JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00065843		2 Total pages	s filed: 17
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER	The Honorable	Rosemarie			OFFICI	
NAME		reconnune			Date Received	
					ELECTRON	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Rosie	Alvarado		00111/		
	Nosie	Alvalauu				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER	15610 Henderson Pass					
MAILING ADDRESS	#701348				Receipt #	Amount
Change of Address	San Antonio, TX 78270				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					1011	
NAME		William R.				
	NICKNAME	LAST			SUFFIX	
		Elizondo				
6 CAMPAIGN			4.0-			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BUX PLEASE),	AP	r / SUITE #; CITY;	2	STATE; ZIP CODE
ADDRESS	740-A Barchester Dr.					
(Residence or Business)						
(Residence of Business)	San Antonio , TX 78216					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER	(210) 412-1858					
PHONE						
8 REPORT						
TYPE	X January 15	30th day befor		Runoff	15th day after	campaign treasurer
		Court day Scrott				officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (A	Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	т	HROUGH	12/31/202		
	07/01/2024		Intoogn	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
		X	Seneral	Special		
				1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District 438	Bexar				
	1			1		
		GO '	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Vei	rsion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 17

L

13 C / OH NAME	Alvarado, Rosemarie	(The Honorable)	14 Filer ID 00065843	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	t the candidate's or offic	ceholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$	4,200.00			
EXPENDITURE TOTALS	XPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	10,368.06			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	84,784.27			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	333.46			
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.						
		The Honor	able Rosemarie Alva	arado				
		Signature of	of Candidate or Officeh	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the		day			
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of offic	er administeri	ng oath			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4	.1.0.5dd2ace2			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 17

18 FILER NAME Alvarado, Rosemarie (The Honorable)									
20 SCHEDULE SUBTOTALS	l	SUBTOTAL AMOUNT							
NAME OF SCHEDULE									
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 4,200.00							
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 CONTRIBU	TIONS	\$ 10,368.06							
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRI	IBUTIONS	\$							
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD								
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN	IESS OF C/OH	\$							
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRI	BUTIONS	\$							
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/17
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	osemarie (The Honorable)		00065843
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/12/2024	Canales, David		\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antono, TX 78259		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Mediator	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
N/A		N/A	
12 If contributor is	s a child, law firm of parent(s) (if any)		
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024	Cowart, Matt		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
The Law Off	ices of Matthew M Cowart	N/A	
If contributor is	s a child, law firm of parent(s) (if any)		
N/A		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/02/2024			\$500.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
1			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Alvarado, Rosemarie (The Honorable)		00065843
4 Date 5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
08/20/2024 Maurie, Kern		\$100.00
6 Contributor address; City; State; Zip Code		
· · · · · · · · · · · · · · · · · · ·		
San Antonio, TX 78216		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Retired	Retired	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)
N/A	N/A	
12 If contributor is a child, law firm of parent(s) (if any)		
N/A	N/A	
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
10/25/2024 Thomas J Henry Law PLLC	\$2,500.00	
Contributor address; City; State; Zip Code		
San Antonio, TX 78269		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

				EXPENDITUR	E CATEGO	RIES FOF	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G mittee L	vent Expense ees ood/Beverage Expens ift/Awards/Memorials egal Services 'he Instruction Gu	Expense	Office Ove Polling Ex Printing Ex Salaries/M	erhead pense xpense Vages/	e /Contract Labor		Travel in Distric Travel Out of D	Equipmer t strict	Expense It & Related Expense 7 not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethic	s Commission Filers)
	Sch: 1/12 Rpt: 6/17			semarie (The I	Honorable)					00065843		
4	Date	5	Payee name									
	08/23/2024		Anedot									
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Co	ode					
	\$4.30		1340 Poydra	s Street								
		:	Suite 1770									
		New Orleans, LA 70112										
8	PURPOSE						(h)	.				
ð	OF			Categories listed at t	he top of this sch	edule)	(u)	Description	outsid	de of Texas. Con	nloto Sci	T aluba
	EXPENDITURE		Fees							officeholder livin		
								Credit Card F				
										Ū		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	eholder name	(Dffice sou	l Ight			Office h	eld	
	Date		Payee name									
	11/03/2024		Anedot									
	Amount (\$)		Payee address	; City;	State	; Zip Co	ode					
	\$40.30	I	1340 Poydra	-		,						
	φ+0.00	I	Suite 1770	5 511001								
			New Orleans	, LA 70112			-					
	PURPOSE OF	(a) (Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Con officeholder livin		
								Credit Card F				5
								orean oard r	100		.0	
	Complete ONLY if direct	C	andidate/Office	eholder name	(Office sou	l Ight			Office h	eld	
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	10/18/2024			/ Democratic F	Party							
	Amount (\$)		Payee address		-	; Zip Co	nde					
	\$1,000.00	I	1844 Freder		State,	, zip co	uc					
	Φ1,000.00		1044 FIEUEI	icksburg Ru,								
			San Antonio,	TX 78201			-					
	PURPOSE	(a) (Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	/	Advertising E	xpense						de of Texas. Con	•	
										officeholder livin		
								Coordinated	Car	npaign Spo	onsors	nıp
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Office	eholder name	C	Office sou	ight			Office h	eld	

			EXPENDITURE CATEGOR	RIES FOF	RBC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Exp Salaries/W	rhead pense (pens /ages	e /Contract Labor				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers))	
-	Sch: 2/12 Rpt: 7/17		Alvarado, Rosemarie (The Honorable)				ľ	00065843	,	
4	Date	5	Payee name				I		\neg	
	09/06/2024		Bexar County Family Justice Center							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$300.00		126 E Nueva 2nd Fl.							
	San Antonio, TX 78204									
8	PURPOSE	<u> </u>			(h)	Description			—	
ľ	OF		Category (See Categories listed at the top of this sche Advertising Expense	edule)	()		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
								nestic Violence Charity Golf		
						Tournament:	Ho	ble Sign Sponsorship		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held		
	Date		Payee name							
	11/23/2024		Bill Miller Bar-B-Q #15							
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de				-	
	\$49.80		3511 Roosevelt	1						
	+ 10100									
			San Antonio, TX 78214							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
								vil District Clerk Staff - Weekend		
						Work Day				
	Complete ONLY if direct	<u>с</u>	Candidate/Officeholder name O	office sou	ght			Office held	\neg	
	expenditure to benefit C/OI	Н								
	Date		Payee name						=	
	07/24/2024		GoDaddy.com, LLC							
_	Amount (\$)		Payee address; City; State;	Zip Co	de				_	
	\$286.65		14455 N. Hayden Rd.							
	+=00.00		Suite 219							
			Scottsdale, AZ 85260							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense					, officeholder living expense		
								n Name Renewal		
-	Complete ONLY if direct	C	Candidate/Officeholder name O	office sou	ght			Office held	\neg	
	expenditure to benefit C/OI	Н			-					
									\neg	

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 8/17		o, Rosemarie (The H	onorable)				00065843
4	Date 08/23/2024	Payee na HEB #3						
6	Amount (\$) \$103.22		ddress; City; iousand Oaks onio, TX 78247	State;	Zip Coo	le		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Food for Jurors								c, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht		Office held
	Date	Payee na	ame					
	08/27/2024	HEB #3	98					
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Coo	le		
	\$135.16		ousand Oaks onio, TX 78247					
	PURPOSE OF EXPENDITURE		' (See Categories listed at the everage Expense	top of this sche	edule)		ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht		Office held
	Date	Payee na	ame					
	10/09/2024	Harland	ale Band Boosters					
	Amount (\$) \$120.00	Payee ac 114 E. (State;	Zip Coo	le		
			onio, TX 78221		i			
	PURPOSE OF EXPENDITURE		' (See Categories listed at the ing Expense	top of this sche	edule)	Check if Austir	ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense draiser Sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht		Office held

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 4/12 Rpt: 9/17		Alvarado, Rosemarie (The Honorable)				00065843				
4	Date	5	Payee name								
	11/05/2024		Helium Xpress								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le						
	\$66.67		5417 Bandera Rd								
		Suite 601									
			San Antonio , TX 78238								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Event Expense	,			de of Texas. Complete Schedule T.				
							officeholder living expense				
					Campaign VI	CIO	ry Party: Balloons				
_			endidate (Office helder norma								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Int		Office held				
	Date		Payee name								
	11/12/2024		Jenny's Restaurant & Catering								
	Amount (\$)		Payee address; City; State;	; Zip Co	le						
	\$1,089.90	8035 Culebra Rd. Suite 114									
			San Antonio, TX 78251								
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense				
							ry Party: Food Expense				
					eapa.g.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	Jht		Office held				
_	Data	_									
	Date 11/11/2024		Payee name Jenny's Restaurant & Catering								
				7:0 00							
	Amount (\$)			; Zip Co	le						
	\$150.00		8035 Culebra Rd. Suite 114								
			San Antonio, TX 78251								
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. , officeholder living expense				
							nksgiving Staff Appreciation				
					Luncheon						
	Complete ONLY if direct		andidate/Officeholder name	Office sou	iht		Office held				
	expenditure to benefit C/OF				jin						
-											

			EXPENDITURE CATEGOR	RIES FOF	R BC	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense (pens /ages	se s/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/12 Rpt: 10/17		Alvarado, Rosemarie (The Honorable)					00065843	
4	Date 09/04/2024		Payee name Labor Council for Latin American Adva	ncemen	t				
6	Amount (\$) \$400.00		Payee address; City; State; 9502 Computer Drive Suite 201 San Antonio, TX 78229	Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	edule)	(b)	Check if Austin,	, тх, \ue	de of Texas. Comple officeholder living e stro Orgullo E	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office held	1
	Date		Payee name						
	11/05/2024		Mariachi las Coronelas de Vanessa de	l Fierro					
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$360.15		1113 E Houston St San Antonio, TX 78215						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	edule)	(b)		, TX,	de of Texas. Comple officeholder living e ry Party: Maria	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office held	ł
	Date		Payee name						
	11/16/2024	I	Office Depot Office Max						
	Amount (\$) \$790.07		Payee address; City; State; 13484 San Pedro Avenue	Zip Co	de				
			San Antonio, TX 78216						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)	(b)	Check if Austin, Campaign Of	, TX, fice		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght			Office held	
		_		_	_		_		

			EXPENDITURE CAT	EGOR	RIES FOR	BOX 8	(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp		Office Over Polling Expe Printing Exp Salaries/Wa	nead/Ren ense ense ges/Cont	ract Labor	ר ר ר	Fransportation E Fravel in District Fravel Out of Dis	raising Expense quipment & Related Expense strict category not listed above)
1	Total pages Schedule F1:	2	-					3 F	-iler ID	(Ethics Commission Filers)
	Sch: 6/12 Rpt: 11/17		Alvarado, Rosemarie (The Honora	able)					00065843	
4	Date	5	Payee name							
	10/09/2024		PEARLS Foundation SA							
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е				
	\$1,500.00	.00 4811 Betty Lou Drive								
			San Antonio, TX 78229							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this scho	(aluba	b) Des	scription			
	OF		Advertising Expense	uns sone	(ulle)	_		outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin,	TX, o	fficeholder living	expense
						PE	ARLS Brur	nch:	Champion	Sponsorship Level
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	ht			Office he	eld
	Date		Payee name							
	11/11/2024		Salinas, Bianca							
	Amount (\$)		Payee address; City;	State:	Zip Cod	е				
	\$275.00		427 Congress Ave.	,		-				
	\$210,000									
			San Antonio, TX 78214							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Event Expense	this sche	edule)		Check if Austin,	TX, o	e of Texas. Com fficeholder living v Party: Pai	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	O	office soug	ht			Office he	eld
	Date		Payee name							
	07/03/2024		Sparkletts & Sierra Springs							
	Amount (\$)		Payee address; City;	State:	Zip Cod	е				
	\$29.07		200 Eagles Landing Blvd		·					
			Lakeland, FL 33810							
	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)		scription			
	EXPENDITURE		Office Overhead/Rental Expense							plete Schedule T.
									fficeholder living enser Rent	al & Monthly Water Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	office soug	ht			Office he	eld

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1	· · · · · · · · · · · · · · · · · · ·	2 Filer ID (Ethics Commission Filere)
T	Total pages Schedule F1: Sch: 7/12 Rpt: 12/17	Alvarado, Rosemarie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065843 00065843
4	Date	5 Payee name	
	07/13/2024	Sparkletts & Sierra Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.98	200 Eagles Landing Blvd	
		Lakeland, FL 33810	
•	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	nuteido of Toyao, Complete Sebedulo T
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense
			Dispenser Rental & Monthly Water Fee
_			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/31/2024	Sparkletts & Sierra Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.40	200 Eagles Landing Blvd	
		Lakeland, FL 33810	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Court Water I	Dispenser Rental & Monthly Water Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitie to benefit C/Or	1	
	Date	Payee name	
	08/10/2024	Sparkletts & Sierra Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	200 Eagles Landing Blvd	
	Ψ12.30	200 Lagies Landing Diva	
		Lakeland, FL 33810	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Court Water I	Dispenser Rental & Monthly Water Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)		
-	Sch: 8/12 Rpt: 13/17	Alvarado, Rosemarie (The Honorable)	00065843		
4	Date	5 Payee name			
	08/28/2024	Sparkletts & Sierra Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$44.25	200 Eagles Landing Blvd			
		5 5			
		Lakaland EL 22910			
		Lakeland, FL 33810			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
			Dispenser Rental & Monthly Water Fee		
			Sispenser Rental & Monthly Water ree		
_	Complete ONIL V if direct	Candidate/Officeholder norma	Office held		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/07/2024	Sparkletts & Sierra Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.98	200 Eagles Landing Blvd			
	φ12.90	200 Eagles Landing Bivu			
		Lakeland, FL 33810			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
			Dispenser Rental & Monthly Water Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/25/2024	Sparkletts & Sierra Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$86.99	200 Eagles Landing Blvd			
		Lakeland, FL 33810			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.		
			TX, officeholder living expense Dispenser Rental & Monthly Water Fee		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
-	Sch: 9/12 Rpt: 14/17	Alvarado, Rosemarie (The Honorable)	00065843		
4	Date	5 Payee name			
	10/05/2024	Sparkletts & Sierra Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$12.98	200 Eagles Landing Blvd			
		Lakeland, FL 33810			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		utside of Texas. Complete Schedule T.		
	EXPENDITURE		TX, officeholder living expense		
		Court Water D	vispenser Rental & Monthly Water Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/23/2024	Sparkletts & Sierra Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$71.81	200 Eagles Landing Blvd			
	φ11.01	200 Lagico Lanang Diva			
		Lakeland, FL 33810			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Dispenser Rental & Monthly Water Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date Payee name				
	11/02/2024	Sparkletts & Sierra Springs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.98	200 Eagles Landing Blvd			
		Lakeland, FL 33810			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
		Courtroom Wa Fees	ater Dispenser Rental & Monthly Water		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			mittee Gift/Award	erage Expense s/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1 Total pages Schedule F1:			EII ER NAME			-	3	Filer ID (Ethics Commission Filers)
1	Sch: 10/12 Rpt: 15/17	1		rie (The Honorable))			00065843	
4	Date	5	Payee name						
	11/20/2024		Sparkletts & Sierra	Springs					
6	Amount (\$)	7	Payee address; (City; State	; Zip Cod	e			
	\$99.47		200 Eagles Landin	g Blvd					
			5	5					
			lakaland El 2201	0					
			Lakeland, FL 3381						
8	PURPOSE OF			es listed at the top of this sch	nedule)	b) Description			
	EXPENDITURE		Office Overhead/R	ental Expense				de of Texas. Comple officeholder living ex	
								-	ental & Monthly Water
						Fees	ale	i Disperiser R	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholde	r name (Office soug	ht		Office held	
	Date	Γ	Payee name						
	11/30/2024		Sparkletts & Sierra	Springs					
	Amount (\$)		-		; Zip Cod	0			
			2		, zip cou	C			
	\$12.98		200 Eagles Landin	у віνа					
			Lakeland, FL 3381	0					
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	nedule) (b) Description			
	OF		Office Overhead/R		,	Check if travel	outsi	de of Texas. Comple	te Schedule T.
EXPENDITURE				·		Check if Austin	n, TX,	officeholder living ex	pense
							/ate	r Dispenser R	ental & Monthly Water
						Fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholde	name (Office soug	ht		Office held	
	Date	1	Payee name						
	12/28/2024		Sparkletts & Sierra	Springs					
		_	-		. Zin Cod				
	Amount (\$)	1			; Zip Cod	e			
	\$12.98		200 Eagles Landin	у віνа					
			Lakeland, FL 3381	0					
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	nedule)	b) Description			
	OF		Office Overhead/R				outsi	de of Texas. Comple	te Schedule T.
	EXPENDITURE			· ··· .		Check if Austin	n, TX,	officeholder living ex	pense
						Courtroom W	/ate	r Dispenser R	ental & Monthly Water
						Fees			
-	Complete ONLY if direct	Ċ	andidate/Officeholde	r name (Office soug	ht		Office held	
	expenditure to benefit C/OI				5				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)		
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)		
	Sch: 11/12 Rpt: 16/17	Alvarado, Rosemarie (The Honorable)	00065843		
4	Date 09/06/2024	Payee name St. Mary's Law School Hispanic Alumni Association			
6	Amount (\$) \$250.00	 Payee address; City; State; Zip Code 1 Camino Santa Maria St San Antonio, TX 78228 			
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense a Event: Duke & Duchess evel		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/31/2024	Texas Association of Court Adminstration			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$700.00	George J Beto Criminal Justice Center Sam Houston State University Huntsville, TX 77341-2296			
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ence Sponsorship		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held				
	Date	Payee name			
	11/23/2024	Texas Bar Foundation			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 515 Congress Ave Ste 1755 Austin, TX 78701			
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	tside of Texas. Complete Schedule T. X, officeholder living expense Fellow Contribution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Candidate/Officeholder/f Credit Card Payment	
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 17	
4 Date	5 Payee name
10/30/2024	The Board Couple
6 Amount (\$) \$1,062	7 Payee address; City; State; Zip Code .99 2218 N Zarzamora St San Antonio, TX 78201
8 PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Courthouse Staff Appreciation Halloween Event
9 Complete <u>ONLY</u> if dire expenditure to benefit	
Date	Payee name
12/26/2024	United States Postal Service
Amount (\$) \$182	Payee address; City; State; Zip Code .00 15610 Henderson Pass
	San Antonio, TX 78232
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Address PO Box Renewal
Complete <u>ONLY</u> if dire expenditure to benefit	