FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083708 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Alvarenga CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Selena M. NAME NICKNAME LAST **SUFFIX** Alvarenga **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 619-0108 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 460 Travis

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Alvarenga, Selena M	(The Honorable)	14 Filer ID 00083		Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or particles of the second secon	en made without the candida	ite's or officeholder	's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTION			0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	TEES OF LOAMS)	\$	62.40
EXPENDITURE	` `	ZED POLITICAL EXPENDITURES		\$	0.00
TOTALS	4. TOTAL POLIT	IOAL EVENINITURES			0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$	5,380.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINE RIOD	ED AS OF THE LAST DAY C	S \$	14,748.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTAND TING PERIOD	DING LOANS AS OF THE LA	\$	0.00
17 AFFIDAVIT					
		true and corre	rm, under penalty of perjury, ct and includes all informatio Election Code.		
			The Honorable Selena	a M. Alvarenga	
			Signature of Candidate		
AFFIX NOT	TARY STAMP / SEAL ABO	OVE			
Sworn to and subsc	ribed before me, by the s	aid	, this th	e	day
		ertify which, witness my hand and			
Signature of office	er administering oath	Printed name of officer admi	nistering oath T	itle of officer admir	nistering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			O.	OVER SHEET	3 of 16
Al۱	8 FILER NAME Alvarenga, Selena M. (The Honorable) 19 Filer ID 00083708				Filers)
		HEDULE SUBTOTALS ME OF SCHEDULE			OUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	62.40
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	5,380.16
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/16
2	FILER NAME Alvarenga, S	ME a, Selena M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083708
4	Date 01/03/2024			7	Amount of Contribution (\$) \$10.40	
		Austin, TX 78758				
8		Principal Occupation		9 Contributor's Job Title		
	Security Eng			Security Engineer		
10	Contributor's e Rapid7	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/03/2024	Weir, Collin Contributor address; City;	<u> </u>		•	\$10.40
		Austin, TX 78758				
		Principal Occupation		Contributor's Job Title		
	Security Eng			Security Engineer		
	Rapid7	employer/law firm		Law firm of contributor's sp	ous	se (If any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	03/03/2024	Weir, Collin				\$10.40
		Contributor address; City; Austin, TX 78758	State; Zip Code			
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Security Engineer Security Engineer					
	Contributor's employer/law firm Law firm of contributor's		ous	se (if any)		
Rapid7						
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/16
2	FILER NAME Alvarenga, S	ME a, Selena M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083708
4	Date 04/03/2024			7	Amount of Contribution (\$) \$10.40	
		Austin, TX 78758				
8		Principal Occupation		9 Contributor's Job Title		
	Security Eng			Security Engineer		
10	Contributor's e Rapid7	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	Out of state BAC (ID#)	,	_	Amount of Contribution (\$)
	05/03/2024	Weir, Collin Contributor address; City;	out-of-state PAC (ID#:			\$10.40
		Austin, TX 78758				
		Principal Occupation		Contributor's Job Title		
	Security Eng			Security Engineer		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	-		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	06/03/2024	Weir, Collin				\$10.40
		Contributor address; City; Austin, TX 78758	State; Zip Code		•	
H	Contributor's F	Principal Occupation		Contributor's Job Title		
	Security Engineer Security Engineer					
	Contributor's employer/law firm Law firm of contributor's s			ous	se (if any)	
	Rapid7					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	
<u> </u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	
Sch: 1/11 Rpt: 6/16	Alvarenga, Selena M. (The Honorable) 00083708
4 Date 5	- syst manus
01/18/2024	Alvarenga, Selena
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$475.00	PO Box 13548
	Austin, TX 78711
o Bubboos	· · · · · · · · · · · · · · · · · · ·
8 PURPOSE (a	(b) Description (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
]	Repaying loan
Complete ONLY if allow it.	Candidate/Officeholder name Office accepts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/05/2024	Austin Bar Association
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	712 W 16th St
	Austin, TX 78701
PURPOS -	I a
PURPOSE (a	(b) Description (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	210111 3 por 100101111
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Canadate/Oniconologi name Onice Sought Onice Held
·	
Date	Payee name
01/08/2024	Austin Bar Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	712 W 16th St
	Austin, TX 78701
PURPOSE (a	A) Category (See Categories listed at the top of this schedule) (b) Description
OF `	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Event sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cahadula F1:	1
_	Total pages Schedule F1: Sch: 2/11 Rpt: 7/16	2 FILER NAME Alvarenga, Selena M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083708
Ļ	<u> </u>	
4	Date	5 Payee name
	02/06/2024	Black Austin Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.29	PO Box 212
		Austin, TX 78767
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2024	Collective Campaigns
	Amount (\$)	
	• •	, , , , , , , , , , , , , , , , , , ,
	\$318.00	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2024	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$224.00	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/11 Rpt: 8/16 00083708 Alvarenga, Selena M. (The Honorable) 4 Date Payee name 02/28/2024 Collective Campaigns 6 Amount (\$) Payee address; State; Zip Code \$143.20 9901 Brodie Ln Ste 160 #1143 Austin, TX 78748 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2024 Google LLC Amount (\$) Payee address; City; State; Zip Code \$19.19 1600 Amphitheatre Pkwy Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign emails Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2024 Google LLC Amount (\$) Payee address; City: State; Zip Code \$19.19 1600 Amphitheatre Pkwy Mountain View, CA 94043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office Overhead/Rental Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Campaign emails

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/11 Rpt: 9/16	Alvarenga, Selena M. (The Honorable) 00083708	
4	Date	5 Payee name	_
	03/18/2024	Google LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$19.19	1600 Amphitheatre Pkwy	
l			
l		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense Campaign emails	
l		Gampaigh chiais	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
l	04/16/2024	Google LLC	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$31.19	1600 Amphitheatre Pkwy	
l	402.20		
		Mountain View, CA 94043	
H	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign emails & domain renewal	
L			_
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
l	Date	Payee name	
	05/16/2024	Google LLC	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$19.19	1600 Amphitheatre Pkwy	
l			
L		Mountain View, CA 94043	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Campaign emails & domain renewal	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 5/11 Rpt: 10/16	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	01/16/2024	Human Rights Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$729.30	1640 Rhode Island Ave. N.W.
		Washington, DC 20036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2024	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
		Suite 200
		Washington, DC 20005
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising infrastructure
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┨
	Date	Payee name
	02/07/2024	NGPVAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	1445 New York Ave. NW
	Ψ133.30	
		Suite 200
		Washington, DC 20005
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising infrastructure
		i undiasing ilitasudolate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift Committee Leg	nd/Beverage Expense /Awards/Memorials Expense al Services e Instruction Guide explains I		pense ages/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1: Sch: 6/11 Rpt: 11/16		lena M. (The Honorable)			3 Filer ID 00083708	(Ethics Commission Filers)
Ļ			eria w. (The Honorable)			00063706	
4	Date 03/07/2024	5 Payee name NGPVAN					
6	Amount (\$)	7 Payee address;	,	Zip Cod	de		
	\$159.90	1445 New Yor	k Ave. NW				
		Suite 200					
L		Washington, D					
8	PURPOSE OF		ategories listed at the top of this scho	edule)	(b) Description Check if travel	outside of Texas. Con	nnlete Schedule T
	EXPENDITURE	Solicitation/Fu	ndraising Expense			, TX, officeholder living	
					Fundraising i	nfrastructure	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	nolder name C	Office soug	ght	Office h	eld
	Date	Payee name					
	06/06/2024	NGPVAN					
	Amount (\$)	Payee address;	City; State;	Zip Cod	de		
	\$159.90	1445 New Yor	k Ave. NW				
		Suite 200					
		Washington, D	OC 20005				
	PURPOSE OF		ategories listed at the top of this scho	edule)	(b) Description	autoido of Tayon Com	anlata Cahadula T
	EXPENDITURE	Office Overnea	ad/Rental Expense		<u> </u>	outside of Texas. Con	
					Fundraising i	nfrastructure	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	nolder name C	Office soug	yht	Office h	eld
	Date	Payee name					
	01/02/2024	Paragon Solut	ions				
	Amount (\$)	Payee address;	•	Zip Cod	de		
	\$31.12	2141 E. Broad	way Rd				
		Suite 202					
		Tempe, AZ 85	282				
	PURPOSE OF		ategories listed at the top of this sch	edule)	(b) Description	autoido of T C	anlata Cahadula T
	EXPENDITURE	Solicitation/Fu	ndraising Expense		ш	outside of Texas. Con	
					Donation Fee		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	nolder name C	Office souç	ht	Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\overline{}$
1	Sch: 7/11 Rpt: 12/16	2 FILER NAME Alvarenga, Selena M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083708	
4	Date 02/02/2024	5 Payee name Paragon Solutions	
_		-	
6	Amount (\$) \$30.24	7 Payee address; City; State; Zip Code 2141 E. Broadway Rd	
		Suite 202	
		Tempe, AZ 85282	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Fees	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/04/2024	Paragon Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$30.24	2141 E. Broadway Rd	
		Suite 202	
		Tempe, AZ 85282	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation Fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/02/2024	Paragon Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.24	2141 E. Broadway Rd	
	Ψ30.24		
		Suite 202	
		Tempe, AZ 85282	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Fees	
_	0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiord to borient 0/01	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 13/16	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	05/02/2024	Paragon Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.26	2141 E. Broadway Rd
	l	Suite 202
	l	Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
	l	Donation Fees
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	Paragon Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.26	2141 E. Broadway Rd
	l	Suite 202
	l	Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Donation Fees
	I	Dullation rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 06/17/2024	Payee name Squarespace
		Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.49	225 Varick St
	l	12th Floor
	I	New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
	l	Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	,
1	Total pages Schedule F1: Sch: 9/11 Rpt: 14/16	2 FILER NAME Alvarenga, Selena M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083708
4	Date	5 Payee name
	02/21/2024	Texans Care for Children
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$157.50	1016 La Posada Drive
		#240
		Austin, TX 78752
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorship
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio
		Ste 800
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2024	Todos Juntos
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.47	PO BOX 41213
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Event Sponsorstip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/11 Rpt: 15/16	Alvarenga, Selena M. (The Honorable)	00083708							
4	Date	5 Payee name								
	02/28/2024	Travis County Democratic Party								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$250.00	PO Box 684263								
		Austin, TX 78768								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Contributions/Donations Made by	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense							
		Candidate/Officeholder/Political Committee Check if Aut Event spon								
			33.3.mp							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
Ľ	expenditure to benefit C/OH									
	Date	Payee name								
	03/21/2024	Travis County Democratic Party								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$256.00	PO Box 684263								
		Austin, TX 78768								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made by	ık if travel outside of Texas. Complete Schedule T. ık if Austin, TX, officeholder living expense Sponsorship							
		Garrandato/Grinderioladoi/Fentidat Germinates								
		Liverit Spor	30131115							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/O		Office field							
⊨	Data									
	Date	Payee name								
L	04/30/2024	Travis County Democratic Party								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	PO Box 684263								
		Austin, TX 78768								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made by	vel outside of Texas. Complete Schedule T.							
	LAI LINDITORE		stin, TX, officeholder living expense							
		Event spor	sorsnip							
_	0 1. 0		05							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			al Committee Legal Services Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form						Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1: Sch: 11/11 Rpt: 16/16			he Honorable)	Filer ID 00083708	(Ethics Commission Filers					
	Date 02/01/2024	5	Payee name		<u> </u>						
6	Amount (\$) \$128.00	7	Payee addre 823 Congre Ste 1500 Austin, TX	ess Ave	State	; Zip Code					
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed head/Rental	l at the top of this sch Expense	nedule) (k		travel outsi	de of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	e (Office sough	t		Office he	eld	