### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00019673		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Alma A.			Date Received	
10 WIL					ELECTRONICA	JII V EII ED
					10/28/2024	CLI FILLD
	NICKNAME	LAST		SUFFIX	10/26/2024	
		Allen				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	3717 Cork Drive					_
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77047-2801					
					Date Processed	
					Data lara and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER	Mr.	Alfred		1411		
NAME	IVII.	Allica				
	NIO(ALANE					
	NICKNAME	LAST Jackson		SUFFIX		
		Jackson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	3717 Cork Drive					
(Residence or Business)						
	Houston, TX 77047-2801					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER		E NUMBER E	:X I ENSION			
PHONE	(713) 734-1542					
8 REPORT	+					
TYPE	January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
		7		_	appointment (offic	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	IROUGH	10/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pı	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
31 011102	State Representative Distr	ict 131		State Represent		
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Allen, Alma A. (The H	lonorable)	<b>14</b> Filer ID (I 00019673	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00	
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 11,025.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 5,759.10	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 65,392.64	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hon	norable Alma A. Allen		
		Signature of	Candidate or Officehold	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				3 of 16		
18 FILER NAM Allen, Alma	(Ethics Commiss	sion Filers)				
20 SCHEDULE	0 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,650.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	375.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	5,759.10		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00		
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00		
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			0.00		
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	11.46		
			•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/4 Rpt: 4/16		
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commissio 00019673	n Filers)	
4	Date 10/16/2024			7	Amount of Contribution (\$)	\$250.00	
0	Dringing oggu	Austin, TX 78757	Employer /See Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/22/2024				Amount of Contribution (\$)	\$50.00	
	Houston, TX 77078  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)			
	retired		retired				
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00		
		Austin, TX 78763					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Chevron Employees PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	San Ramon , CA 94583 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:)  Comcast Corporation & NBC Universal PAC  Contributor address; City; State; Zip Code  Philidelphia , PA 19103			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/16	
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 10/16/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	Houston, TX 77092 pation / Job title (See Instructions)	Employer (See Instructions	·,		
Ü	r inicipal occu	pation / Job title (See instructions)	2 Employer (See Instructions	,		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Deer Park, TX 77536				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Keffer, James  Contributor address; City; State; Zip Code  Eastland, TX 76448			Amount of Contribution (\$)	\$500.00	
		Employer (See Instructions self	<u>(</u>			
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Linebarger Goggan Blair & Sampson LLP  Contributor address; City; State; Zip Code  Austin, TX 78760			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b> 5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/4 Rpt: 6/16		
	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commission 00019673	on Filers)	
	Date 10/16/2024	<b>L</b> • • • • • • • • • • • • • • • • • • •		7	Amount of Contribution (\$)	\$500.00	
8	Dringing occur	Austin, TX 78746	Employer (See Instructions)				
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)							
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Ron Lewis and Associates  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Texas Building Branch AGC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  Texas Optometric PAC  Contributor address; City; State; Zip Code  Austin, TX 78705		)		Amount of Contribution (\$)	\$1,000.00	
		Employer (See Instructions	)				
	Date Full name of contributor out-of-state PAC (ID#:)  10/16/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			

IETARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
struction Guide explains how to comple	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16	
	3 Filer ID (Ethics Commission Filers) 00019673	
Date  5 Full name of contributor out-of-state PAC (ID#:) Tutunjian, Brad  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00
Houston, TX 77018	la 5 1 (0 1 1 1 1	
·	9 Employer (See Instructions CenterPoint Energy	s)
Date Full name of contributor out-of-state PAC (ID#:)  10/07/2024 Watston, Teana  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Stafford, TX 77477		ļ
	Self	s)
024 Wholesale Beer Distributors		Amount of Contribution (\$) \$1,000.00
Austin, TX 78701	Employer (See Instructions	s)
	Instruction Guide explains how to complement of the Alma A. (The Honorable)    S	Alma A. (The Honorable)  5 Full name of contributor

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/16 3 Filer ID (Ethics Commission Filers) FILER NAME Allen, Alma A. (The Honorable) 00019673 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/01/2024 Gonzalez, Daniel \$175.00 I fundraiser email invite and 7 Contributor address; City; State; Zip Code distribution Austin, TX 78701 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) Gonzalez Public Affairs and Consulting Consultant 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/16/2024 **MOAK Casey PAC** \$200.00 I fundraiser space at Contributor address; City; State; Zip Code Capitol Cafe Austin, TX 78746 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

(See instructions)

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to co	1 Total pages Schedule B: Sch: 1/1 Rpt: 9/16	
2 FILER NAME Allen, Alma A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00019673
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date 6 Full name of pledgor out-of-state PA	AC (ID#:	9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zi	ip Code	Check if travel outside of Texas. Complete Schedule 7
10 Principal occupation / Job title (See Instructions)	11 Employer (See In	

	LOANS						SCH	IEDULE <b>E</b>
	The Instruction Guide explains how to complete this form						ges Schedule E L Rpt: 10/16	i:
2	FILER NAME Allen, Alma A. (1	Γhe Honorable)			3	Filer ID 000196	(Ethics Comm	nission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amou	unt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	te
							11 Maturity Da	ate
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were	deposited	into political ac	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	uaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	structions)			

### 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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 11/16	Allen, Alma A. (The Honorable)		00019673
4	Date	5 Payee name		-
	10/13/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$9.88	366 Summer Street		
		Somerville, MA 02144-3132		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees	(-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				online fundraising fee
<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
<u> </u>				
	Date	Payee name		
	09/30/2024	Brennan's		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2,568.74	3300 Smith St.		
		Houston, TX 77006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fundraiser expense
				runuraiser expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/Ol	•	giit	Office field
	Date	Device norms		
	10/09/2024	Payee name Brentwood Baptist Church		
		·		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$500.00	13033 Landmark		
		Houston, TX 77045		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				ad for anniversary program
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	•	-	

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 12/16	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	10/11/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.40	6055 South Fwy
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense senior breakfast refreshments
		Schol breaklast refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payros namo
	10/10/2024	Payee name HYPE Freedon School
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 14971
		Houston, TX 77221
	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.  Check if Avetic TV officeholder living gyreage.
		Candidate/Officeholder/Political Committee
		donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/11/2024	Harris County Tax Assessor Collector
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.00	5300 Griggs Rd.
	Φ151.00	5500 Gliggs Ru.
		He stee TV 77004
		Houston, TX 77021
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	voter data  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		electronic constituent data
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
1		
l		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 13/16	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	10/10/2024	House Democratic Campaign Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 1925
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Kelly, Ed (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4614 Trail Lake
		Houston, TX 77045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		putting out signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davisa nama
	10/09/2024	Payee name Kelly, Ed (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	4614 Trail Lake
	Ψ123.00	4014 ITAII LANC
		Houston, TX 77045
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		town hall planning and setup
	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 Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Nages	s/Contract Labor		OTHER (enter a	category not listed above)			
	·			de explains how to co	mple	ete this form.	_					
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)	)		
	Sch: 4/5 Rpt: 14/16	Allen, Alı	ma A. (The Honorab	ole)				00019673				
4	Date	5 Payee na	me									
	09/30/2024	McNiel, ł	Kathryn									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$1,000.00	4711 Yo	akum Blvd.									
		Houston.	TX 77006									
8	PURPOSE			a ton of this colored (Is)	(b)	Description				_		
ľ	OF							outside of Texas. Complete Schedule T.				
	EXPENDITURE	Jaianesi	Galaries, Wages, Contract Eabor					Austin, TX, officeholder living expense				
		Planned fundraiser										
9	Complete ONLY if direct		Officeholder name	Office sou	ıght			Office he	eld			
	expenditure to benefit C/OI	4										
	Date	Payee na	ne							_		
	10/08/2024	Owens, .	Jackie									
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode							
	\$100.00	12715 C	aygate									
		Houston	TX 77047									
_	PURPOSE				(h)	Description						
	OF		(See Categories listed at the		(0)	Description  Check if travel	nutsi	de of Texas. Com	nlete Schedule T			
EXPENDITURE		Salanes/	Wages/Contract La	DOI				officeholder living				
		helped					ed staff town hall					
						·						
	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıght			Office he	eld			
	expenditure to benefit C/OI	4										
	Date	Payee na	me							_		
	10/18/2024	Sams Cl										
	Amount (\$)	Payee ad		State; Zip Co	odo							
	\$124.08	15800 S		State, Zip Ct	Jue							
	Φ124.00	13000 3	rwy S									
Pearland, TX 77584												
	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(b)	Description						
	EXPENDITURE	Event Ex	pense			ш		de of Texas. Com officeholder living				
						Town Hall ref			rexpense			
						TOWNTHANTE						
$\vdash$	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	laht			Office he	ald	-		
	expenditure to benefit C/OI		omocholaci name	Office 300	-gill			Omce III				

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

		Candidate/Officeholder/Political Committee		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
_	T	_						1	_	E1 15	(EII-) - O		
1	Total pages Schedule F1: Sch: 5/5 Rpt: 15/16	FILER NAME Allen, Alma A. (The Honorable)							Filer ID 00019673	(Ethics Commis	sion Filers)		
_		_	Payee name	4. (The Honoral	ле <i>)</i>					00019073			
4	Date												
	10/24/2024		Sisters Unite	-a									
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$250.00		13527 North Braeswood										
			Houston, TX	77077									
8	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sche	edule)	(b)	Description					
OF EXPENDITURE			Contributions/Donations Made By										
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee					ng expense						
								donation					
		L											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office	neld		
	Date		Payee name										
	10/08/2024		Stephanie M	orales Campaig	ın								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de						
	\$250.00		1919 Shadov	w Bend Dr.									
			Houston, TX	77043									
	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sche	edule)	(b)	Description					
OF EXPENDITURE			Contributions	s/Donations Ma	de By			<b>=</b>			mplete Schedule T.		
			Candidate/O	fficeholder/Polit	ical Commi	ittee		Check if Austin,	, TX,	officeholder livi	ng expense		
								donation					
_	Complete ONLY if direct	<u> </u>	Candidata/Offic	ahaldar nama		effice cour	nh+			Office	aald		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	U	ffice sou	ynı			Office	ieiu		

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Allen, Alma A. (The Honorable) 00019673 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 10/24/2024 Amegy Bank \$11.46 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77584 Purpose for which amount is received Check if political contribution returned to filer interes