FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087442 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Lillian Henny NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Alexander CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 56386 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77256 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amy Elizabeth NAME NICKNAME LAST **SUFFIX** Tomlinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 1911 La Magnolia **ADDRESS** (Residence or Business) Houston, TX 77023 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (954) 483-8832 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None Family District Court Judge District 507

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Alexander, Lillian He	nny (Mrs.)		14 Filer ID 00087442	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures may have been made without to required to report this information	he candidate's or off	iceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
ш -	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELEC		\$ \$	0.00
		ICAL CONTRIBU	UTIONS S, OR GUARANTEES OF LOANS	S)	\$	5,112.37
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	EXPENDITURES		\$	191.23
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	15,584.87
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	107,251.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				•	
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the a	accompanyini d to be report	g report is ed by me
			Mrs. Lilli	an Henny Alexand	er	
				Candidate or Officeh		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of office	cer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 33						
	L8 FILER NAME Alexander, Lillian Henny (Mrs.) 19 Filer ID (Ethics Commission Filers) 00087442						
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)			5,112.37			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	15,584.87			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/33
2	FILER NAME Alexander, L	illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 12/31/2024	5 Full name of contributor Boudreaux, Rogers6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Owner		
10	Contributor's 6 Boudreaux F	employer/law firm Rogers		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	f any)			
			•			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/31/2024 Brown, Deirdre Contributor address; City; State; Zip Code			\$500.00		
		Houston, TX 77058				
	Contributor's Principal Occupation Contributor's Job Title		Contributor's Job Title	_		
	Attorney			Of Counsel		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Forshey & P					
	If contributor is	s a child, law firm of parent(s) (i	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/31/2024	Cohen, Jan	_			\$100.00
		Contributor address; City; Houston, TX 77057	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	molpai Goodpation		Owner		
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
	Jan R Cohe	n Attorney				
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/33
2	FILER NAME Alexander, L	illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 12/31/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77044				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Senior Attorney		
10		employer/law firm aw Firm P.C.		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	10/27/2024 Dacey, Derin Contributor address; City; State; Zip Code			\$10.00		
		Houston, TX 77011				
	Contributor's Principal Occupation Contributor's Job Title					
	Admissions			Assistant Director		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	University of		6 A			
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/31/2024	Dale, Laura	_			\$500.00
		Contributor address; City; Houston, TX 77056	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney Principal					
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
	Laura Dale &	& Associates LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/33
2	FILER NAME Alexander, L	illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 10/29/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77006				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Shareholder		
10	Contributor's of Daly & Black	employer/law firm (11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/02/2024 Duru, Adaugo Contributor address; City; State; Zip Code			\$100.00		
		Houston, TX 77056				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Progressive	1911 6 6 77 77				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/30/2024	Ezeoke, Alphonsus				\$250.00
		Contributor address; City; Houston, TX 77031	State; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney Owner					
Contributor's employer/law firm Law firm of contributor's spot				ous	se (if any)	
	The Royal E	zeoke Law Firm PC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/33
2	FILER NAME Alexander, L	illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 11/01/2024	5 Full name of contributor Ferguson, Max6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$150.00
		Manvel, TX 77578				
8		Principal Occupation		9 Contributor's Job Title		
	Consultant			Founder		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		telligence LLC	f any)			
12	i Contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/30/2024 Lawal, Bade Contributor address; City; State; Zip Code		•	\$250.00		
		Pearland, TX 77584				
	Contributor's Principal Occupation Contributor's Job Title		Contributor's Job Title			
	Attorney			Owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Bade O. Lawal, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	fany)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/04/2024	McDonald, Trey	_			\$250.00
		Contributor address; City; Houston, TX 77004	State; Zip Code			
	Contributor's F			Contributor's Job Title		
			Partner			
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)	
Foley & Lardner LLP						
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		es Schedule A(J)1: Rpt: 8/33	
2	FILER NAME	illian Henny (Mrs.)			3 Filer ID 0008744	(Ethics Commissio	n Filers)
4	Date 12/30/2024	Full name of contributor McDowell, Jeanne Contributor address; City;	out-of-state PAC (ID#:			f Contribution (\$)	\$100.00
		Houston, TX 77006					
8		ontributor's Principal Occupation 9 Contributor's Job Title					
	Attorney			Owner			
10		employer/law firm Iwell McDowell, Attorney at I	aw	11 Law firm of contributor's sp	oouse (if any)		
12		s a child, law firm of parent(s) (ii					
12	in contributor is	s a crilid, law littii or parerii(s) (ii	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)	
	12/31/2024 Moore Jr, Tyler Contributor address; City; State; Zip Code				\$250.00		
	Contributorlo	Houston, TX 77056		Contributor's Job Title			
	Attorney	Principal Occupation		Owner			
_		employer/law firm		Law firm of contributor's sp	nouse (if any)		
	W. Tyler Mo			Law iiiii oi continuatoi 3 3	odde (ii dily)		
-		s a child, law firm of parent(s) (if	f anv)	<u> </u>			
		4-7(,,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)	
	11/05/2024	Morris, Lalla	_				\$52.37
		Contributor address; City; Houston, TX 77021	State; Zip Code				
	Contributor's I			Contributor's Job Title			
			Privacy & Cyber Couns	el			
_							
Contributor's employer/law firm Law firm of contributor's spouse (if any) CenterPoint Energy							
	If contributor is	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J)1 6/9 Rpt: 9/33	:
2	FILER NAME Alexander, L	illian Henny (Mrs.)			1	ID (Ethics Commission 37442	on Filers)
4	Date 12/31/2024	5 Full name of contributor Myres, Susan6 Contributor address; City;	out-of-state PAC (ID#:			unt of Contribution (\$)	\$200.00
		Houston, TX 77046					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Principal			
10		employer/law firm sociates PLLC		11 Law firm of contributor's sp	oouse (if a	ny)	
12		s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
12/31/2024 Perez, Amy Contributor address; City; State; Zip Code				\$500.00			
		Spring, TX 77379		1			
		Principal Occupation		Contributor's Job Title			
	Attorney			Owner			
		employer/law firm s Perez Law Firm, P.C.		Law firm of contributor's sp	oouse (if a	.ny)	
	-	s a child, law firm of parent(s) (if	· any)				
	ii continuator i	s a crilia, law litti of pareril(s) (ii	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
	10/30/2024	Pottinger, Allecia	_				\$100.00
		Contributor address; City; Bellaire, TX 77401	State; Zip Code				
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Owner			
			Law firm of contributor's sp	oouse (if a	ny)		
ALP Law Firm							
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/33
2	FILER NAME	.illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 12/30/2024	Full name of contributor Rhodes-Pitts, Syandene Contributor address; City; S			7	Amount of Contribution (\$) \$50.00
		Houston, TX 77004				
8	Contributor's I	Contributor's Principal Occupation 9 Contributor's Job Title		9 Contributor's Job Title		
	Director of M	ledia Relations		Press Secretary		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
10			·			
12	in Contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
10/27/2024 St. Germain, Michelle Contributor address; City; State; Zip Code			\$200.00			
		Gresham, OR 97080				
Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title			
	Not Employe	ed		Not Employed		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Not Employe					
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	12/31/2024	Stagg, Nicole	_			\$250.00
		Contributor address; City; S Houston, TX 77002	State; Zip Code			
	Contributor's I			Contributor's Job Title	_	
	Contributor's Principal Occupation Contributor's Job Title Attorney Owner					
Contributor's employer/law firm Law firm of contributor's s				ous	se (if any)	
Stagg and Associates PLLC						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/33
2	FILER NAME Alexander, L	illian Henny (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087442
4	Date 12/31/2024	5 Full name of contributor Wilhite, Randall6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Houston, TX 77027				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Senior Partner		
10	Contributor's e	employer/law firm r Wilhite		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/13/2024 Williams, Jason Contributor address; City; State; Zip Code			\$50.00		
		Round Rock, TX 78664				
	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title		
	Managemen	t		Supply Chain Manager		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Apple		6 A			
	it contributor is	s a child, law firm of parent(s) (i	r any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	12/13/2024	Williams, Jason				\$50.00
		Contributor address; City; Round Rock, TX 78664	State; Zip Code		1	
_	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Management Supply Chain Manager					
Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)		
	Apple					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/33
2	FILER NAME	Lillian Henny (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087442
4	Date 11/11/2024 5 Full name of contributor out-of-state PAC (ID#:) Young, Bobbie 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.00	
		Houston, TX 77036		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Founding Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	The Law Off	fice of Bobbie Young RN JD		
12	! If contributor i	s a child, law firm of parent(s) (if any)	_	
	Date	Full name of contributor	#:)	Amount of Contribution (\$)
	12/11/2024 Young, Bobbie			\$50.00
		Contributor address; City; State; Zip Code		··· <mark>·</mark>
		Commodel address, Sity, State, Elp Sous		
		Houston, TX 77036		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney	Timopai Goodpailon	Founding Attorney	
		employer/law firm	Law firm of contributor's s	nouse (if any)
		ice of Bobbie Young RN JD	Law iiiii oi donaidatoi d d	pouse (ii dily)
		s a child, law firm of parent(s) (if any)		
	ii continuutoi i	s a clind, law little of parend(s) (if any)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 13/33	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
	12/12/2024	2020 Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.02	1500 Rivery Blvd #1100
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal at judicial training
		mod de judicial d'anning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	12/16/2024	Payee name 2020 Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.99	1500 Rivery Blvd #1100
		Georgetown, TX 78628
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal at judicial training
		Weat at judicial training
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/27/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.15	366 Summer Street
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit Card processing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 2/21 Rpt: 14/33	Alexander, Lillian Henny (Mrs.) 00087442				
4	Date	5 Payee name				
	11/11/2024	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.00	366 Summer Street				
		Somerville, MA 02144				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Credit card processing fees				
		Ground data processing rose				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O					
\vdash	Date	Power name				
	12/11/2024	Payee name ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$60.00	366 Summer Street				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Cradit cord processing foce				
		Credit card processing fees				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	D .					
	Date	Payee name				
	12/31/2024	Barnabys Cafe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.20	414 W Gray St				
L		Houston, TX 77019				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Lunch meeting				
		Lunch meeting				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 15/33	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
	11/06/2024	Chapman & Kirby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$464.87	2118 Lamar St #100
		Houston, TX 77003
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Election Night party refreshments
		3 . []
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/06/2024	Chapman & Kirby
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,640.63	2118 Lamar St #100
	+ =,0 .0.00	
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Election Night party refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Data	
	Date 11/04/2024	Payee name Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	1601 Trapelo Road
		MARIL MA COAFT
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email marketing software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 4/21 Rpt: 16/33	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
	11/29/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.28	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email marketing software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/30/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign email marketing software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/18/2024	Davis St at Hermann Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.44	5925 Almeda Rd A
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Dinner meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorial Legal Services	•		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed	above)
_		_		The Instruction G	ulue explains	now to cor	ubie	ee uus torm.	_			
1	1 0	2							3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 5/21 Rpt: 17/33		Alexander, I	₋illian Henny (N	Mrs.)					00087442		
4	Date	5	Payee name									
	10/27/2024		DonorBox									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Coo	de	· · · · · · · · · · · · · · · · · · ·				
	\$9.60		1520 Belle \	iew Blvd #410	06							
			Alexandria,	VA 22307								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					=			plete Schedule T.	
								—		officeholder living	g expense	
								Credit card p	OC	essing tees		
L												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office souç	ght			Office h	eld	
	experientale to beliefft C/OI	_										
	Date		Payee name	·			_		_			
	11/02/2024		DonorBox									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Coo	de					
	\$22.25		1520 Belle \	iew Blvd #410	06							
			Alexandria,	VA 22307								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					=			plete Schedule T.	
								Credit card p		officeholder living	3 exhense	
								orcan cara pi		coomig iccs		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office souç	aht			Office h	eld	
	expenditure to benefit C/O		Januluale/Offic	Scholaci Haille		zince sout	giil			Office III	UIU .	
-	Date	l	Payee name									
	12/13/2024		DonorBox									
_		\vdash		City:	Ctata	7in Co	do					
	Amount (\$)		Payee addres			; Zip Coo	ue					
	\$2.63		TOSO REIIG /	/iew Blvd #410	סע							
			Alexandria,	VA 22307								
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					ш			plete Schedule T.	
								Credit card p		officeholder living	g expense	
								orcan cara pi		cooming leads		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office soug	aht			Office h	eld	
	expenditure to benefit C/O		Janaradio Om	Jonior Humo		J.1100 30u(9.11			Omoc II	···	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gifts

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
	Credit Card F dyment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME3 Filer ID(Ethics Commission Filers)			
	Sch: 6/21 Rpt: 18/33	Alexander, Lillian Henny (Mrs.) 00087442			
4	Date	5 Payee name			
	12/09/2024	Edmond, Kendra			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$220.00	3503 Christopher Dr.			
		Missouri City, TX 77459			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign photography			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name	_		
	11/06/2024	Elevated A/V Productions			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,093.43	14723 Yellow Begonia Dr			
		Cypress, TX 77433			
	PURPOSE		_		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Event A/V			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
	Date	Payee name			
	11/14/2024	GoDaddy.com			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$30.33	100 S. Mill Ave, Suite 1600			
		Tempe, AZ 85281			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign website hosting			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	<u> </u>	_		

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/21 Rpt: 19/33	2 FILER NAME Alexander, Lillian Henny (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087442
4	Date 11/14/2024	5 Payee name GoDaddy.com
6	Amount (\$) \$119.99	7 Payee address; City; State; Zip Code 100 S. Mill Ave, Suite 1600
		Tempe, AZ 85281
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/24/2024	Payee name GoDaddy.com
	Amount (\$) \$25.46	Payee address; City; State; Zip Code 100 S. Mill Ave, Suite 1600 Tempe, AZ 85281
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website hosting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/21/2024	Payee name GoDaddy.com
	Amount (\$) \$87.53	Payee address; City; State; Zip Code 100 S. Mill Ave, Suite 1600
		Tempe, AZ 85281
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website hosting
	Complete <u>ONLY</u> 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 Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
1	Sch: 8/21 Rpt: 20/33	2 FILER NAME Alexander, Lillian Henny (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087442			
4	Date	5 Payee name			
	12/23/2024	Hearsay Market Square			
6	Amount (\$) \$80.80	7 Payee address; City; State; Zip Code 218 Travis St			
		Houston, TX 77002			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Lunch meeting			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/28/2024	Henny Law Firm			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$2,417.16	4353 N MacGregor Way			
	Ψ2, -11.10	4000 It muoorogor way			
		Houston, TX 77004			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Repayment of Schedule E loans			
		Repayment of Schedule E loans			
			_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/18/2024	Jones, Stanislass			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	4622 Ehrlich Ct Lot 4622			
		Rosenberg, TX 77471			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Campaign photography			
		Campaign photography			
_	0 1. 0		_		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
l					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Credit Card F dyment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 9/21 Rpt: 21/33	Alexander, Lillian Henny (Mrs.) 00087442
4	Date	5 Payee name
	10/28/2024	Jones, Stanislass
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	4622 Ehrlich Ct Lot 4622
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign photography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
_	Date	Payee name
	11/05/2024	Joseph, Dondric
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	
	Φ/ 50.00	13105 Split Creek Ln
		Pearland, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Social media
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	11/12/2024	La Casa de Carton
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	16966 Cairngale St
		Houston, TX 77084
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Printing of campaign banner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
Ļ		· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1: Sch: 10/21 Rpt: 22/33	2 FILER NAME Alexander, Lillian Henny (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087442			
4	Date	5 Payee name			
•	11/12/2024	La Casa de Carton			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$350.00	16966 Cairngale St			
	,	3			
		Houston TV 77004			
		Houston, TX 77084			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Printing of campaign banner			
		Trinking of earnpaigh barrier			
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/29/2024	La Casa de Carton			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	16966 Cairngale St			
		Houston, TX 77084			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Printing of campaign banner			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Data				
	Date	Payee name			
	12/03/2024	Made Digital			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	3515 W. Dallas St.			
		Houston, TX 77019			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Campaign photography			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	T-4-1					
1	Total pages Schedule F1:					
L	Sch: 11/21 Rpt: 23/33	Alexander, Lillian Henny (Mrs.) 00087442				
4	Date	5 Payee name				
	11/05/2024	Manuel, Farran				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$350.00	2008 Live Oak St				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Houston TV 77000				
		Houston, TX 77003				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		Campaign photography				
Ļ						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experience to benefit of or	•				
	Date	Payee name				
	10/28/2024	Manuel, Farran				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	2008 Live Oak St				
	,					
		Houston TV 77000				
		Houston, TX 77003				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign photography				
		Campaign photography				
_	Complete ONLY if direct	Condidate/Officeholder name Office pought Office hold				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	12/06/2024	Office Depot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$62.47	6888 Gulf Fwy # 300				
		Houston, TX 77087				
<u> </u>	DUDDOCE	1				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Office supplies				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/21 Rpt: 24/33	Alexander, Lillian Henny (Mrs.) 00087442				
4	Date	5 Payee name				
	12/06/2024	Office Depot				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$19.25	6888 Gulf Fwy # 300				
		Houston, TX 77087				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office supplies				
		Office supplies				
_	Operation Children	On didn't 10 ff a halden name				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/20/2024	Office Max				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$87.88	1576 W Gray St				
		Houston, TX 77019				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Office supplies				
		Cinic Supplies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	11/06/2024	Pizza Hut				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$118.66	3620 Katy Freeway				
		Houston, TX 77007				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expense				
		Food for campaign volunteers				
_	Operation ONE V. C. P.	Ora didata (Office hadden grown				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
		•				

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel in E Travel Out Contract Labor OTHER (e

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
l	Sch: 13/21 Rpt: 25/33	Alexander, Lillian Henny (Mrs.)	00087442			
4	Date	5 Payee name	•			
l	12/18/2024	Postable.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$331.17	1180 6th Ave				
		New York, NY 10036				
8	PURPOSE	<u> </u>	Description			
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
			Printing of holiday cards			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
L	experientare to benefit 6/61	'				
	Date	Payee name				
l	12/20/2024	Postable.com				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$3.40	1180 6th Ave				
l						
		New York, NY 10036				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.			
	LXI LINDITORL		Check if Austin, TX, officeholder living expense			
			Printing of holiday cards			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					
⊨	Date	Davies ware				
	12/23/2024	Payee name Quincy Bates Production				
l	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3858 Southmore Blvd				
l	φ500.00	3030 Southinore Bivu				
l		Haveton TV 77004				
L		Houston, TX 77004				
l	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense			
l			Investiture planning			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	1				
H						
ĺ						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

sement Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 14/21 Rpt: 26/33	Alexander, Lillian Henny (Mrs.) 00087442						
4	Date	5 Payee name						
	12/16/2024	Sheraton Austin						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$554.20	701 E 11th St						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Lodging for judicial training						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	-						
_	Date	Payee name						
	12/09/2024	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$542.96	2702 Love Field						
		Dallas, TX 75235						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officenoider living expense								
Air travel for judicial training								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
							-	Date
	10/27/2024	Stripe						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.31	354 Oyster Point Boulevard						
	South San Francisco, CA 94080							
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.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
	Credit card processing fees							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 15/21 Rpt: 27/33	Alexander, Lillian Henny (Mrs.) 00087442				
4	Date	5 Payee name				
	11/01/2024	Stripe				
6	Amount (\$) \$4.86	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard South San Francisco, CA 94080				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/11/2024	Stripe				
	Payee address; City; State; Zip Code 354 Oyster Point Boulevard South San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	10/31/2024	Strong Strategies				
	Amount (\$) \$663.87	Payee address; City; State; Zip Code PO Box 56386				
Houston, TX 77256						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising & compliance services				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 16/21 Rpt: 28/33	Alexander, Lillian Henny (Mrs.) 00087442							
4	Date	5 Payee name							
	10/31/2024	Strong Strategies							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$652.92	PO Box 56386							
		Houston, TX 77256							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Fundraising & compliance services							
		Fundraising & compliance services							
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
	Date	Payee name							
	12/23/2024	Target							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$108.25	3045 Silverlake Village Dr							
		Pearland, TX 77584							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense							
	2/11/2/10/12	Check if Austin, TX, officeholder living expense							
		Office supplies							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	•							
	Date	Payee name							
	12/11/2024	Texas Center for the Judiciary							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$40.00	1210 San Antonio, Suite 800							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	LXI LINDITORL	Check if Austin, TX, officeholder living expense							
		Supplies							
	Operation ONE VIII II	Open State Office health and a second state of the second state of							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 17/21 Rpt: 29/33	Alexander, Lillian Henny (Mrs.) 00087442							
4	Date	5 Payee name							
	12/16/2024	Texas Center for the Judiciary							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$30.00	1210 San Antonio, Suite 800							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Supplies							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	Н							
	Date	Payee name							
	11/12/2024	Texas Center for the Judiciary							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$75.00	1210 San Antonio, Suite 800							
		Austin, TX 78701							
	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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
Judicial training registration fee									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
	Date	Payee name							
	12/16/2024	The Balloon Guy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$710.28	1623 Westway Dr							
	¥. 20.20								
Fresno, TX 77545									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
Investiture decor									
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
_	Sch: 18/21 Rpt: 30/33	Alexander, Lillian Henny (Mrs.) 00087442						
4	Date	5 Payee name						
	11/05/2024	The Balloon Guy						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$200.00	1623 Westway Dr						
	,							
		Fresno, TX 77545						
8	PURPOSE							
u	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Election Night Watch Party decor						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	12/16/2024	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$58.50	1725 3rd Street						
	400.00	1720 014 04000						
		San Francisco, CA 94158						
	D. 100.00							
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.						
		Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Car service at judicial training						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· ·						
	Date	Payee name						
	12/10/2024	Uber						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$53.98	1725 3rd Street						
		San Francisco, CA 94158						
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Car service at judicial training						
		Car service at judicial training						
	Complete ONU V Staller	Condidate/Officeholder name						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	S. portantare to borient 0/01	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	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: 19/21 Rpt: 31/33	Alexander, Lillian Henny (Mrs.) 00087442					
4	Date	5 Payee name					
	12/16/2024	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$37.74	1725 3rd Street					
		San Francisco, CA 94158					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Car service at judicial training					
		Cai Service at judicial training					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
\vdash	Date	Dougo nama					
		Payee name					
	12/16/2024	Uber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$37.21 1725 3rd Street						
		San Francisco, CA 94158					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Car service at judicial training						
		Cai service at judicial training					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
	Data						
	Date	Payee name					
	12/05/2024	Villegas, Martha					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$260.00	3804 Poplar					
	Houston, TX 77087						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense Judicial robe					
		Judiciai Tobe					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 20/21 Rpt: 32/33	Alexander, Lillian Henny (Mrs.) 00087442							
4	Date	5 Payee name							
	11/06/2024	White, Evan							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$250.00	21118 N. Fair Ct							
		Houston, TX 77073							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Campaign photography							
		Sampaign photography							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
F	Date	Payee name							
	12/31/2024	White, Evan							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	21118 N. Fair Ct							
		Houston, TX 77073							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Campaign photography							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
F	Date	Payee name							
	11/18/2024	Wix.com							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$25.98	100 Gansevoort Street							
		New York, NY 10014							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
		Campaign website platform							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
\vdash									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	ise	Polling Expen Printing Expen	ad/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guide e	xplains h	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
l	Sch: 21/21 Rpt: 33/33		Alexander,	Lillian Henny (Mrs.)					00087442	
4	Date	5	Payee name	<u> </u>						
	12/16/2024	ľ	Wix.com	,						
Ļ		<u> </u>		City :	Ctata	7in Code				
ľ	Amount (\$)	 ′	Payee addre		State;	Zip Code				
l	\$25.98		100 Ganse	voort Street						
l										
l			New York,	NY 10014						
8	PURPOSE	(a)	Category (S	See Categories listed at the top	of this sche	edule) (b) Description			
l	OF			rhead/Rental Expens				outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			·					, officeholder living	j expense
							Campaign w	ebs	site platform	
9	Complete ONLY if direct		Candidate/Off	ficeholder name	0	office sough	t		Office h	eld
	expenditure to benefit C/OI	7								
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