# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00019673		2 Total pages fil	
3 CANDIDATE /	MS/MRS/MR	FIRST		MI	OFFICE	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Alma A.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Allen				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ГΥ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3717 Cork Drive				Receipt #	Amount
Change of Address	Houston, TX 77047-2801				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Alfred				
	NICKNAME	LAST		SUFFIX		
		Jackson				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3717 Cork Drive	,				
(Residence or Business)	Houston, TX 77047-2801					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (713) 734-1542	IE NUMBER I	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff	15th day after car appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TI	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	Пои	
	Month Day Year	U <sup>*</sup>	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 131 Harris		State Represent	ative District 131	
	-			•		
		GO T	TO PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Allen, Alma A. (The H	onorable)	<b>14</b> Filer ID ( 00019673	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS	1		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
	(OTHER THAN I	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 13,290.00		
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00		
		AL EXPENDITURES		<b>\$</b> 10,876.81		
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 67,125.38		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Hor	ıorable Alma A. Allen			
		Signature of	Candidate or Officehold	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

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

### FORM C/OH COVER SHEET PG 3

3 of 19

				3 01 19	
18 FILER NAME Allen, Alma A. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00019673					
20 SCHEDUL NAME OF	SUBTO	TAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,290.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X	SCHEDULE E: LOANS		\$	0.00	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	10,876.81	
6. X	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. X	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	9.75	
			•		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/3 Rpt: 4/19	=
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00019673	_
4	Date 11/05/2024	<u> </u>		7	Amount of Contribution (\$) \$1,000.00	)
8	Principal occu	Houston, TX 77054 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
	- 1	,		,		
	Date 11/01/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$40.00	)
	Principal occu	Houston, TX 77047 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
	Retired		retired			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Holland and Knight Texas PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$250.00	)
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code  Houston, TX 77219			Amount of Contribution (\$) \$500.00	)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		_
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_ McGuire Woods PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$500.00	<b>=</b>
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
						_

	MONET	ARY POLITICAL CO	ONTRIBUTION	S 		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19	
2	FILER NAME Allen, Alma	A. (The Honorable)			3	Filer ID (Ethics Commission 00019673	on Filers)
4	Date 11/08/2024				7	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/20/2024	Full name of contributor  Texans for Reasonable Solu  Contributor address; City; State  Austin, TX 78741				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 11/05/2024	Full name of contributor  Texas Chiropractic Associati  Contributor address; City; State		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-2100 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/17/2024	Full name of contributor  Texas Land Title Association  Contributor address; City; State  Austin, TX 78703		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor  Texas Sands PAC  Contributor address; City; State  Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/19		
2	FILER NAME Allen, Alma	A. (The Honorable)		3	Filer ID (Ethics Commissio 00019673	n Filers)	
4	Date 11/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_         Texas Speech Language Hearing Association P</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC	7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 11/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: United Airlines PAC Contributor address; City; State; Zip Code Chicago, IL 60606			Amount of Contribution (\$)	\$750.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			

PLE	DGED CONTRIBU	TIONS			SCHEDULE B
Т	he Instruction Guide exp	plains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 7/19
2 FILER NA	AME Ima A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00019673
<u></u>	OF UNITEMIZED PLEDG	GES			\$ 0.
<b>5</b> Date	<ul><li>6 Full name of pledgor</li><li>7 Pledgor Address;</li></ul>	out-of-state PAC (ID#:		8	Amount of pledge (\$) In-kind description (If applicable)
			T.,		Check if travel outside of Texas. Complete Schedu
<b>10</b> Principal	occupation / Job title (See Instru	ections)	11 Employer (See Inst	tructio	ons)

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this form					ages Schedule E: /1 Rpt: 8/19
2	FILER NAME Allen, Alma A. (	The Honorable)			3 Filer ID 00019	(Ethics Commission Filers)
4		IITEMIZED LOANS			<u> </u>	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City	y; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instr	ructions)	I
14	Description of Col	lateral		15 Check if personal fu	nds were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City		Zip Code		
20	Principal occupati	on		21 Employer (See Instr	ructions)	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Great Gara F ayment	The Instruction Guide explains how to co	mple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 1/10 Rpt: 9/19	Allen, Alma A. (The Honorable)			00019673	
4 Date	5 Payee name		•		
12/02/2024	Brentwood Baptist Church				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$1,000.00	13033 Landmark				
	Houston, TX 77045				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outs		
	Candidate/Officeholder/Political Committee		Check if Austin, T>		g expense
			onaron fariarais		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht		Office h	eld
expenditure to benefit C/C		·9···		<b>55</b>	J. 4
Date	Payee name				
11/05/2024	Churches Chicken				
Amount (\$)	Payee address; City; State; Zip Co	nde			
\$159.00	13350 Almeda Rd,	uc			
4100.00	15555 / Milleda Ita,				
	Houston, TX 77045				
PURPOSE		(h)	Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(5)	Description  Check if travel outs	side of Texas. Con	nplete Schedule T.
EXPENDITURE	1 dod/Beverage Expense		Check if Austin, TX	K, officeholder livin	g expense
				n day worker	/volunteers reimbursed to
			Ed Kelly		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ght		Office h	eld
experiantific to benefit c/c	711				
Date	Payee name				
12/02/2024	Delux Bus Systems				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$221.58	119 Oakwood Drive				
	Spring, TX 77386				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	Event Expense		Check if travel outs		
			Check if Austin, T		stituents to opening day
			of session	to drive cone	stituents to opening day
Complete ONLY if direct	Candidate/Officeholder name Office sou	L aht		Office h	eld
expenditure to benefit C/C		9.11		0.1100 11	<del></del>

#### 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	al 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: 2/10 Rpt: 10/19	Allen, Alma A. (The Honorable) 00019673
4 Date	5 Payee name
12/09/2024	Fort Worth MLK Holiday
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 367
	Fort Worth, TX 76101
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation of West day delegrations
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H .
Date	Payee name
12/17/2024	Hart Scholarship
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	P.O. Box 6727
	Houston, TX 77265
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Troublest Notified Toddshot Stadeshi Gottolation in Piland
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davido namo
12/20/2024	Payee name
	I Hicks Fungsia
	Hicks, Eugesia
Amount (\$)	Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code 4335 Dalmatian Dr.
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4335 Dalmatian Dr.  Houston, TX 77045
Amount (\$) \$500.00  PURPOSE	Payee address; City; State; Zip Code 4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule)  (b) Description
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By  (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$) \$500.00 PURPOSE OF	Payee address; City; State; Zip Code 4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule)  (b) Description
Amount (\$) \$500.00 PURPOSE OF	Payee address; City; State; Zip Code  4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) \$500.00 PURPOSE OF	Payee address; City; State; Zip Code  4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) \$500.00  PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code  4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sought  Office held
Amount (\$) \$500.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  4335 Dalmatian Dr.  Houston, TX 77045  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  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/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 3/10 Rpt: 11/19	Allen, Alma A. (The Honorable)
4	Date	5 Payee name
	12/03/2024	Houston Garden Center
6	Amount (\$) \$389.16	7 Payee address; City; State; Zip Code 13403 South Fwy
	Φ003.10	15465 South I wy
		Houston, TX 77047
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Centerpieces/decorations for Constituent Christmas brunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/02/2024	Houston Neighbors Newspaper
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	PO Box 330747
		Houston, TX 77233
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sala amiversary donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	12/16/2024	Jaramillo, Christina (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6522 Rockby
		Houston, TX 77085
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Helping with Christmas brunch
	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 -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	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: 4/10 Rpt: 12/19	Allen, Alma A. (The Honorable) 00019673
4 Date	5 Payee name
11/12/2024	Johnson, James
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	4706 Trail Lake Drive
	Houston, TX 77045
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	picking up campaign signs
	promise of company organi
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/17/2024	Jordan, Wilma
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	11914 Duane
	Houston, TX 77407
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Organizing constituent visit to Austin for opening day
	of the legislature
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/16/2024	Kelly, Ed (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$220.00	4614 Trail Lake
	Houston, TX 77045
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	picking up campaign signs and materials
	proming up dampaigh dight and materials
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: 5/10 Rpt: 13/19	Allen, Alma A. (The Honorable) 00019673						
4	Date	5 Payee name						
	12/16/2024	Kelly, Ed (Mr.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	4614 Trail Lake						
		Houston, TX 77045						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Organizing constituent bus and attendees for						
		opening day at the Capitol						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	12/16/2024	Lanig Wade, Kamal						
	Amount (\$)	Payee address; City; State; Zip Code						
\$100.00 3706 Straightfork Dr								
		Houston, TX 77082						
	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 media and comms, posting and event flyer design						
		media and comms, posting and event tyer design						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH							
	Date	Payee name						
	12/14/2024	Lubys						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$175.00	9797 S. Post Oak Rd						
	Ψ1.0.00	oron on out out the						
		Houston, TX 77096						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Constituent Christmas brunch						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OH							
_								

#### 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: 6/10 Rpt: 14/19	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	12/14/2024	Lubys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$950.00	9797 S. Post Oak Rd
		Houston, TX 77096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		constituent Christmas luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/02/2024	Macy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$342.07	11200 Broadway St Ste 950
		Pearland, TX 77584
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prizes for constituent brunch
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/28/2024	Owens, Jackie
	Amount (\$)	Payee address; City; State; Zip Code
	\$630.00	12715 Claygate
		Houston, TX 77047
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense election poll worker, handing out push cards
		election poil worker, flanding out push cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)			
•	Sch: 7/10 Rpt: 15/19	Allen, Alma A. (The Honorable)  00019673	,,,,			
4	Date	5 Payee name				
	11/01/2024	Owens, Jackie				
6	Amount (\$) \$910.00	7 Payee address; City; State; Zip Code 12715 Claygate  Houston, TX 77047				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense election poll worker, handing out lit				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	11/18/2024	Owens, Jackie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.00	12715 Claygate				
		Houston, TX 77047				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE		Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense picking up campaign signs				
		picking up campaign signs				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	11/24/2024	Owens, Jackie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$200.00	12715 Claygate				
		Houston, TX 77047				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense constituent Christmas party prep, including				
		distributing invitations				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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

	Candidate/Officeholder/Politica		Legal Services			e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME				3	3	Filer ID	(Ethics Commission File	ers)
	Sch: 8/10 Rpt: 16/19	Allen, Alma A. (The Honorable) 00019673								
4	Date	5 Payee name				•				
	12/19/2024	Owens, Jac	kie							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
	\$100.00	12715 Clay	gate							
		Houston, T〉	< 77047							
8	PURPOSE	(a) Category (Se	e Categories listed at the to	n of this schedule)	(b)	Description				
	OF EXPENDITURE		ges/Contract Labo			_ `	utsid	e of Texas. Com	plete Schedule T.	
	EXPENDITORE					Check if Austin, T				
						Working consti	itu	ent Christm	nas brunch	
					Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld	
	Date	Payee name								
	12/09/2024	Top Ladies	of Distinction							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$25.00 2607 Prospect St									
		Houston, T〉	77004							
	PURPOSE	(a) Category (Se	e Categories listed at the to	p 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				
						Thanksgiving booklet				
						mamogiving t		onici		
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	l Jaht			Office h	eld	
expenditure to benefit C/OH										
	Date	Payee name								
	11/08/2024	Vogel, Anne	eliese							
	Amount (\$)			State: 7in Co	nde					
	\$300.00	Payee address; City; State; Zip Code 11702 Sterlinghill Dr								
	φοσο.σσ	11702 010111	rigimi Di							
		Austin, TX 7	/9759 <sub>-</sub> 2921							
	DUDDOOF				4.3					
	PURPOSE OF		e Categories listed at the to		(a)	Description  Check if travel out	ıtsid	e of Texas Com	inlete Schedule T	
Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense										
maintaining and filing ethics reports										
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/Ol	1								

#### 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/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
L	Sch: 9/10 Rpt: 17/19	Allen, Alm	a A. (The Honorable)					00019673		
4	Date	5 Payee nam	e							
	10/28/2024	Vogel, Anr	neliese							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip C	ode					
	\$500.00	11702 Ste	rlinghill Dr							
		Austin, TX	78758-3831							
8	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		/ages/Contract Labor			_ ·	outsic	de of Texas. Comp	lete Schedule T.	
	EXPENDITORE					$\Box$	, TX,	officeholder living	expense	
						ethics report				
_	Complete ONLY 's direct	Condidate	finahaldar nama	Office	110064			Office hel	d	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugni			Office hel	u	
	Date	Payee nam	e							
	12/03/2024	Vogel, Anr	neliese							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$500.00	11702 Ste	rlinghill Dr							
		Austin, TX	78758-3831							
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		/ages/Contract Labor	,		_	outsic	de of Texas. Compl	lete Schedule T.	
	EXI ENDITORE					ш		officeholder living of	expense	
						Ethics Report	ι			
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	liapt			Office hel	d	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							u			
_	Data									
	Date	Payee nam								
	12/05/2024	Ward, Mat								
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$60.00	15622 Bro	okwood Lakes Dr.							
		Sunarland	, TX 77498							
	DUDDOCE				(5)	D				
	PURPOSE OF		See Categories listed at the top of ons/Donations Made By		(a)	Description  Check if travel of	outsir	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		/Officeholder/Political C			ш		officeholder living		
						Red Hot Brun	nch	donation		
L										
	Complete ONLY if direct		ficeholder name	Office so	ught			Office hel	d	
L	expenditure to benefit C/O	<b>1</b>								

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 10/10 Rpt: 18/19	Allen, Alma A. (The Honorable)  00019673					
4	Date	5 Payee name					
	12/14/2024	Warren, Leona					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	5059 Nassau Rd.					
		Houston, TX 77021					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		adriation to son's fancial					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
	Date	Payee name					
	12/04/2024	Western Motorcoach					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,595.00	11318 Bedford					
		Houston, TX 77031					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	!	Constituent bus for opening day of session					
	!	Constituent sub for opening day or essenting					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH							
_							
	Date	Payee name					
	12/09/2024	Western Motorcoach					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	11318 Bedford					
		Houston, TX 77031					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Bus driver tip for opening day					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	experialitate to beliefit 6/61						

## 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: 19/19 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Allen, Alma A. (The Honorable) 00019673 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 12/24/2024 \$9.75 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77584 Purpose for which amount is received Check if political contribution returned to filer interest