

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00024376	2 Total pages filed: 37	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Carol	MI MI	OFFICE USE ONLY
	NICKNAME	LAST Alvarado	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 230842 Houston, TX 77223			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Yolanda	MI MI	
	NICKNAME	LAST Alvarado	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6669 Fairfield Houston, TX 77023			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	557-1767		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 09/26/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Senator District 6		12 OFFICE SOUGHT (if known) State Senator District 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 37

13 C / OH NAME Alvarado, Carol (The Honorable)	14 Filer ID (Ethics Commission Filers) 00024376
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 112,953.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,859.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,215,625.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

 The Honorable Carol Alvarado
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

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

3 of 37

18 FILER NAME Alvarado, Carol (The Honorable)		19 Filer ID (Ethics Commission Filers) 00024376
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 112,650.66
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 302.50
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 31,859.65
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 7,531.05

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACT for Texas Classroom Teachers Association	7 Amount of Contribution (\$) \$2,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78767	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apache Corporation PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aransas-Corpus Christi Pilots PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78403	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Scott	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Principal occupation / Job title (See Instructions) Legal Consultant		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Emerson <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011-2243	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Investment Manager		9 Employer (See Instructions) Fee ONLY Financial Planning
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Barbara <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00085316</u>) Cigna Corp Employee PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19192	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covestro PAC <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang, Kimberly	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Kinder Morgan Inc.
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgadillo, Danielle	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Danielle Delgadillo Consulting (DBA)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dow Inc. PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Midland, MI 48674	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00082792</u>) Eli Lilly & Company PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Indianapolis, IN 46285	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00340455</u>) Essential Utilities, Inc. PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Bryn Mawr, PA 19010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Baylor Med <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Roland <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Greenberg Traurig LLP
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Gonzalez & Associates Inc
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg Traurig, P.A. PAC <hr/> Contributor address; City; State; Zip Code Albany, NY 12207	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC - State <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law PAC 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco Pac Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IATSE Local 484 PAC Fund Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Bankers Association of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Billy <hr/> Contributor address; City; State; Zip Code South Houston, TX 77587	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of A. Craig Eiland P.C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00097485</u>) Merck Employee PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindiola, Cindy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montford, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) JTM Consulting, LLC
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG Energy PAC <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-6213	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) NRG
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemeier, Karen S <hr/> Contributor address; City; State; Zip Code Valley Glen, CA 91401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Research Administrator		Employer (See Instructions) Children's Hospital Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC of The Independent Insurance Agents of Texas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Governemental Affairs		9 Employer (See Instructions) Independent Insurance Agents of Texas
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips 66 PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,500.66
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipefitters' Local Union No. 211 COPE Account <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plains All American PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poinsett PLLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riceland Consulting LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Lewis and Associates Political Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Cindy <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlosser, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Kinder Morgan Terminals
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's PAC of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanjian, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Global Policy Director		9 Employer (See Instructions) Airbnb
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundt Texas PAC <hr/> Contributor address; City; State; Zip Code Tempe, AZ 85282	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC, Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX Independent Auto Dealers Assn. - INDEPAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Director		Texas Independent Automobile Association
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CEO		Enterprise Products

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Crane Owners PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78716	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association, PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Energy PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Impact, a CRH PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78726	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of CPAs PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Texas Trial Lawyers Association
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The American Electric Power Company - Texas Committee for <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00101766) United Airlines PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60622	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jerry <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Consultant		Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterinarian PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Director		Texas Veterinary Medical Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stevan <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76903-8643	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Wholesale Beer Distributors of Texas
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi, Saam <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Rodeo Dental

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/37	
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/23/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC	8 Amount of contribution (\$) \$302.50	9 In-kind contribution description Fundraiser Food and Beverage, Venue Rental
	7 Contributor address; City; State; Zip Code Austin, TX 78746	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/17 Rpt: 19/37	2	FILER NAME Alvarado, Carol (The Honorable)	3	Filer ID (Ethics Commission Filers) 00024376
4	Date 09/10/2024	5	Payee name 4Imprint		
6	Amount (\$) \$732.13	7	Payee address; City; State; Zip Code P.O. Box 320 Oshkosh, WI 54901		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plastic bags for Senior Event		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/05/2024		Payee name AT&T		
	Amount (\$) \$85.97		Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/06/2024		Payee name AT&T		
	Amount (\$) \$173.36		Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 20/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 09/04/2024	5 Payee name AT&T
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6 Amount (\$) \$86.00	7 Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name ActBlue
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Amount (\$) \$521.42	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees 7/01 - 09/26/2024
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2024	Payee name Allegro Royal Sonesta Hotel
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Amount (\$) \$1,498.04	Payee address; City; State; Zip Code 171 W. Randolph St. Chicago, IL 60601
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging from August 19-23, 2024 to attend Democratic National Convention
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 21/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 07/12/2024	5 Payee name Blackburn, Benjamin
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6 Amount (\$) \$2,300.00	7 Payee address; City; State; Zip Code 605 W. 14th Street Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Blackburn, Benjamin
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Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 605 W. 14th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name Blackburn, Benjamin
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Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 605 W. 14th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 22/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/10/2024	5 Payee name CVS	
6 Amount (\$) \$41.99	7 Payee address; City; State; Zip Code 4516 Harrisburg Blvd. Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SD Card for photos at Senior Fall Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name City of Baytown	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2401 Market St. Baytown, TX 77520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Back to School Fair
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Constant Contact	
Amount (\$) \$154.57	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/17 Rpt: 23/37	2	FILER NAME Alvarado, Carol (The Honorable)	3	Filer ID (Ethics Commission Filers) 00024376
4	Date 08/01/2024	5	Payee name Constant Contact		
6	Amount (\$) \$154.57	7	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/03/2024		Payee name Constant Contact		
	Amount (\$) \$154.57		Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/11/2024		Payee name Greater Houston LULAC 4967		
	Amount (\$) \$350.00		Payee address; City; State; Zip Code P.O. Box 1012 Houston, TX 77251		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mexican Independence Day Parade Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/17 Rpt: 24/37	2	FILER NAME Alvarado, Carol (The Honorable)	3	Filer ID (Ethics Commission Filers) 00024376
4	Date 07/11/2024	5	Payee name HEB		
6	Amount (\$) \$4.07	7	Payee address; City; State; Zip Code 3111 Woodridge Houston, TX 77087		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for constituent		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/15/2024		Payee name Harris County Democratic Party		
	Amount (\$) \$4,500.00		Payee address; City; State; Zip Code 4619 Lyons Ave. Houston, TX 77020		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship and table purchase for JJR Dinner		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/26/2024		Payee name Harris County Tejano Democrats		
	Amount (\$) \$300.00		Payee address; City; State; Zip Code 3213 Houston Ave. Houston, TX 77009-5427		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad purchase for Roast and Toast Dinner program		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 25/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 07/02/2024	5 Payee name Hill Country Springs
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6 Amount (\$) \$24.32	7 Payee address; City; State; Zip Code P.O. Box 2220 Manchaca, TX 78652-2220
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/02/2024	Payee name Hill Country Springs
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Amount (\$) \$54.81	Payee address; City; State; Zip Code P.O. Box 2220 Manchaca, TX 78652-2220
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name Hill Country Springs
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Amount (\$) \$10.83	Payee address; City; State; Zip Code P.O. Box 2220 Manchaca, TX 78652-2220
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 26/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 07/18/2024	5 Payee name Hobby Lobby
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6 Amount (\$) \$54.11	7 Payee address; City; State; Zip Code 5651 Fairmont Parkway Pasadena, TX 77505
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Framing for Constituent Gifts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2024	Payee name Hobby Lobby
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Amount (\$) \$53.03	Payee address; City; State; Zip Code 6145 Westheimer Road Houston, TX 77057
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Framing for Constituent Gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Hobby Lobby
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Amount (\$) \$45.45	Payee address; City; State; Zip Code 6145 Westheimer Road Houston, TX 77057
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Framing for Constituent Gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 27/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 08/26/2024	5 Payee name Hobby Lobby
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6 Amount (\$) \$34.09	7 Payee address; City; State; Zip Code 5651 Fairmont Parkway Pasadena, TX 77505
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Framing for Constituent Gifts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Houston East End Chamber of Commerce
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 15068 Houston, TX 77220
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH Membership Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/23/2024	Payee name Houston Federation of Teachers
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2704 Sutherland Houston, TX 77023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship fo Back to School Backpack Giveaway
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 28/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 07/14/2024	5 Payee name Houston LGBTQ+ Political Caucus	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 66664 Houston, TX 77266-6664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2024 Annual Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name J&N Enterprises	
Amount (\$) \$665.74	Payee address; City; State; Zip Code 2519 Fairway Park Drive Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Step-and-Repeat for Senator Alvarado
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Law Offices of Kevin C. Stewart	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 6801 Yaupon Drive Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ethics and Compliance Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 29/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/16/2024	5 Payee name Meyerland Area Democrats Club	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 310061 Houston, TX 77035	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Morgan LaMantia for Senate Campaign	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1324 E. Madison Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name Party City	
Amount (\$) \$71.99	Payee address; City; State; Zip Code 516 Gulfgate Center Houston, TX 77087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fourth of July decorations for parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 12/17 Rpt: 30/37	2	FILER NAME Alvarado, Carol (The Honorable)	3	Filer ID (Ethics Commission Filers) 00024376	
4	Date 08/08/2024	5	Payee name Safe Walk Home			
6	Amount (\$) \$200.00	7	Payee address; City; State; Zip Code 5806 Verdone Houston, TX 77092			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Safe Walk Home Program			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/23/2024		Payee name Sam Houston PTO			
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 9400 Irvington Blvd. Houston, TX 77076			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Back to School Community Event			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/11/2024		Payee name Six Westheimer, LTD.			
	Amount (\$) \$10.00		Payee address; City; State; Zip Code 1520 Oliver Street Houston, TX 77007			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Staff			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 31/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/13/2024	5 Payee name South Belt Graphics and Printing	
6 Amount (\$) \$650.00	7 Payee address; City; State; Zip Code 11555 Beamer Houston, TX 77089-2398	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pasadena ISD Football Program Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name Southwest Airlines	
Amount (\$) \$199.46	Payee address; City; State; Zip Code 2702 Love Field Dr. Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air travel from Houston to Chicago
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name Texas Senate Democratic Caucus	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1042 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2024 Annual Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 14/17 Rpt: 32/37	2	FILER NAME Alvarado, Carol (The Honorable)	3	Filer ID (Ethics Commission Filers) 00024376
4	Date 09/13/2024	5	Payee name U.S.Postmaster		
6	Amount (\$) \$170.00	7	Payee address; City; State; Zip Code 5415 Lawndale St. Houston, TX 77023		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign PO Box		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/23/2024		Payee name Uber		
	Amount (\$) \$264.08		Payee address; City; State; Zip Code 1515 3rd St. San Francisco, CA 94158		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RideShare at the Democratic National Convention in Chicago from Aug. 19 - 23, 2024		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/05/2024		Payee name United Airliines		
	Amount (\$) \$222.12		Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Air travel from Chicago to Houston		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 33/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/23/2024	5 Payee name United Airlines	
6 Amount (\$) \$98.36	7 Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Change of Flight Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2024	Payee name Vida City Church	
Amount (\$) \$257.50	Payee address; City; State; Zip Code 1300 West Mount Houston Rd. Houston, TX 77038	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back to School Drive Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name X Corp.	
Amount (\$) \$8.64	Payee address; City; State; Zip Code 1355 Market St., Ste. 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH Verification Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 34/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 08/22/2024	5 Payee name X Corp.
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6 Amount (\$) \$8.64	7 Payee address; City; State; Zip Code 1355 Market St., Ste. 900 San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH Verification Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name X Corp.
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Amount (\$) \$8.64	Payee address; City; State; Zip Code 1355 Market St., Ste. 900 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH Verification Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Zoom.us
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Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 35/37	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
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4 Date 08/05/2024	5 Payee name Zoom.us
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6 Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Zoom.us
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Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor San Jose, CA 95113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 36/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Date 07/24/2024	5 Name of person from whom amount is received Amegy Bank	8 Amount (\$) \$930.81
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027	
	7 Purpose for which amount is received Monthly Interest from Money Market Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/30/2024	Name of person from whom amount is received Amegy Bank	Amount (\$) \$621.49
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027	
	Purpose for which amount is received Interest from Money Market Account <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/12/2024	Name of person from whom amount is received Amegy Bank	Amount (\$) \$2,036.48
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027	
	Purpose for which amount is received Monthly Interest from Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/12/2024	Name of person from whom amount is received Amegy Bank	Amount (\$) \$2,007.26
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027	
	Purpose for which amount is received Monthly Interest from Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/12/2024	Name of person from whom amount is received Amegy Bank	Amount (\$) \$1,935.01
	Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027	
	Purpose for which amount is received Monthly Interest from Certificate of Deposit <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 37/37
2 FILER NAME Alvarado, Carol (The Honorable)		3 Filer ID (Ethics Commission Filers) 00024376
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 08/19/2024 08/19/2024	7 Name of person(s) traveling Alvarado, Carol (Sen.)	
	8 Departure city or name of departure location Houston	
	9 Destination city or name of destination location Chicago	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Air travel from Houston to Chicago on August 19, 2024 to attend Democratic National Convention	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airliines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 08/23/2024 08/23/2024	Name of person(s) traveling Alvarado, Carol (Sen.)	
	Departure city or name of departure location Chicago	
	Destination city or name of destination location Houston	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Air travel from Chicago to Houston on August 23, 2024 after attending Democratic National	