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) 00081826 36 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maria Luisa NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** MaryLou Alvarez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 45th District Court, 100 Dolorosa, Fourth Floor MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78205 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Mark A. NAME NICKNAME LAST **SUFFIX** Cevallos STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 15007 **ADDRESS** (Residence or Business) San Antonio, TX 78212 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 802-1283 **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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 45 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Alvarez, Maria Luisa	(The Honorable)		14 Filer ID 00081826	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or of	ficeholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	 E			
	GENERAL					
		COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
46 CONTRIBUTION	1 TOTAL INITEMA		MATCHE LITTON COT LED TLAN			
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAN CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTELEDGES, LOANS,	FIONS OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	IRES		\$	8,564.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	1,753.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalty rue and correct and includes a under Title 15, Election Code.	y of perjury, that the Il information require	accompanying ed to be reporte	report is d by me
			The Honora	able Maria Luisa A	lvarez	
		-	Signature of	Candidate or Office	holder	
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	er administering oath	Printed name of	of officer administering oath	Title of offi	icer administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 36							
l	18 FILER NAME Alvarez, Maria Luisa (The Honorable) 20 SCHEDULE SUBTOTALS 19 Filer ID (Ethics Commission Filers) 00081826										
I	HEDULI ME OF	SUBTOTAL AMOUNT									
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$							
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$							
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$							
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 8,564.11							
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	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	DNS	\$							
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$ 3,013.69							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense 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

	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: 1/32 Rpt: 4/36	Alvarez, Maria Luisa (The Honorable) 00081826	
4	Date	5 Payee name	
	10/02/2024	American Inns of Court	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$290.00	225 Reinekers Lane, Suite 770	
		Alexandria, VA 22314	
8	PURPOSE		
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Renewal of Membership dues	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s	
	Date	Payee name	_
	07/25/2024	Applebees	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.49	2651 N 75th Ave	
		Phoenix, AZ 85035	
	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	
		Dinner at conference	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payee name	
	12/10/2024	Blush Brunch	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.40	713 S Alamo St	
		Can Antonio TV 79205	
	PURPOSE	San Antonio, TX 78205	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense P S	-	se s/Contract Labor	٦	Γravel in District Fravel Out of Dis DTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3 F	iler ID	(Ethics Commission Filer	s)
	Sch: 2/32 Rpt: 5/36	Alvarez, M	aria Luisa (The Ho	norable)				00081826		
4	Date	5 Payee name								
	07/31/2024	Broadway								
6	Amount (\$)	7 Payee addre	ess; City;	State; 2	Zip Code					
	\$4.00	PO Box 17	001							
		San Anton	io, TX 78217							
8	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedu	ule) (b)	Description				
	OF EXPENDITURE	Accounting							plete Schedule T.	
						Monthly Acco		fficeholder living	expense	
						wioriting ACCC	Juiit			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Offi	ice sought			Office he	eld	
Ĺ	expenditure to benefit C/Ol							350 H		
	Date	Payee name								
	08/30/2024	Broadway	Bank							
	Amount (\$)	Payee addre	. , , ,	State; 2	Zip Code					
	\$4.00	PO Box 17	7001							
		San Anton	io, TX 78217							
	PURPOSE OF		See Categories listed at the	top of this schedu	ule) (b)	Description				
	EXPENDITURE	Accounting	g/Banking			ш		of Texas. Com fficeholder living	plete Schedule T.	
						Monthly fee	, 5		• • • •	
	Complete ONLY if direct		ficeholder name	Offi	ice sought			Office he	eld	
L	expenditure to benefit C/O									
	Date	Payee name	e		_					
	09/30/2024	Broadway	Bank							
	Amount (\$)	Payee addre	ess; City;	State; 2	Zip Code					
	\$4.00	PO Box 17	001							
L		San Anton	io, TX 78217				_			
	PURPOSE	(a) Category (S	See Categories listed at the	top of this schedu	ule) (b)	Description				
	OF EXPENDITURE	Accounting	g/Banking					of Texas. Com fficeholder living	plete Schedule T.	
						Monthly servi			evhense	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Offi	ice sought			Office he	eld	
	expenditure to benefit C/O	4			ŭ					

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

	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: 3/32 Rpt: 6/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/31/2024	Broadway Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.00	PO Box 17001
		San Antonio, TX 78217
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly account fee
		Withting account lee
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	David and the second se
		Payee name
	11/29/2024	Broadway Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	PO Box 17001
		San Antonio, TX 78217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly service fee
		Wildlitting Service ree
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	David and a second a second and
	Date 12/31/2024	Payee name
		Broadway Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	PO Box 17001
		San Antonio, TX 78217
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly service fee
1		Widthing Scivice ICC
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
1		
l		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/32 Rpt: 7/36	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
4	Date	l .
🕇		5 Payee name
	07/23/2024	Caldwell County BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.30	18324 E Nunneley Rd
		Gilbert, AZ 85296
<u>_</u>	DUDDOS-	
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
		Dinner at conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	n
	Date	Payee name
	07/15/2024	Canva
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	
	Ф1 2.99	L 1 110 Kippax St Surry Hills
		Surry Hills New South Wales 2010 Australia
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Graphic design suite fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Payes name
	Date	Payee name
	08/13/2024	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	L 1 110 Kippax St Surry Hills
		Surry Hills New South Wales 2010 Australia
H	PURPOSE	las z
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Graphic design suite fee
\vdash	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

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	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 8/36	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	
	09/13/2024	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$12.99	L 1 110 Kippax St Surry Hills	
	Ψ12.99	L I IIO Rippax St Surry Fillis	
		Surry Hills New South Wales 2010 Australia	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Graphic Desig	gn suite fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	ł	
F	Date	Payee name	
	10/15/2024	Canva	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.99	L 1 110 Kippax St Surry Hills	
		Surry Hills New South Wales 2010 Australia	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Graphic desig	ın suite fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
⊨	Data	Para and	
	Date	Payee name	
	11/13/2024	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.99	L 1 110 Kippax St Surry Hills	
		Surry Hills New South Wales 2010 Australia	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	TX, officeholder living expense
		Graphic Designment	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
1	expenditure to benefit C/Ol		
⊢			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this t	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/32 Rpt: 9/36	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	•
	12/13/2024	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.99	L 1 110 Kippax St Surry Hills	
		Surry Hills New South Wales 2010 Australia	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE		ck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	I	ck if Austin, TX, officeholder living expense
		Grapr	ic Design suite fee
Ļ	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	07/11/2024	Chick-fil-a	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.31	106 E. Houston St.	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	1 000/Develage Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		I — I — I — I	neeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	10/31/2024	Chick-fil-a	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.63	106 E. Houston St.	
		San Antonio, TX 78205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF	, , , <u> </u>	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Lunch	meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orange to borion Oron		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee Legal	wards/Memorials Expense Services Instruction Guide expla		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
Ļ							_		(=1)
1	Total pages Schedule F1: Sch: 7/32 Rpt: 10/36		uisa (The Honorab	le)				Filer ID 00081826	(Ethics Commission Filers)
4	Date	Payee name				I			
	11/04/2024	Chick-fil-a							
6	Amount (\$)	Payee address;	City; St	ate; Zip Co	de				
	\$42.67	106 E. Houston	St.						
		San Antonio TV	79205						
		San Antonio, T	. 76205						
8	PURPOSE OF	Category (See Cat	egories listed at the top of this	s schedule)	(b)	<u>De</u> scription			
	EXPENDITURE	Food/Beverage	Expense		ļ				plete Schedule T.
					I	—		officeholder living	j expense
						Lunch meetin	ıg		
9	Complete ONLY if direct	Candidate/Officeho	lder name	Office souç	ght			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	12/05/2024	Chick-fil-a							
		Payee address;	City: St	ate; Zip Coo	do				
	Amount (\$)		•	ale, Zip Col	ue				
	\$6.01	106 E. Houston	St.						
		San Antonio, TX	78205						
	PURPOSE	Category (See Cat	egories listed at the top of this	s schedule)	(b)	Description			
	OF	Food/Beverage		,	Ī	Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		,		Ī	Check if Austin,	TX,	officeholder living	g expense
						Lunch			
	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI								
H	Date	Payee name							
	07/31/2024	Comfort Inns							
	Amount (\$)	Payee address;	City; St	ate; Zip Co	de				
	\$463.80	660 G St							
		San Diego, CA	92101						
	PURPOSE	Category (See Cat	egories listed at the top of this	s schedule)	(b)	Description			
	OF	Travel Out of Di		3 Scriculic)	Ì		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Travor out or B.	011101		İ	Check if Austin,	TX,	officeholder living	j expense
									gn card. See refund
					ı	reported in Se	ecti	on K, "Othe	r Incoming Funds"
H	Complete ONLY if direct	Candidate/Officeho	lder name	Office soug	ght			Office he	eld
	expenditure to benefit C/OI				-				
<u> </u>									

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 8/32 Rpt: 11/36		Alvarez, Maria Luisa (The Honorable)			0008182	6
4	Date	5	Payee name				
	07/24/2024		Door Dash				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$53.11		901 Market Street				
			6th Floor				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outs Check if Austin, TX		complete Schedule T.
					_		oom at conference
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht		Office	held
	expenditure to benefit C/O			3			
_	Date	Т	Payee name				
	09/25/2024		Door Dash				
	Amount (\$)	┢	Payee address; City; State; Zip C	ode			
	\$30.05		901 Market Street				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6th Floor				
			San Francisco, CA 94103				
	PURPOSE	(0)		(h)	. December		
	OF	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outs	ide of Texas. C	complete Schedule T.
	EXPENDITURE		Food/beverage Expense		Check if Austin, TX		
					Breakfast for jur	ors	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught		Office	held
	expenditure to benefit C/OI	П					
	Date		Payee name				
	10/04/2024		Door Dash				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$32.30		901 Market Street				
			6th Floor				
			San Francisco, CA 94103				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense		<u> </u>		complete Schedule T.
					Check if Austin, TX Breakfast for Ju		ving expense
					breakiast ioi Ju	1015	
L	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	liapt		Office	held
	expenditure to benefit C/O		Sandidate Officeriolder name Office St	agrit		Office	noiu
l							

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/32 Rpt: 12/36		Alvarez, Maria Luisa (The Honorable)		00081826
4	Date	5	Payee name		
	10/18/2024		Door Dash		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$83.14		901 Market Street		
			6th Floor		
			San Francisco, CA 94103		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Breakfast for jury
					Dreamast for jury
9	Complete ONLY if direct	<u> </u>	L Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	Н		J	
	Date	Т	Payee name		
	10/24/2024		Door Dash		
	Amount (\$)	H	Payee address; City; State; Zip Co	de	
	\$109.19		901 Market Street		
			6th Floor		
			San Francisco, CA 94103		
	PURPOSE	(a)		(h)) Description
	OF	("	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 odd/20vorago Experios		Check if Austin, TX, officeholder living expense
					Breakfast for jury
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght	t Office held
	Date		Payee name		
	10/21/2024	L	Door Dash		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$94.91		901 Market Street		
			6th Floor		
			San Francisco, CA 94103		
	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 Breakfast for jury
					2. Callact 101 jary
_	Complete ONLY if direct	Ь,	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			J	- 13.1 3.2
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/32 Rpt: 13/36	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	
	10/22/2024	Door Dash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.14	901 Market Street	
		6th Floor	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Breakfast for jury
			breaklast for jury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Data		
	Date 10/23/2024	Payee name Door Dash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.14	901 Market Street	
		6th Floor	
		San Francisco, CA 94103	
	PURPOSE OF	- (Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Breakfast for jury
			. ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	10/30/2024	Door Dash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.14	901 Market Street	
		6th Floor	
		San Francisco, CA 94103	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 odd/Beverage Expense	Check if Austin, TX, officeholder living expense
			Breakfast for jury
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/O	1	

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/32 Rpt: 14/36		Alvarez, Maria Luisa (The Honorable)		00081826
4	Date	5	Payee name		•
	10/31/2024		Door Dash		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$55.60		901 Market Street		
			6th Floor		
			San Francisco, CA 94103		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL				Check if Austin, TX, officeholder living expense
					Breakfast for jurors
_	Complete ONLY if direct		Candidata/Officabalder name Office co	uabt	Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
		_			
	Date		Payee name		
	11/04/2024	┖	Door Dash		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$56.60		901 Market Street		
			6th Floor		
			San Francisco, CA 94103		
	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
					Breakfast for jurors
					,
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O	Н		J	
	Date	Т	Payee name		
	11/22/2024		Door Dash		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$34.67		901 Market Street	ouc	
	φο		6th Floor		
			San Francisco, CA 94103		
	DUDDOCE	10		(1-)	1
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
					Food for chambers
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 12/32 Rpt: 15/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/05/2024	Door Dash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.14	901 Market Street
		6th Floor
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for Jurors
		Dicariast for Salois
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/06/2024	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.14	901 Market Street
		6th Floor
		San Francisco, CA 94103
	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 Breakfast for jurors
		breaklast for jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/09/2024	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.81	901 Market Street
		6th Floor
		San Francisco, CA 94103
	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.
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Lunch for jurors
	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 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

	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: 13/32 Rpt: 16/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/18/2024	Door Dash
6	Amount (\$) \$83.14	7 Payee address; City; State; Zip Code 901 Market Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6th Floor
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense Breakfast for Jurors
		DIEdkidst for Juliots
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	12/19/2024	Door Dash
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.14	901 Market Street
		6th Floor
		San Francisco, CA 94103
	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
		Breakfast for jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/11/2024	El Castillo Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.74	425 S St Mary's St
		San Antonio, TX 78205
	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 for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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			Legal Services	us Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict a category not listed a	above)
	Credit Card Payment			The Instruction (Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 14/32 Rpt: 17/36		Alvarez, Ma	ria Luisa (The	Honorable))				00081826		
4	Date	5	Payee name									
	08/05/2024		El Castillo R	estaurant								
6	Amount (\$)	7	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$69.77		425 S St Ma	ıry's St								
			San Antonio	, TX 78205								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin	g expense	
								Staff luncheo	n			
_		<u> </u>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name		Office sou	gnt			Office h	ela	
_		_										
	Date		Payee name									
	08/06/2024		Family Law	Bar Associatio	on of San A	ntonio						
	Amount (\$)		Payee addres	•		e; Zip Co	de					
	\$60.00		310 S. St. M	lary's St. Suite	1010							
			San Antonio	, TX 78205								
	PURPOSE OF	(a)	Category (Se	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Fees					=		de of Texas. Con officeholder livin	nplete Schedule T.	
								Fee for CLE s			g expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/08/2024		Godaddy.co	m								
	Amount (\$)		Payee addres		State	e; Zip Co	de					
	\$23.44		14455 N. Ha	-								
			Scottsdale,	AZ 85260								
	PURPOSE	(a)		e Categories listed a	t the ten of this co	phodulo)	(b)	Description				
	OF	``	Advertising I	-	t tile top of tills st	ileuule)	(- ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		J							officeholder livin		
								Website/Dom	nain	name fees	i	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	poa.taro to boriont 0/01	•										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	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: 15/32 Rpt: 18/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	08/07/2024	Godaddy.com
6	Amount (\$) \$23.44	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd
		Scottsdale, AZ 85260
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website/Domain fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2024	Godaddy.com
	Amount (\$) \$23.44	Payee address; City; State; Zip Code 14455 N. Hayden Rd
		Scottsdale, AZ 85260
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website/Domain fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Godaddy.com
	Amount (\$) \$255.71	Payee address; City; State; Zip Code 14455 N. Hayden Rd
		Scottsdale, AZ 85260
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Domain name renewals
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed above))
	Credit Cara r ayment			The Instruction G	Guide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 16/32 Rpt: 19/36		Alvarez, Ma	ria Luisa (The	Honorable)					00081826		
4	Date	5	Payee name									
	09/20/2024		Godaddy.co	m								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$35.16		14455 N. Ha		·	·						
	•			,								
			Scottsdale,	A7 85260								
Ļ	DUDDOGE	(-)					(I-)					
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				=		officeholder livin		
								Website/Dom				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
\vdash	Date		Payee name									
	10/07/2024		Godaddy.co	m								
	Amount (\$)	┝	Payee addres		State:	Zip Co	de					
	\$23.44		14455 N. Ha		Otato,	2.p 00	uo					
	Ψ23.44		14400 14. 110	ayacıı ıta								
			0	47.05000								
		L	Scottsdale,	AZ 85260								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				=		officeholder livin	nplete Schedule T.	
								Domain/hosti			g expense	
									3			
	Complete ONLY if direct		 Candidate/Offic	ceholder name	0	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O						•					
-	Date	Г	Dayoo nama									
	11/07/2024		Payee name Godaddy.co	ım								
					01-1	7: 0-	-1 -					
	Amount (\$)		Payee addres	•	State;	Zip Co	ae					
	\$23.44		14455 N. Ha	ayuen Ru								
			Scottsdale,	AZ 85260		·						
	PURPOSE OF	(a)	•	e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Accounting/	Banking				ш		officeholder livin	nplete Schedule T.	
								Website/Dom				
										3	,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	n	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O				Ü		J			20011		
\vdash												
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 17/32 Rpt: 20/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/09/2024	Godaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.44	14455 N. Hayden Rd
		Scottsdale, AZ 85260
8	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 Website/domain fees
		Website/domain rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	10/29/2024	Grasshopper.com
H	Amount (\$)	Payee address; City; State; Zip Code
	\$445.32	320 Summer St
	*	
		Boston, MA 02210
	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 Phone number and voicemail for campaign renewal
		Those number and voiceman for eampaign renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/19/2024	НЕВ
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.54	516 S. Flores St.
		San Antonio, TX 78204
	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 Groceries and items for chambers.
		Glocelles and items for chambers.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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

	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: 18/32 Rpt: 21/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/19/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.72	516 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Groceries and items for chambers.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	09/04/2024	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code 516 S. Flores St.
	\$87.13	516 S. Flores St.
		San Antonio, TX 78204
	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
		Groceries for Chambers
		3.33333 .3. 3333
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Davida nama
	10/07/2024	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.91	516 S. Flores St.
		San Antonio, TX 78204
	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
		Food and groceries for chambers
	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 Committee

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

Printing Expense Salaries/Wages/Contract Labor

	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: 19/32 Rpt: 22/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/15/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.49	516 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Groceries for chambers
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	'
	Date	Payee name
	10/21/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.51	516 S. Flores St.
		Con Arteria TV 70004
		San Antonio, TX 78204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Groceries for chambers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/23/2024	Payee name
		Hugman's Oasis
	Amount (\$) \$71.55	Payee address; City; State; Zip Code 135 E Commerce St
	Ψ1.55	133 E Commerce St
		San Antonio, TX 78205
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 20/32 Rpt: 23/36	2 FILER NAME Alvarez, Maria Luisa (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081826
	301. 20/32 Kpt. 23/30	
4	Date	5 Payee name
	11/19/2024	Jenny's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	8035 Culebra Rd STE 114
		san antonio, TX 78251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Civil Courts Thanksgiving 2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/27/2024	La Mexicana Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.82	130 Main Plaza
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
 	Data	
	Date	Payee name
	11/04/2024	Leo's Hideout
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.16	143 Soledad St
L		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Lunch meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Mem mittee Legal Services	orials Expense	Printing Exp Salaries/Wa		e 'Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
L	Credit Card Payment		The Instruction	n Guide explains h	ow to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 21/32 Rpt: 24/36	Ĺ .	Alvarez, Maria Luisa (TI	ne Honorable)					00081826		
4	Date	5	Payee name								
	12/24/2024		Lubys								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	de					
	\$40.56	:	911 N. Main								
		;	San Antonio, TX 78212								
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expens				브			plete Schedule T.	
							Check if Austin, Lunch meetin		officeholder living	g expense	
							Lunch meetin	y			
9	Complete ONLY if direct		andidate/Officeholder nam	e Of	ffice soug	thr			Office he	əld	
	expenditure to benefit C/O		andidate/Onicendidei Haili	C OI	mee soug	JIIL			Office He	Jiu	
H	Date		Payoo namo								
	09/16/2024	l	Payee name Market Street Garage								
		_		Ctoto	Zip Cod	40					
	Amount (\$) \$32.00	l	Payee address; City; 421 Market Street	Siale,	∠ιμ C00	ue					
	φ32.00		TET MAINEL SUEEL								
			San Antonia TV 70205								
	DUDDOC-	_	San Antonio, TX 78205			<i>(</i> 1-)					
	PURPOSE OF		Category (See Categories liste	d at the top of this sche	dule)	(a)	Description Check if travel of	outsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Travel In District						officeholder living		
							Parking for se	emi	nar		
	Complete ONLY if direct		andidate/Officeholder nam	e Of	ffice soug	ght			Office he	eld	
	expenditure to benefit C/OI										
	Date		Payee name								
L	07/26/2024		Panera Bread			_					
	Amount (\$)		Payee address; City;	State;	Zip Cod	de					
	\$41.64		1707 W Warner Rd								
		'	Tempe, AZ 85284								
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expens	е			—			plete Schedule T.	
							Lunch at conf		officeholder living	y expense	
							Lanon at com	010			
_	Complete ONLY if direct	LC	andidate/Officeholder nam	e Of	ffice soug	aht			Office he	eld	
	expenditure to benefit C/OI			0.		,			233 110		
		thio:	Commission	www.ethics.st						Version V4.1.	0.5-1-100
FΩ	rms provided by Texas E	111111		WWW Ethics st	ATE TY III	ς.				Version Va i	し ちののフタビタフ

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 22/32 Rpt: 25/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/02/2024	Paragon Payment Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Service charge for credit card procession
		Service charge for credit card procession
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/02/2024	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/03/2024	Paragon Payment Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd.
		Suite 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	ials Expense Printing	Expense Wages/Contract La	, , ,	
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics Commission File	ers)
L	Sch: 23/32 Rpt: 26/36	Alvarez, Maria Luisa (The	e Honorable)		00081826	
4	Date	Payee name				
	10/02/2024	Paragon Payment Solution	ons			
6	Amount (\$)	Payee address; City;	State; Zip C	ode		
	\$119.75	2141 East Broadway Rd.				
		Suite 202				
		Tempe, AZ 85282				
8	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b) Descript	ion	
	OF EXPENDITURE	Accounting/Banking	at the top of this schedule)	I — :	if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE				if Austin, TX, officeholder living expense	
				Credit (Card processing renewal	
<u> </u>	0 1. 0	0 111 1000 1 11		1		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office so	ught	Office held	
	Date	Payee name				
	11/04/2024	Paragon Payment Solution	ons			
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	\$25.00	2141 East Broadway Rd.				
		Suite 202				
		Tempe, AZ 85282				
	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b) Descript	ion	
	OF EXPENDITURE	Accounting/Banking		Check	if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORE	-			if Austin, TX, officeholder living expense	
				Credit (Card processing fee	
_	Complete ONLY if direct	Candidata/Officeholder same	Office	l ught	Office hold	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office so	ugiil	Office held	
	Date	Payee name				
	12/02/2024	Paragon Payment Solution	ons			
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	\$25.00	2141 East Broadway Rd.				
		Suite 202				
		Tempe, AZ 85282				
	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b) Descript	ion	
	OF EXPENDITURE	Accounting/Banking		Check	if travel outside of Texas. Complete Schedule T.	
	LAI LINDITUIL				if Austin, TX, officeholder living expense	
				Credit	Card processing fee	
	Complete ONLY if direct	Candidata/Officeholder same	Office	l ught	Office held	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so	ugiil	Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 24/32 Rpt: 27/36	Alvarez, Maria Luisa (The Honorable)	00081826
4	Date	5 Payee name	
	08/07/2024	Parking Management	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.82	320 Bonham	
		San Antonio, TX 78205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel or	utside of Texas. Complete Schedule T.
		1 -	TX, officeholder living expense
		Parking for se	IIIIIai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/O		Office field
_	Date	Pouse name	
	12/30/2024	Payee name Poblano's on Main	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.56	115 S Main Plaza	
		0 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Lunch meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	DH	
	Date	Payee name	
	07/26/2024	QuikTrip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.01	1331 S Country Club Dr	
		Mesa, AZ 85210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Snacks while a	at conference
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- parameter to bottom of of		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/32 Rpt: 28/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/11/2024	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.38	PO Box 856192
	, , , , ,	
		Louisville, KY 40285
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water service for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/05/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.95	PO Box 856192
		Louisville, KY 40285
	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
		Water service for chambers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.71	PO Box 856192
		Louisville, KY 40285
	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 Water service for chambers
		Water Service for Chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 26/32 Rpt: 29/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	10/02/2024	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.22	PO Box 856192
		Louisville, KY 40285
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water service for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/29/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.32	PO Box 856192
	401.02	1 0 500 000102
		Louisville, KY 40285
	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
		Water service for chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
_	Date	Payee name
	11/25/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.32	PO Box 856192
	401.102	. 6 26/. 666262
		Louisville, KY 40285
	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 Water service for chambers
		water service for chambers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense 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

	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: 27/32 Rpt: 30/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	12/23/2024	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.32	PO Box 856192
		Louisville, KY 40285
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water service for chambers
		water service for chambers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	09/25/2024	Rosario's Mexican Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.81	910 S. Alamo
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch meeting
		Lunch meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 10/07/2024	Payee name
		Rosario's Mexican Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.07	910 S. Alamo
		San Antonio, TX 78205
	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
		Lunon meeting
_	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 Candidate/Officeholder/Political Committee

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

	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: 28/32 Rpt: 31/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	07/23/2024	Sheraton Grand Wildhorse Pass
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.35	5594 W Wild Horse Pass Blvd
		Chandler, AZ 85226
8	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 Snacks and items from shop at hotel for conference.
		Shacks and items from shop at noterior conference.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Daysa nama
	07/26/2024	Payee name Sheraton Grand Wildhorse Pass
	Amount (\$) \$845.64	Payee address; City; State; Zip Code 5594 W Wild Horse Pass Blvd
	φ045.04	3334 W WIILL HOISE Fass bivu
		Chandler A7 0F22C
		Chandler, AZ 85226
	PURPOSE OF	(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.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel room for conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$445.00	1414 Colorado Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense State Bar Dues
		State Dai Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/32 Rpt: 32/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
L	12/09/2024	Taqueria Chapla Jalisco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.19	1902 McCullough
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	09/04/2024	Texas Association of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.06	P. O. Box 1748
		Austin, TX 78767
	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 Membership Dues
		Wethbership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	07/10/2024	Texas Center for the Judiciary
_		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio St
		Austin, TX 78701
	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 Seminar fees
		Jennina rees
	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 Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
ľ	Sch: 30/32 Rpt: 33/36	Alvarez, Maria Luisa (The Honorable)			00081826
4	Date	5 Payee name		-	
	10/04/2024	Texas Center for the Judiciary			
6	Amount (\$)	7 Payee address; City; State; Z	ip Cod	e	
	\$35.00	1210 San Antonio St			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	۹) (b) Description	
	OF	Fees			ide of Texas. Complete Schedule T.
	EXPENDITURE			ш	, officeholder living expense
				Membership du	es
9	Complete ONLY if direct		ce sougl	ht	Office held
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/04/2024	Texas Center for the Judiciary			
	Amount (\$)	Payee address; City; State; Z	ip Cod	e	
	\$35.00	1210 San Antonio St			
		Austin, TX 78701			
			1.		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	ide of Texas. Complete Schedule T.
	EXPENDITURE	Fees		<u> </u>	, officeholder living expense
				Judicial Resour	
Н	Complete ONLY if direct	Candidate/Officeholder name Offic	ce soug	ht	Office held
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/23/2024	The Gavel			
	Amount (\$)	Payee address; City; State; Z	ip Cod	e	
	\$58.79	100 Villita St.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		San Antonio, TX 78201			
	PURPOSE		1,	h) Danadada	
	OF	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense	e) (b) DescriptionCheck if travel outs	ide of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense			, officeholder living expense
				Lunch meeting	
Г	Complete ONLY if direct		ce soug	ht	Office held
	expenditure to benefit C/OI	1			
Н					
ட					

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: 31/32 Rpt: 34/36	Alvarez, Maria Luisa (The Honorable) 00081826
4	Date	5 Payee name
	09/23/2024	Therapeutic Justice Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	104 Babcock Road Suite 107
		San Antonio, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Familicide Seminar
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊢	Data	
	Date 07/24/2024	Payee name
	07/24/2024	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.86	4949 W Chandler Blvd
		Chandler, AZ 85226
	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 Items and food for hotel room for conference
		items and rood for noter room for conference
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
⊨		
	Date	Payee name
	12/16/2024	Westin Riverwalk
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.48	420 W. Market
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Lunch meeting
<u> </u>	Commission ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$ldsymbol{ldsymbol{ldsymbol{eta}}}$		

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/32 Rpt: 35/36 Alvarez, Maria Luisa (The Honorable) 00081826 4 Date Payee name 07/24/2024 Whataburger 6 Amount (\$) Payee address; State; Zip Code \$31.90 7375 W Chandler Blvd Chandler, AZ 85226 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch at conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2024 Wix.com Ltd. Amount (\$) Payee address; City; State; Zip Code \$376.71 500 Terry A. Francois Blvd. San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website design/hosting renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2024 Wix.com Ltd. Amount (\$) Payee address: City: State; Zip Code \$506.61 500 Terry A. Francois Blvd. San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Website design/hosting renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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: 36/36 2 FILER NAME Filer ID (Ethics Commission Filers) Alvarez, Maria Luisa (The Honorable) 00081826 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/13/2024 Cevallos, Mark \$250.00 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78201 Purpose for which amount is received Check if political contribution returned to filer Refund of consulting fee Name of person from whom amount is received Amount (\$) Date 08/05/2024 Comfort Inn \$443.27 Address of person from whom amount is received; City; State; Zip Code San Diego, CA 92101 Purpose for which amount is received Check if political contribution returned to filer Refund of hotel charges from mistaken charge to campaign account Date Name of person from whom amount is received Amount (\$) 12/23/2024 County of Bexar \$2,320.42 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for for training expenses