-	OF		Fees	ategories listed at the t	op of this sum	ieduie)	(, <u>C</u>		outsic	de of Texas. Com	plete Sche	edule T.
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	expense	
							Μ	Ionthly fee fo	or g	raphic desig	gn suite	е
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date	Γ	Payee name									
	06/13/2024		Canva									
	Amount (\$)	┢	Payee address;	City;	State	; Zip Co	de					
	\$12.99		L 1 110 Kippax		· ·	, I.	-					
			Surry Hills New				~ •					
	PURPOSE OF	(a)	Category (See Ca	ategories listed at the t	op of this sch	nedule)	(b) D	escription	outsin	de of Texas. Com	nlata Sche	sdulo T
	EXPENDITURE		Fees				F			officeholder living		
							M	Ionthly fee fo		-	•	е
								-			5	
	Complete ONLY if direct	<u> </u>	Candidate/Officeh	older name	C	Office soug	aht			Office he	eld	
	expenditure to benefit C/OF						5					
	Date		Payee name									
	01/17/2024		Cevallos, Mark	,								
		┢			Stato	· Zin Co	40					
	Amount (\$) \$1,500.00		Payee address; PO Box 10060	City;	Slaie,	; Zip Coo	de					
	Φ 1 ,500.00		PO BUX 10000	5								
			San Antonio, T	X 78201								
	PURPOSE	(a)	Category (See Ca	ategories listed at the t	op of this sch	nedule)	(b) D	escription				
	OF EXPENDITURE		Consulting Exp	ense				_		de of Texas. Com		edule T.
							L			officeholder living		
								ampaign im eport.	and	ce consulun	y ior Ja	anuary semiannua
				· .				,p =				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	Ċ	Office sou	ght			Office he	eld	
	- F											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 13/58 Rpt: 16/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 04/22/2024	5 Payee name Cevallos, Mark							
6	Amount (\$) \$500.00	 Payee address; City; State; Zip Code PO Box 100605 San Antonio, TX 78201 							
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense ICE CONSUITING - Personal Financial						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/08/2024	Chick-fil-a							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$51.41	106 E. Houston St. San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/16/2024	Chick-fil-a							
	Amount (\$) \$22.87	Payee address;City;State;Zip Code106 E. Houston St.							
		San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. <, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Service	je Expense Iemorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission I	Filore)	
1	Sch: 14/58 Rpt: 17/62		Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date	5	Payee name				<u> </u>			
	01/18/2024		Chick-fil-a							
6	Amount (\$)	7	Payee address; Cit	; State;	Zip Coc	е				
	\$46.44		106 E. Houston St.							
			San Antonio, TX 782	05						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expe	nse				ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Lunch for co	urt :	Stall		
_	Complete ONIL V if direct		andidate/Officeholder n			h+		Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicendider n	ame C	Office soug	rit.		Office held		
	Date		Payee name							
	01/22/2024		Chick-fil-a							
_	Amount (\$)		Payee address; Cit	/: State:	Zip Coc	e				
	\$32.23	I	106 E. Houston St.	,, 0.000	2.p 000					
	ψ02.20									
			San Antonio, TX 782	05						
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expe	nse				ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Lunch for sta	Π			
			andidata (Office helder a			b 4		Office held		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder n	ame C	Office soug	n		Office field		
-	Date		Payee name							
	01/25/2024		Chick-fil-a							
	Amount (\$)		Payee address; Cit	r: State:	Zip Coc	e				
	\$34.49		106 E. Houston St.	, Otato,	210 000					
	ψ0-10									
			San Antonio, TX 782	05						
-	PURPOSE		Category (See Categories			b) Description				
	OF		Food/Beverage Expe		edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		roou/Develage Expe	150		Check if Austin	I, TX	, officeholder living expense		
						Lunch for co	urt	staff		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder n	ame C	Office soug	ht		Office held		
⊢										

			EXPE	IDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	ge Expense Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	5				· · · · · ·	3	Filer ID (Ethics Commission Filers	:)	
-	Sch: 15/58 Rpt: 18/62		Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date	5	Payee name							
	01/29/2024		Chick-fil-a							
6	Amount (\$)	7	Payee address; Cit	y; State;	Zip Co	le				
	\$35.37		106 E. Houston St.							
			San Antonio, TX 782	05						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expe					side of Texas. Complete Schedule T.		
								c, officeholder living expense		
						Lunch for co	urt	Staff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	ame C	Office sou	ht		Office held		
	Data									
	Date		Payee name							
	02/05/2024		Chick-fil-a							
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	le				
	\$174.13		106 E. Houston St.							
			San Antonio, TX 782	05						
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expe	ense				side of Texas. Complete Schedule T.		
	-							, officeholder living expense		
							2510	ding Court staff		
	Complete ONLY if direct		andidate/Officeholder r	ame C	Office soug	ht		Office held		
	expenditure to benefit C/OI									
	Date		Payee name						_	
	03/18/2024		Chick-fil-a							
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	le				
	\$54.29		106 E. Houston St.							
			San Antonio, TX 782	05						
	PURPOSE	(a)	Category (See Categories		edule)	b Description				
	OF EXPENDITURE		Food/Beverage Expe	ense				side of Texas. Complete Schedule T.		
								c, officeholder living expense		
						Lunch for co	uit	Siali		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	iame C	Office soug	nt		Office held		
⊢									\neg	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	C P S	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 16/58 Rpt: 19/62		Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date 04/18/2024		ayee name hick-fil-a							
6	Amount (\$) \$23.04	1	ayee address; City; 06 E. Houston St. an Antonio, TX 78205	State; Z	Zip Code	2				
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of ood/Beverage Expense	this schedu	_{ile)} (t		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense Staff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offi	ice sough	t		Office held		
	Date	F	ayee name							
	05/31/2024	C	hick-fil-a							
	Amount (\$)	F	ayee address; City;	State; Z	Zip Code	9				
	\$67.14		06 E. Houston St. an Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of ood/Beverage Expense	this schedu	_{ule)} (t		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense staff.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offi	ice sough	it		Office held		
	Date	F	ayee name							
	01/08/2024		ostco							
	Amount (\$) \$89.34		ayee address; City; 5611 UTSA Boulevard	State; Z	Zip Code)				
			an Antonio, TX 78249		i					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of ood/Beverage Expense	this schedu	^{ıle)} (t		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense ambers		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offi	ice sough	t		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 17/58 Rpt: 20/62	Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date 01/08/2024	5 Payee name Costco						
6	Amount (\$) \$60.00	 Payee address; City; State; Zip Code 5611 UTSA Boulevard San Antonio, TX 78249 						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nambers					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/11/2024	Costco						
	Amount (\$) \$104.69	Payee address; City; State; Zip Code 5611 UTSA Boulevard San Antonio, TX 78249						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T. TX, officeholder living expense Chambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/29/2024	Costco						
	Amount (\$) \$235.92	Payee address; City; State; Zip Code 5611 UTSA Boulevard						
		San Antonio, TX 78249						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Supplies for chambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITUR	E CATEGOR	RIES FOR	BC)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		-	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
Ļ		1_	The Instruction Gu	ide explains	how to cor	npie	te this form.	<u> </u>			
1	Total pages Schedule F1:	2		oporabla)				3	Filer ID 00081826	(Ethics Commission Filers)	
_	Sch: 18/58 Rpt: 21/62	<u> </u>									
4	Date 04/01/2024	5	Payee name Costco								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$133.03		5611 UTSA Boulevard								
			San Antonio, TX 78249								
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Exp						de of Texas. Comp		
	_/								officeholder living	expense	
							Supplies for a	IId	INDELS		
9	Complete ONLY if direct		Candidate/Officeholder name		Office soug	aht			Office he	Id	
9	expenditure to benefit C/OF				JIICE SOU	JII			Onice ne	iu	
	Date		Payee name								
	01/12/2024		Door Dash								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$91.29		901 Market Street								
			6th Floor								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense		,				de of Texas. Comp		
									officeholder living		
							Bagels for jur	ors	and court st	lall	
	Complete ONIL V if direct		Candidate/Officeholder name		Office sou	wht			Office he	Ы	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C C	JIIICE SOU	JIIL			Onice he	lu	
_	Data	<u> </u>									
	Date 01/19/2024		Payee name Door Dash								
				Stata	; Zip Co	do					
	Amount (\$) \$111.32		Payee address; City; 901 Market Street	Sidle,	, ZIP CO	ue					
	ψ111.32										
			6th Floor								
			San Francisco, CA 94103		r						
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	nedule)	(b)	Description	outci	de of Texas. Comp	aloto Schodulo T	
	EXPENDITURE		Food/Beverage Expense						officeholder living		
							Food for juro				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	expenditure to benefit C/OI	Н									

			EXPENDITURE CATEGO	RIES FO	R B(OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Nages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		1_	The Instruction Guide explains	s now to co	omple	ete this form.	-	
1	Total pages Schedule F1:						3	Filer ID (Ethics Commission Filers)
	Sch: 19/58 Rpt: 22/62		Alvarez, Maria Luisa (The Honorable)					00081826
4	Date 01/25/2024		Payee name Door Dash					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$111.32		901 Market Street					
			6th Floor					
			San Francisco, CA 94103					
8	PURPOSE				(h)	Description		
ľ	OF		Category (See Categories listed at the top of this so Food/Beverage Expense	hedule)	(0)	Description Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Breakfast for	juro	ors and court staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	01/26/2024		Door Dash					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$59.23		901 Market Street	•				
			6th Floor					
			San Francisco, CA 94103					
	PURPOSE		Category (See Categories listed at the top of this so		(b)	Description		
	OF		Food/Beverage Expense	nedule)	(~)	·	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense
						Breakfast for	juro	ors and court staff.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	01/26/2024		Door Dash					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$62.83		901 Market Street					
			6th Floor					
			San Francisco, CA 94103					
	PURPOSE				(b)	Description		
	OF		Category (See Categories listed at the top of this sc	hedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					officeholder living expense
						Bagels for jur	ors	and court staff
					1			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related E Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Immittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed ab							
1	Total pages Schedule F1:	5		Filer ID (Ethics Commission Filers)						
1	Sch: 20/58 Rpt: 23/62	2	2 FILER NAME 3 Filer ID (Ethics Commission 00081826) Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date	5	Payee name							
	01/29/2024		Door Dash							
6	Amount (\$)	7	Payee address; City; S	tate;	Zip Coo	de				
	\$59.23		901 Market Street							
			6th Floor							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of thi		adula)	(b)	Description			
-	OF		Food/Beverage Expense	s scne	edule)	(~)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	, officeholder living expense	
							Lunch for jure	ors	and court staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	Office soug	ght			Office held	
	Date		Payee name							
	01/29/2024		Door Dash							
	Amount (\$)		Payee address; City; Si	tate;	Zip Coo	de				
	\$62.83		901 Market Street							
			6th Floor							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense						ide of Texas. Complete Schedule T.	
									, officeholder living expense	
							Bagels for co	urt	staff and jurors	
	Complete ONLY if direct		Candidate/Officeholder name	0)ffice soug	thr			Office held	
	expenditure to benefit C/OF			Ū		.				
	Date		Payee name							
	01/30/2024		Door Dash							
	Amount (\$)		Payee address; City; S	tate;	Zip Coo	de				
	\$31.98		901 Market Street							
			6th Floor							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of thi		adula)	(b)	Description			
	OF	(,	Food/Beverage Expense	s sche	edule)	(~)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	, officeholder living expense	
							Bagels for co	urt	staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office soug	ght			Office held	
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 21/58 Rpt: 24/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 01/30/2024	 Payee name Door Dash 							
6	Amount (\$) \$85.27	7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ourt staff and jurors						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/31/2024	Door Dash							
	Amount (\$) \$31.98	Payee address;City;State;ZipCode901 Market Street6th FloorSan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense rs and court staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/31/2024	Door Dash							
	Amount (\$) \$85.27	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ourt staff and jurors						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 22/58 Rpt: 25/62								
4	Date 02/01/2024	5 Payee name Door Dash							
6	Amount (\$) \$56.73	7 Payee address; City; State; Zip Code 3 901 Market Street 6th Floor San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2024	Door Dash							
	Amount (\$) \$125.40	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense esiding court staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/05/2024	Door Dash							
	Amount (\$) \$103.67	Payee address;City;State; Zip Code901 Market Street6th FloorSan Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense esiding Court staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 23/58 Rpt: 26/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 02/20/2024	5 Payee name Door Dash							
6	Amount (\$) \$35.83	7 Payee address; City; State; Zip Code \$35.83 901 Market Street 6th Floor San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/05/2024	Door Dash							
	Amount (\$) \$83.14	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense staff and jurors						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/08/2024	Door Dash							
	Amount (\$) \$90.55	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Irt staff and jurors						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 24/58 Rpt: 27/62	Alvarez, Maria Luisa (The Honorable)	00081826						
4	Date 04/25/2024	5 Payee name Door Dash							
6	Amount (\$) \$46.57	7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE	Enod/Beverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/23/2024	Door Dash							
	Amount (\$) \$26.00	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense reakfast for court staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/30/2024	Door Dash							
	Amount (\$) \$20.03	Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense reakfast for staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Office Overhead/Rental Expense Transportation Equipm Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 25/58 Rpt: 28/62		Alvarez, Maria Luisa (The Honorable)				00081826		
4	Date 06/13/2024	5	Payee name Door Dash						
6	Amount (\$) \$49.18	 7 Payee address; City; State; Zip Code 901 Market Street 6th Floor San Francisco, CA 94103 							
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held		
	Date		Payee name						
	06/27/2024		Door Dash						
	Amount (\$) \$47.56		Payee address; City; State; 901 Market Street 6th Floor San Francisco, CA 94103	Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Aus	tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense : staff and jurors		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	Office sou	ght		Office held		
	Date		Payee name						
	06/27/2024		Door Dash						
	Amount (\$) \$83.14		Payee address; City; State; 901 Market Street 6th Floor San Francisco, CA 94103	Zip Co	de				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Aus	tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense urt staff and jurors		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:							
1	Sch: 26/58 Rpt: 29/62	Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date	5 Payee name						
	02/06/2024	El Castillo Restaurant						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$69.95	425 S St Mary's St						
		San Antonio, TX 78205						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Lunch meeting with visiting judge and his spouse.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
	03/04/2024	El Castillo Restaurant						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$72.29	425 S St Mary's St						
	φ12.25							
		San Antonio, TX 78205						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Birthday lunch for court clerk.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/18/2024	El Castillo Restaurant						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$45.80	425 S St Mary's St						
		San Antonio, TX 78205						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Lunch meeting						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 27/58 Rpt: 30/62	Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date 05/08/2024	2024 5 Payee name El Castillo Restaurant							
6	Amount (\$) \$92.17	7 Payee address; City; State; Zip Code \$92.17 425 S St Mary's St San Antonio, TX 78205							
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/27/2024	El Castillo Restaurant							
	Amount (\$) \$94.00	Payee address; City; State; Zip Code 425 S St Mary's St							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense h cheon						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/22/2024	El Mercado							
	Amount (\$) \$36.80	Payee address;City;State;Zip Code514 W. Commerce St.							
		San Antonio, TX 78207							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:							
1	Sch: 28/58 Rpt: 31/62	Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date 05/17/2024	5 Payee name Family Violence Prevention Services, Inc.						
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 7911 Broadway St. San Antonio, TX 78209						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution for Mother's Day Fundraiser 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/02/2024	Fiesta Youth						
	Amount (\$) \$784.80	Payee address; City; State; Zip Code 702 Donaldson Ave						
	DUDDOOF	San Antonio, TX 78201						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fiesta Youth Sponsorship 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/11/2024	Godaddy.com						
	Amount (\$) \$19.18	Payee address; City; State; Zip Code 14455 N. Hayden Rd						
		Scottsdale, AZ 85260						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website domain services 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			-	Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 29/58 Rpt: 32/62		Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date 02/07/2024	5 Payee name Godaddy.com							
6	Amount (\$) \$23.44	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd Scottsdale, AZ 85260							
8	PURPOSE OF EXPENDITURE	OF Advertising Expanse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ght		Office held		
	Date		Payee name						
	03/07/2024		Godaddy.com						
	Amount (\$) \$23.44		Payee address; City; State; 14455 N. Hayden Rd	Zip Co	de				
	DUDDOCE	<u> </u>	Scottsdale, AZ 85260		(4) -				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense VICES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ght		Office held		
	Date		Payee name						
	04/08/2024		Godaddy.com						
	Amount (\$) \$23.44		Payee address; City; State; 14455 N. Hayden Rd	Zip Co	de				
			Scottsdale, AZ 85260						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense I ServiceS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice souç	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			-		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cated	nent & Related Expense
1	Total pages Schedule F1:	2				· · · · · · · · · · · · · · · · · · ·	3	Filer ID (Et	hics Commission Filers)
1	Sch: 30/58 Rpt: 33/62		Alvarez, Maria Luisa (Th	e Honorable)			3	00081826	
4	Date	5	Payee name						
	05/07/2024		Godaddy.com						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le			
	\$23.44		14455 N. Hayden Rd						
			Scottsdale, AZ 85260						
8	PURPOSE					(b) Deceription			
0	OF		Category (See Categories listed Advertising Expense	at the top of this sche	edule)	(b) Description Check if trave	el outs	side of Texas. Complete	Schedule T.
	EXPENDITURE		Auventising Expense					, officeholder living expe	
						Web Domai	n Se	ervices	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office soug	ıht		Office held	
	Date		Payee name						
	06/07/2024		Godaddy.com						
	Amount (\$)	-	Payee address; City;	State	Zip Coo	le			
	\$23.44		14455 N. Hayden Rd	Olule,	210 000				
	Ψ20.44		14455 N. Hayden Nu						
			Scottsdale, AZ 85260						
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Advertising Expense					side of Texas. Complete	
						Web Domai			ense
						Web Domai	11.36	ervices	
	Complete ONL V if direct		andidate/Officeholder name					Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			; C	Office soug	jiit		Onice neid	
	Data	_							
	Date		Payee name Godaddy.com						
	06/07/2024								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$242.92		14455 N. Hayden Rd						
			Scottsdale, AZ 85260						
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description			
	OF		Advertising Expense		ouuloj		el outs	side of Texas. Complete	Schedule T.
	EXPENDITURE		5 5 5 1			Check if Aus	tin, TX	, officeholder living expe	ense
						Web Domai	n Na	ame renewals	
	Complete ONLY if direct		andidate/Officeholder name	e C	Office soug	Jht		Office held	
	expenditure to benefit C/OF	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	EILER NAME	Filer ID (Ethics Commission Filers)						
_	Sch: 31/58 Rpt: 34/62	Alvarez, Maria Luisa (The Honorable)3File ID(Luiss commission)00081826							
4	Date 03/29/2024								
6	Amount (\$) \$0.04	7 Payee address; City; State; Zip Code .04 320 Summer St Boston, MA 02210							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Phone account for campaign.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/29/2024	Grasshopper.com							
	Amount (\$) \$0.03	Payee address;City;State;Zip Code320 Summer St							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense r service for campaign						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/13/2024	Gus's World Famous Fried Chicken							
	Amount (\$) \$82.79	Payee address; City; State; Zip Code 812 S Alamo St							
		San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense t staff.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T						Travel in District Travel Out of Di	Equipme t strict	Expense nt & Related Expense ry not listed above)	
1	Tatal pages Cabadula F1.	-		Struction Guide er	(piailis i		iipie	te this form.	-	Filer ID	(Ethi	as Commission Filoro)
1	Total pages Schedule F1: Sch: 32/58 Rpt: 35/62	2	Alvarez, Maria Lu	isa (The Honor	able)				3	Filer ID 00081826	(Ethi	cs Commission Filers)
4	Date	5	Payee name						•			
	01/11/2024		HEB									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	de					
	\$187.18		516 S. Flores St.									
			San Antonio, TX	78204								
8	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this sche	edule)	(b)	Description				
			Food/Beverage E			ouulo)			outsi	de of Texas. Con	nplete So	chedule T.
	EXPENDITURE		-							officeholder livin	g expens	se
								Groceries fo	r ch	nambers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	0	Office souç	ght			Office h	eld	
	Date		Payee name									
	01/25/2024		HEB									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$122.09		516 S. Flores St.			•						
			San Antonio, TX	78204								
	PURPOSE OF	(a)	Category (See Categ	ories listed at the top o	of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverage E	xpense						de of Texas. Con officeholder living		
								Groceries for				se
								Crocenes for	00		15	
	Complete ONLY if direct		andidate/Officehold	or namo		Office souc	nht			Office h	old	
	expenditure to benefit C/OI		anuluate/Onicenolu	ername	0	nice sout	JIIL			Onice II	eiu	
_	Data											
	Date 03/11/2024		Payee name HEB									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de					
	\$93.13		516 S. Flores St.									
			San Antonio, TX	78204								
	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage E	xpense						de of Texas. Con		
										officeholder livin	g expens	se
								Groceries for	cna	ampers		
	-											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officehold	er name	0	Office soug	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)					
	Sch: 33/58 Rpt: 36/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date 04/25/2024	5 Payee name HEB						
6	Amount (\$) \$8.52	7 Payee address; City; State; Zip Code 516 S. Flores St. San Antonio, TX 78204						
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense Chambers					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/13/2024	HEB						
	Amount (\$) \$179.48	Payee address; City; State; Zip Code 516 S. Flores St.						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense Snacks for court administrators on trators day.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/21/2024	HEB						
	Amount (\$) \$89.05	Payee address; City; State; Zip Code 516 S. Flores St.						
		San Antonio, TX 78204						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense hambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 34/58 Rpt: 37/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date 05/24/2024	Payee name HEB					
6	Amount (\$) \$76.95	Payee address; City; State; Zip Code 516 S. Flores St. San Antonio, TX 78204					
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Groceries for chambers						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/06/2024	HEB					
	Amount (\$) \$48.12	Payee address; City; State; Zip Code 516 S. Flores St.					
	PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense os for chambers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/17/2024	Harland Clarke					
	Amount (\$) \$28.36	Payee address; City; State; Zip Code 15955 La Cantera Parkway					
		San Antonio, TX 78256					
	PURPOSE OF EXPENDITURE		on i travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ecks ordered				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above					
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)				
	Sch: 35/58 Rpt: 38/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date 06/21/2024	Payee name Hilton Hotel Anatole					
6	Amount (\$) \$1,780.90	Payee address; City; State; Zip Code 2201 N Stemmons Fwy Dallas, TX 75207					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel room and meals for conference. 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/01/2024	Jimmy Johns					
	Amount (\$) \$36.32	Payee address; City; State; Zip Code 518 E Houston St					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense iding court staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/10/2024	Jimmy Johns					
	Amount (\$) \$49.23	Payee address;City;State;ZipCode518 E Houston St					
		San Antonio, TX 78205					
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. TX, officeholder living expense t staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
-	Sch: 36/58 Rpt: 39/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date	5 Payee name					
	01/19/2024	La Mexicana Mexican Restaurant					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$27.52	130 Main Plaza					
		San Antonio, TX 78205					
8	PURPOSE						
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.				
	EXPENDITURE		, TX, officeholder living expense				
		Lunch meetir	ng				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
⊨	Date	Payee name					
	01/26/2024	La Mexicana Mexican Restaurant					
_	Amount (\$)	Payee address; City; State; Zip Code					
	.,						
	\$29.29	130 Main Plaza					
		San Antonio, TX 78205					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		outside of Texas. Complete Schedule T.				
	EXPENDITURE		, TX, officeholder living expense				
		Lunch meetir	ng				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
⊨	Date	Payee name					
	01/29/2024	La Mexicana Mexican Restaurant					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$34.60	130 Main Plaza					
		San Antonio, TX 78205					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T.				
			, TX, officeholder living expense				
		Lunch meetir	ng				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				• • • • •	3	Filer ID	(Ethics Commission Filers)
-	Sch: 37/58 Rpt: 40/62		Alvarez, Maria Luisa (Th	e Honorable)			-	00081826	
4	Date	5	Payee name						
	04/19/2024		Law Office of Susan Hay	vs P.C.					
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е			
	\$8,890.00		PO Box 41467						
			Austin, TX 78704						
_					i.				
8	PURPOSE OF		Category (See Categories listed	at the top of this sche	edule)	b) Description	outoic	de of Toylog, Comp	alata Cabadula T
	EXPENDITURE		Legal Services					le of Texas. Comp officeholder living	
						Legal repres			
						Logaroproo	01110		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	e C	Office soug	nt		Office he	ld
-	Date		Payee name						
	05/03/2024		Liberty Bar						
				_					
	Amount (\$)		Payee address; City;	State;	Zip Cod	е			
	\$91.86		1111 S Alamo St						
			San Antonio, TX 78210						
	PURPOSE OF EXPENDITURE		Category _{(See Categories listed} Food/Beverage Expense		edule) (n, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	e C	Dffice soug	nt		Office he	ld
	Date		Payee name						
	05/21/2024		Liberty Bar						
-	Amount (\$)		Payee address; City;	State:	Zip Cod	<u></u>			
	\$78.87		1111 S Alamo St	State,		C .			
	φ/0.07		IIII 5 Alalilo St						
			San Antonio, TX 78210						
	PURPOSE	(a)	Category (See Categories listed	at the top of this sche	edule) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense	;				de of Texas. Comp	
								officeholder living	expense
						Lunch meetir	ng		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	e C	Office soug	nt		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 38/58 Rpt: 41/62	varez, Maria Luisa (The Ho	onorable)		00081826		
4	Date	ayee name					
	01/08/2024	ttle Red Barn Steak House					
6	Amount (\$)	ayee address; City;	State; Zip Co	ode			
	\$93.57	336 S Hackberry St					
		an Antonio, TX 78210					
8	PURPOSE	ategory (See Categories listed at the	e top of this schedule)	(b) Description			
	OF EXPENDITURE	ood/Beverage Expense			outside of Texas. Complete Schedule T.		
				Staff birthday	n, TX, officeholder living expense		
				Stan birthday	huncheon		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	Office sou	ı ıght	Office held		
⊨	Date						
		ayee name					
	05/06/2024	ina Rosa					
	Amount (\$)	ayee address; City;	State; Zip Co	ode			
	\$69.63	\$69.63 910 S. Alamo					
		an Antonio, TX 78223					
	PURPOSE	ategory (See Categories listed at the	e top of this schedule)	(b) Description			
	OF EXPENDITURE	ood/Beverage Expense			outside of Texas. Complete Schedule T.		
					n, TX, officeholder living expense		
				Euron meetin	ig with senior campaign stan		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	Office sou	lght	Office held		
⊨	Date	ayee name					
	04/09/2024	exican American Bar Asso	ciation of San Ant	onio			
⊢	Amount (\$)	ayee address; City;	State; Zip Co	nde .			
	\$75.00	O. Box 830953					
	φ/ 3.00	0. 00/ 000000					
		an Antonio, TX 78283					
	PURPOSE	ategory (See Categories listed at the	e top of this schedule)	(b) Description			
	OF EXPENDITURE	ontributions/Donations Mac			outside of Texas. Complete Schedule T.		
		andidate/Officeholder/Politi	ical Committee		n, TX, officeholder living expense		
				Membership			
⊢	Complete ONLY if direct	ndidate/Officeholder name	Office sou	l Iaht	Office held		
	expenditure to benefit C/OI			.g.n			
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 39/58 Rpt: 42/62	Alvarez, Maria Luisa (The Honorable)	00081826			
4	Date	5 Payee name				
	06/05/2024	National Council of Juvenile and Family Court Judges				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$195.00	P.O. Box 8970				
		Reno, NV 89507				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
			TA, onceroider hving expense			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/19/2024	Nicolette Ardiente for ACCD Place 6				
	Amount (\$) Payee address; City; State; Zip Code					
	\$100.00 PO Box 446					
		Helotes, TX 78023				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		putside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Campaign col				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/20/2024	Northeast Bexar County Democrats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$90.00	PO Box 700766				
		San Antonio, TX 78270-0766				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Membership	,			
	ſ					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 40/58 Rpt: 43/62	Alvarez, Maria Luisa (The Honorable)	00081826		
4	Date	5 Payee name			
	02/28/2024	Olive Garden			
6	Amount (\$) \$588.87	 Payee address; City; State; Zip Code 7922 N IH 35 San Antonio, TX 78218 			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/23/2024	Oviedo, Mary Lou			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	##### San Antonio, TX 78223			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/17/2024	Pan American League			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$75.00	PO Box 681435			
		San Antonio, TX 78268			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Fiesta Event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 41/58 Rpt: 44/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date 05/01/2024	5 Payee name Panaderia Jimenez						
6	Amount (\$) \$39.47	7 Payee address; City; State; Zip Code 1846 Fredericksburg San Antonio, TX 78201						
8	PURPOSE OF EXPENDITURE	OF Ecod/Beverage Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/02/2024	Paragon Payment Solutions						
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 East Broadway Rd. Suite 202 Tempe, AZ 85282						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ent for contributions					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/02/2024	Paragon Payment Solutions						
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 East Broadway Rd. Suite 202 Tempe, AZ 85282						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense Dr Credit cart processing					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Imittee Legal Services The Instruction Ge	Expense	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /Contract Labor		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 42/58 Rpt: 45/62		Alvarez, Maria Luisa (The F	Ionorable)					00081826	· · ·
4	Date 03/04/2024		Payee name Paragon Payment Solution:	S						
6	Amount (\$)	<u> </u>	Payee address; City;		; Zip Co	do				
0	\$25.00	I		Sidle	, zip co	ue				
	φ25.00	I	2141 East Broadway Rd.							
			Suite 202							
			Tempe, AZ 85282							
8	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Accounting/Banking		ŗ		Check if travel	outsic	de of Texas. Con	nplete Schedule T.
	EXPENDITORE								officeholder livin	
							Monthly servi	ce	charge for o	credit card processing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ight			Office h	eld
	Date		Payee name							
	04/02/2024		Paragon Payment Solutions	S						
	Amount (\$)		Payee address; City;	State	; Zip Co	ode				
	\$25.00	I	2141 East Broadway Rd.	otato	,p 00					
	Ψ23.00	1	-							
			Suite 202							
			Tempe, AZ 85282							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Accounting/Banking	he top of this sch	edule)	(b)	Check if Austin	, TX,	officeholder livin	
							Credit card p	roce	essing acco	ount fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ight			Office h	eld
	Date		Payee name							
	05/02/2024		Paragon Payment Solutions	S						
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$25.00		2141 East Broadway Rd.							
		I	Suite 202							
		I								
			Tempe, AZ 85282							
	PURPOSE OF		Category (See Categories listed at t	he top of this sch	edule)	(b)	Description		da	and the Oak and the T
	EXPENDITURE		Accounting/Banking						officeholder living	nplete Schedule T.
							Credit Card p			
							crean ouru p			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(Office sou	ight			Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 43/58 Rpt: 46/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date	Payee name						
	06/03/2024	Paragon Payment Solutions						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.00	2141 East Broadway Rd.						
		Suite 202						
		Tempe, AZ 85282						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
-	OF		avel outside of Texas. Complete Schedule T.					
	EXPENDITURE		ustin, TX, officeholder living expense					
		Monthly ch	harge for credit card processing					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/14/2024	ParkWhiz, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$17.40	421 W. Market ST.						
		San Antonio, TX 78205						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense r event					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Data	D						
	Date 04/18/2024	Payee name Pasteur Medical Associates						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,250.00	4410 Medical Dr, Ste. 100						
		San Antonio, TX 78229						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense On - Stress and Health matters					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	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 Exp nmittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	erhead pense (pense /ages/	Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2				mpre		3	Filer ID (E	Ethics Commission Filers)
L.	Sch: 44/58 Rpt: 47/62		Alvarez, Maria Luisa (The Ho	norable)				3	00081826	
4	Date	5	Payee name							
	05/15/2024		Pic-N-Pac							
6	Amount (\$) \$31.91	7	Payee address; City; 969 IH 10 East	State;	; Zip Co	de				
			Seguin, TX 78155							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Travel Out of District	op of this sch	iedule)			, тх,	de of Texas. Complete officeholder living exp Onference	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	ght			Office held	
	Date		Payee name							
	01/29/2024		Poblano's on Main							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$1,800.00		115 S Main Plaza San Antonio, TX 78205							
	DUDDOOF	(-)				(1-)				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Food/Beverage Expense	op of this sch	nedule)]	Check if Austin	, тх, :hec	de of Texas. Complete officeholder living exp on for courthou Court retiremer	^{bense} Ise staff and attorneys
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	02/07/2024		Poblano's on Main							
	Amount (\$)	\vdash	Payee address; City;	State	; Zip Co	de				
	\$1,097.00		115 S Main Plaza							
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Food/Beverage Expense	op of this sch	iedule)		Check if Austin	, тх,	de of Texas. Complete officeholder living exp ing for farewell	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 45/58 Rpt: 48/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date	5 Payee name					
	02/12/2024	Poblano's on Main					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$29.94	115 S Main Plaza					
		San Antonio, TX 78205					
8	PURPOSE						
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Lunch meetin	g				
			5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
⊨	Date	Payee name					
	04/05/2024	Poblano's on Main					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$44.68	115 S Main Plaza					
	Φ44.00	115 S Maili Plaza					
		San Antonio, TX 78205					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense g				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
F	Date	Payee name					
	01/23/2024	Ready Refresh					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$75.41	PO Box 856192					
	Φ/ 3.41	F O B0X 030132					
		Louisville, KY 40285					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Water service	e for court chambers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
\vdash							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 EILER NAME	3 Filer ID (Ethics Commission Filers)						
-	Sch: 46/58 Rpt: 49/62	2 FILER NAME 3 Filer ID (Ethics Commission Filers Alvarez, Maria Luisa (The Honorable) 00081826							
4	Date	5 Payee name							
	02/14/2024	Ready Refresh							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$103.39	PO Box 856192							
		Louisville, KY 40285							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense	putside of Texas. Complete Schedule T.						
			, TX, officeholder living expense						
		Water service	e for chambers						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/19/2024	Ready Refresh							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$80.71	PO Box 856192							
	\$00.11								
		Louisville, KY 40285							
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense e for chambers						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/15/2024	Ready Refresh							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$80.71	PO Box 856192							
	ψ00.71								
		Louisville, KY 40285							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		butside of Texas. Complete Schedule T.						
			, TX, officeholder living expense						
		water service	e for chambers						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)				
	Sch: 47/58 Rpt: 50/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date 05/13/2024	5 Payee name Ready Refresh					
6		7 Payee address; City; State; Zip Code					
J	\$80.71 PO Box 856192						
		Louisville, KY 40285					
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water service for chambers 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/11/2024	Ready Refresh					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$95.70	PO Box 856192 Louisville, KY 40285					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense for Chambers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/30/2024	Robert Vargas III SDEC Campaign					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	633 S. St. Mary's #1503					
		San Antonio, TX 78205					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense htribution				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)					
	Sch: 48/58 Rpt: 51/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date 02/01/2024	5 Payee name Shipley Do-Nuts						
6	6 Amount (\$) \$128.53 7 Payee address; City; State; Zip Code 8802 Potranco Road #114 San Antonio, TX 78251							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Donuts for presiding court staff							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/11/2024	St. Anthony Catholic School						
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3200 McCullough Ave.						
		San Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense or Gala					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/26/2024	St. Paul Knights of Columbus						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 350 Sutton Dr.						
		San Antonio, TX 78201						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense nt sponsorship					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
	Total pages Schedule F1:		2 Eilor ID (Ethics Commission Eilers)							
ľ	Sch: 49/58 Rpt: 52/62	2 FILER NAME 3 Filer ID (Ethics Commission Filers Alvarez, Maria Luisa (The Honorable) 00081826								
4	Date	5 Payee name								
	04/17/2024	Stonewall Democrats								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$120.00	PO Box 12814								
		San Antonia TV 70212								
		San Antonio, TX 78212								
8	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)								
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
			, rx, oncentrate hving expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date									
		Payee name								
	06/03/2024	Subway								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$29.24	111 Soledad #105								
		San Antonio, TX 78205								
	PURPOSE	(b) Description								
	OF		outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Lunch for sta	ff							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
⊨	Date	Payee name								
	06/06/2024	Taco Cabana								
	Amount (\$)									
	\$41.29	1633 SW Military Dr.								
		San Antonio, TX 78221								
	PURPOSE	(b) Description								
	OF EXPENDITURE		outside of Texas. Complete Schedule T.							
			n, TX, officeholder living expense							
		Breaktast tac	os for court staff							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
1	Sch: 50/58 Rpt: 53/62	Alvarez, Maria Luisa (The Honorable)	00081826				
4	Date	5 Payee name					
	02/15/2024	Taqueria Chapla Jalisco					
6	Amount (\$) \$79.87	 7 Payee address; City; State; Zip Code 1902 McCullough San Antonio, TX 78212 					
•	DUDDOSE						
o	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/08/2024	Taqueria Chapla Jalisco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$23.98	1902 McCullough San Antonio, TX 78212					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense g				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
-	Date	Payee name					
	02/12/2024	Target					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.27	8223 TX 151					
		San Antonio, TX 78245					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense hambers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees O Food/Beverage Expense Po Gitl/Awards/Memorials Expense Pr ittee Legal Services Sa The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)				
-	Sch: 51/58 Rpt: 54/62	Alvarez, Maria Luisa (The Honorable)						
4	Date 05/28/2024	ayee name arget						
6 Amount (\$) \$43.69 7 Payee address; City; State; Zip Code \$223 TX 151 San Antonio, TX 78245								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Supplies for chambers								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held				
	Date	ayee name						
	02/02/2024	exas Center for the Judiciary						
	Amount (\$) \$75.00	ayee address; City; State; Z 210 San Antonio St	lip Code					
		ustin, TX 78701						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedul vent Expense	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held				
	Date	ayee name						
	02/02/2024	exas Center for the Judiciary						
	Amount (\$) \$75.00	ayee address; City; State; Z 210 San Antonio St	tip Code					
		ustin, TX 78701						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedul	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense e				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	ce sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 52/58 Rpt: 55/62		Alvarez, Maria Luisa (The Honorable)				00081826
4	Date	5	Payee name			I	
	05/01/2024		Texas Center for the Judiciary				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	le		
	\$35.00		1210 San Antonio St				
			Austin, TX 78701				
8	PURPOSE		0-4		(b) Description		
Ŭ	OF		Category (See Categories listed at the top of this sch Fees	iedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense
					Training Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ht		Office held
	Date		Payee name				
	04/16/2024	· ·	Thai Lucky Sushi Bar				
	Amount (\$)		Payee address; City; State	; Zip Co	le		
	\$47.92		102 Navarro St				
			San Antonio, TX 78205				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description	outoi	ida of Taylog, Complete Schedule T
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Lunch meetir		
						-	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Dffice sou	ht		Office held
-	Date		Payee name				
	05/03/2024		Thistle Farms				
	Amount (\$)		Payee address; City; State	; Zip Co	le		
	\$165.63		5122 Charlotte Pike	, 20 000			
	\$100.00						
			Nashville, TN 37209				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Comm	littee			, officeholder living expense stickers for correspondence and staff
					gifts.		
-	Complete ONLY if direct		andidate/Officeholder name	Office soug	iht		Office held
	expenditure to benefit C/OF			21100 3000	pric		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & R Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District								
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 53/58 Rpt: 56/62		arez, Maria Luisa (The Ho	norable)				00081826		
4	Date 04/23/2024	5 Payee name Thru Project								
6	6 Amount (\$) \$500.00 7 Payee address; City; State; Zip Code 4502 Centerview Dr Suite 225 San Antonio, TX 78228									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Sponsorship Sponsorship						·				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held		
	Date	Pay	ee name							
	05/08/2024	Tiff'	s Treats							
	Amount (\$) \$77.84		ee address; City; 1 Broadway St #114	State;	; Zip Coo	le				
		San	Antonio, TX 78215							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the d/Beverage Expense	top of this sch	iedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense rthouse staff		
	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held		
	Date	Pay	ee name							
	05/07/2024	Tito	s Mexican Restaurant							
	Amount (\$) \$26.07		ee address; City; S Alamo St	State;	; Zip Coo	le				
		San	Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the d/Beverage Expense	top of this sch	iedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Accounting/Banking Fees Consulting Expense Food/Bever Contributions/ Donations Made By - Gift/Awards/ Candidate/Officeholder/Political Committee Legal Servic Credit Card Payment			Food/Beverage E Gift/Awards/Men mittee Legal Services					uipment & Related Expense ict	
1	Total pages Schedule F1:	2		· · · · ·			3	Filer ID	(Ethics Commission Filers)
1	Sch: 54/58 Rpt: 57/62		Alvarez, Maria Luisa (T	he Honorable)			1	00081826	
4	Date	5	Payee name						
	03/29/2024		Tobin Center for the Pe	rforming Arts					
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	9			
	\$671.00		115 Auditorium Circle						
			San Antonio, TX 78205						
8	PURPOSE	(a)	Category (See Categories liste		(b) Description			
ľ	OF		Event Expense	d at the top of this sch	edule)	·	outsid	de of Texas. Compl	ete Schedule T.
	EXPENDITURE					Check if Austin	n, TX,	officeholder living e	expense
						Out at The T Thrive Youth		n Pride Brunc	h sponsorship for
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nam	ie C	Office soug	nt		Office hel	d
	Date		Payee name						
	03/21/2024		Troublemaker Photogra	phy					
	Amount (\$)		Payee address; City;	State;	Zip Cod	9			
	\$75.00		1249 Legacy Drive		·				
			New Braunfels, TX 781	30					
	PURPOSE OF	(a)	Category (See Categories liste	ed at the top of this sche	edule) (b) Description			
	EXPENDITURE		Advertising Expense					de of Texas. Compl officeholder living e	
						Professional			expense
						1101033101141	1100	lushot	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nam	ie C	Office soug	nt		Office hel	d
	Date		Payee name						
	01/02/2024		United States Postal Se	ervice					
	Amount (\$)		Payee address; City;	State:	Zip Cod	9			
	\$226.00		2400 McCullough	Otato,	p 000	-			
	\$220100								
			San Antonio, TX 78212						
	PURPOSE OF		Category (See Categories liste	•	edule)	b) Description			
	EXPENDITURE		Office Overhead/Renta	Expense				de of Texas. Compl	
						Post Office B		officeholder living e	
									ne year.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder nam	ie C	Office soug	nt		Office hel	d
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Imittee Legal Services The Instruction (Ils Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Lab	or	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2						Eilor ID	(Ethics Commission Filers)
1	Sch: 55/58 Rpt: 58/62	I	2 FILER NAME 3 Filer ID (Ethics Commission F Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date	5	Payee name						
	04/09/2024		United States Postal Serv	ice					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	е			
	\$17.59		2400 McCullough						
			San Antonio, TX 78212						
8	PURPOSE	(a)	Category (See Categories listed a	t the ten of this each	vadula)	b) Descriptio	n		
Ū	OF		Consulting Expense	t the top of this sch	iedule)			tside of Texas. Com	plete Schedule T.
	EXPENDITURE		eeneaming Experiee			Check if	Austin, T	X, officeholder living	expense
						-		cuments mail	ed by campaign
						treasure	r		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	eld
	Date		Payee name						
	05/06/2024		United States Postal Serv	ice					
	Amount (\$)		Payee address; City;	State:	; Zip Cod	е			
	\$3.99	I	2400 McCullough	,	,	-			
	40100		2 roo moodhough						
			San Antonio, TX 78212						
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Office Overhead/Rental E		nedule) (travel out	tside of Texas. Com X, officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	eld
	Date		Payee name						
	03/11/2024		Viola's Ventanas						
	Amount (\$)		Payee address; City;	State:	; Zip Cod	е			
	\$132.35		9660 Westover Hills	etato,	, <u> .</u> p coo				
	+=0=:00								
			San Antonio, TX 78251						
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	nedule)	b) Descriptio			
	EXPENDITURE		Food/Beverage Expense					tside of Texas. Com X, officeholder living	
									presentative to discuss
						legislatio		j with state le	
_	Complete ONLY if direct	Ľ	andidato/Officeholder name			_		Office he	bld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office soug	IIL		Unice he	ะเน

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 56/58 Rpt: 59/62	Alvarez, Maria Luisa (The Honorable)	00081826					
4	Date 02/06/2024	Payee name WD Deli & Bakery						
6	6 Amount (\$) \$33.41 7 Payee address; City; State; Zip Code 3123 Broadway San Antonio, TX 78209							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Austin, TX, officeholder living expense Lunch meeting with Campaign Treasurer							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/07/2024	Walmart						
	Amount (\$) \$50.10	Payee address; City; State; Zip Code 9526 W. Military Dr.						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/26/2024	Walmart						
	Amount (\$) \$39.69	Payee address; City; State; Zip Code 9526 W. Military Dr.						
		San Antonio, TX 78251						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ambers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials mittee Legal Services The Instruction Gu	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)	
1	Sch: 57/58 Rpt: 60/62		2 FILER NAME 3 Filer ID (Ethics Commission 00081826) Alvarez, Maria Luisa (The Honorable) 00081826						
4	Date 02/29/2024		Payee name Walmart						
6				Ctoto		do			
0	6 Amount (\$) 7 Payee address; City; State; Zip Code \$58.04 9526 W. Military Dr.								
			San Antonio, TX 78251						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	ne top of this scho	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense nambers	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	05/15/2024		Westin Hotel Galleria						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$217.59		5060 W. Alabama Houston, TX 77056						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Travel Out of District	ne top of this sch	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ENCE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	04/23/2024		Westin Riverwalk						
	Amount (\$) \$52.23		Payee address; City; 420 W. Market	State;	; Zip Coo	de			
			San Antonio, TX 78205						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	ne top of this sch	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex			oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 58/58 Rpt: 61/62		Alvarez, Maria Luis	a (The Honorable)		00081826					
4	Date 04/24/2024		Payee name Westin Riverwalk								
6	Amount (\$) \$147.48		Payee address; C 420 W. Market San Antonio, TX 78		Zip Coo	le					
8	PURPOSE OF EXPENDITURE		Category _{(See Categori} Food/Beverage Exp	de of Texas. Complete Schedule T. officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			
	Date		Payee name								
	06/03/2024	· ا	Westin Riverwalk								
	Amount (\$) \$76.96	I	Payee address; C 420 W. Market	City; State;	Zip Coo	le					
			San Antonio, TX 78	3205							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			edule)	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			
	Date		Payee name								
	06/10/2024	'	Westin Riverwalk								
Amount (\$)Payee address;City;State;Zip Code\$178.04420 W. Market											
San Antonio, TX 78205											
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon for staff to celebrate graduations.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			

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

SCHEDULE K

	The Instru	ages Schedule K: ./1 Rpt: 62/62				
2	FILER NAME	O (Ethics Commissio	on Filers)			
	Alvarez, Mai	ria I	Luisa (The Honorable)	00081	.826	
4	Date	5	Name of person from whom amount is received	8 Amount (\$)		
	03/17/2024		David Canales Campaign			\$100.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			San Antonio, TX 78259			
		7		olitical conti	ribution returned to file	er
			Refund of contribution			
	Date		Name of person from whom amount is received		Amount (\$)	
02/23/2024			Texas Center for the Judiciary			\$75.00
			Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78701			
			Purpose for which amount is received Check if p	olitical conti	ribution returned to file	er
			Refund for double charge			
	Date		Name of person from whom amount is received		Amount (\$)	
	05/20/2024		Westin Hotel Galleria			\$32.59
			Address of person from whom amount is received; City; State; Zip Code			
			Houston, TX 77056			
				ribution returned to file	er	
			Refund of tax incorrectly collected for hotel stay. Did not apply tax-exemption	on for State	e official	