# 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 00024376		2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Carol			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Alvarado		SUFFIX	07/11/2025
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT P.O. Box 230842	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
ADDRESS					receipt #
Change of Address	Houston, TX 77223				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Ms.	Yolanda			
	NICKNAME	LAST Alvarado		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 6669 Fairfield	BOX PLEASE);	AP	T / SUITE #; CIT	Y; STATE; ZIP CODE
(Residence or Business)	Houston, TX 77023				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (713) 557-1767	E NUMBER E	XTENSION		
8 REPORT TYPE	January 15  X July 15	30th day before	_	Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only)  Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	ТН	ROUGH	Month Day 06/30/20	
10 ELECTION	ELECTION DATE Month Day Year 03/07/2028		imary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) State Senator District 6			12 OFFICE SOUGH State Senator	
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Alvarado, Carol (The	Honorable)	<b>14</b> Filer ID 00024376	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this information	out the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	<b>\$</b> 17,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 38,060.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 1,550,119.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	es all information required t	
		The H	onorable Carol Alvarad	0
		Signatur	e of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				JVLIX	3 of 29
18 FIL Alv		ME Carol (The Honorable)	<b>19</b> Filer ID 00024376	(Ethics (	Commission Filers)
20 SC NA	HEDULI ME OF	SU	BTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,950.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	38,060.11
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	26,237.30

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/29	
2	FILER NAME Alvarado, Ca	rol (The Honorable)			3	Filer ID (Ethics Commission 00024376	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state  Out-o</li></ul>		)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Katy, TX 77450 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	i)		
	Date 06/30/2025	Full name of contributor out-of-state Gaitan, John (Mr.)  Contributor address; City; State; Zip Code  Spring, TX 77373				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 06/30/2025	Hernandez, Veronica  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	Houston, TX 77039  pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
	Date 06/30/2025	Full name of contributor out-of-state   Kelly, Billy (Mr.)				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/30/2025	Reyes , Gregg		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	oation / Job title (See Instructions)		Employer (See Instructions Reytec Construction Re		ırces	
			,				

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/29
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Alvarado, Ca	rol (The Honorable)				00024376
4	Date 06/30/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID Reyes, Janie</li> <li>Contributor address; City; State; Zip Code</li> </ul>	#:	)	7	Amount of Contribution (\$) \$100.00
		Houston, TX 77009				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)	
	Date	Full name of contributor  ut-of-state PAC (ID	#:	)		Amount of Contribution (\$)
	06/30/2025	Sorola-Pohlman, Lenora				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77008				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Principal			Sorola Consulting Servi	ces	s Inc.
	Date	Full name of contributor  ut-of-state PAC (ID	#:	)		Amount of Contribution (\$)
	06/23/2025	TREPAC, Texas Association of Realtors PAC				\$10,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date	Full name of contributor out-of-state PAC (ID	#:	)		Amount of Contribution (\$)
	06/30/2025	Targa Resources Corp. Texas PAC Contributor address; City; State; Zip Code	••••••			\$1,000.00
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date	Full name of contributor  ut-of-state PAC (ID	#:	)		Amount of Contribution (\$)
	06/30/2025	Zarinkelk, Giti				\$500.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77380				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Engineer/ow	ner		Zarinkelk Engineering S	erv	vices Inc.

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 6/29	Alvarado, Carol (The Honorable)	00024376
4	Date	5 Payee name	
	06/01/2025	Joseph	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$280.00	4102 Caplin St.	
		Houston, TX 77026	
8	PURPOSE		
°	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	, TX, officeholder living expense
		T-Shirts for P	ort Houston Elementary 4th graders
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0606.1
H	Date	Payee name	
	01/06/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.02	P.O. Box 930170	
		Dallas, TX 75393	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nerital Expense	, TX, officeholder living expense
		Campaign Te	elecommunications, Cell Phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Data	Para a santa	
	Date 02/04/2025	Payee name AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.05	P.O. Box 930170	
		Dallas, TX 75393	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			elecommunications, Cell Phone
		- Impatg	,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	<del>1</del>	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebooker/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	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/21 Rpt: 7/29	2 FILER NAME Alvarado, Carol (The Honorable)  3 Filer ID (Ethics Commission Filers) 00024376
4 Date	5 Payee name
03/04/2025	AT&T
6 Amount (\$) \$88.10	7 Payee address; City; State; Zip Code P.O. Box 930170  Dallas, TX 75393
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Telecommunications, Cell Phone
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$88.10	P.O. Box 930170
PUPPOG	Dallas, TX 75393
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/06/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$88.11	P.O. Box 930170
	Dallas, TX 75393
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cr 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: 3/21 Rpt: 8/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	06/04/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.11	P.O. Box 930170
		Dallas, TX 75393
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Telecommunications, Cell Phone
		Campaign relecommunications, cent none
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	01/09/2025	Aceves Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7,500.00	P.O. Box 6514
		Houston, TX 77265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising and compliance
		T unutaising and compilance
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/30/2025	ActBlue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$77.03	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Processing fees 01/01 -06/30/2025
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Total pages Schedule F1: Sch: 4/21 Rpt: 9/29	2 FILER NAME Alvarado, Carol (The Honorable) 3 Filer ID (Ethics Commission Filers) 00024376
4 Date	5 Payee name
06/27/2025	Amazon
6 Amount (\$) \$190.45	7 Payee address; City; State; Zip Code 1200 Twelfth Street South, Ste. 1200 Seattle, WA 98144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Frames for resolutions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2025	Area 5 Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 608
	Pasadena, TX 77501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sponsorship of Fabulous Fundraiser
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/10/2025	Blackburn, Benjamin
Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 605 W. 14th Street
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for Austin Apartment for Legislative Purposes
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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		mmittee Legal Services Expense Frinting Expense Salaries/Wages/Contract	Labor		OTHER (enter a	category not listed above)	
	Credit Card Fayment		The Instruction Guide explains how to complete this f	form.				
1	Total pages Schedule F1:	2	FILER NAME	3	-	iler ID	(Ethics Commission File	ers)
	Sch: 5/21 Rpt: 10/29		Alvarado, Carol (The Honorable)		(	00024376		
4	Date	5	Payee name					
	06/10/2025		Blackburn, Benjamin					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
•	\$2,300.00		605 W. 14th Street					
	<del>+=</del> ,000.00							
			Austin TV 70701					
		L	Austin, TX 78701					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Descrip	•				
	EXPENDITURE		Chiec evernedan tentai Expense			e of Texas. Com fficeholder living	plete Schedule T.	
							or Legislative Purpos	ses
							9	
9	Complete ONLY if direct		L Candidate/Officeholder name Office sought			Office he	əld	
Ĭ	expenditure to benefit C/OI		zanadato/ emechator name			O III OO TI	Siu -	
_	Dete							
	Date		Payee name					
	06/09/2025		Capitol Extension Gift Shop					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$259.80		1400 Congress Ave., E1.006					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Descrip	ption				
	OF EXPENDITURE		Gift/Awards/Memorials Expense				plete Schedule T.	
						fficeholder living		
			Capito		g	iits ioi Suri	shine Kids visiting	
	0 1: 0:::::::::::::::::::::::::::::::::	L_	·			0.00		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	eia	
	·	_						
	Date		Payee name					
	02/03/2025		Chick-Fil-a					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$238.15		503 W. Martin Luther King, Jr. Blvd.					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description	ption				
	OF EXPENDITURE		Food/Beverage Expense	ck if travel outs			plete Schedule T.	
	EXPENDITURE					fficeholder living		
			Lunch	for Senat	te	Finance C	ommittee	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought			Office he	eld	
	experiorare 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 C

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 11/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	01/02/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
		Subscription for Campaign List Management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
		Subscription for Campaign List Management
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/03/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
	Operation ONLY if allowed	Our distance (Office health an agree Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

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

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

	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: 7/21 Rpt: 12/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	04/01/2025	Constant Contact
6	Amount (\$) \$167.37	7 Payee address; City; State; Zip Code 1601 Trapelo Rd.
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription for Campaign List Management
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/02/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
		Subscription for Campaign List Management
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H
	Date	Payee name
	06/02/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd.
	<b>4201101</b>	1001 Hapolo Kai
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		☐ Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
		Subscription for Sumpargn List Management
	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 Commit 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 Cabadula F1:	
1	Total pages Schedule F1: Sch: 8/21 Rpt: 13/29	2 FILER NAME Alvarado, Carol (The Honorable) 3 Filer ID (Ethics Commission Filers) 00024376
4	Date	5 Payee name
	03/23/2025	Denver Harbor Cares, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6301 Market St.
		Houston, TX 77020
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	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
		Sponsorship of Education Fundraiser
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/21/2025	Dixie Little League
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7302 Keller St.
	*******	
		Haveton TV 77040
		Houston, TX 77012
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sponsorship of 96th Anniversary Exhibit
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	
	Date	Payee name
	05/05/2025	El Bolillo Bakery #2
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.99	917 E. Southmore Ave.
	Ψ31.33	
		Deceder TV 77500
		Pasadena, TX 77502
	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
		Pan dulce for seniors group
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense salaries/Wages/Contr  The Instruction Guide explains how to complete th	· · · · · · · · · · · · · · · · · · ·
_	Total pages Cabadula 54:		
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 14/29	Alvarado, Carol (The Honorable)	00024376
4	Date	Payee name	
	05/24/2025	Gulf Coast Area Labor Federation AFL-CIO	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	2506 Sutherland St.	
	. ,		
		Hauston TV 77022	
Ļ		Houston, TX 77023	
8	PURPOSE OF	(b) Des	·
	EXPENDITURE	Contributions/Denations Widde By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			onsor of Working Families Awards Celebration
		Spc.	5.100. 5. Working Farmies / Wards Colebration
<u>_</u>	Complete ONLY !! -!!!	Condidate/Officeholder varia	Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	01/03/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.32	P.O. Box 2220	
		Manchaca, TX 78652-2220	
	PURPOSE	(b) Des	
	OF EXPENDITURE	Office Overficad/Nertial Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		Wa	ter for State Capitol Office
<u> </u>	Complete ONU V if alice	Condidate/Officeholder norm	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	,		
	Date	Payee name	
L	02/04/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.81	P.O. Box 2220	
		Manchaca, TX 78652-2220	
	PURPOSE OF	(b) Des	•
	EXPENDITURE	Office Overficad/Nertial Experise	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		wa	ter for State Capitol Office
	Operation ONE VIII II	Overdidate/Official allowance	Office hall
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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:	1
1 Total pages Schedule F1: Sch: 10/21 Rpt: 15/29	Alvarado, Carol (The Honorable)  00024376
4 Date	5 Payee name
03/04/2025	Hill Country Springs
6 Amount (\$) \$60.82	7 Payee address; City; State; Zip Code P.O. Box 2220  Manchaca, TX 78652-2220
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2025	Hill Country Springs
Amount (\$) \$60.82	Payee address; City; State; Zip Code P.O. Box 2220
	Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Water for State Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2025	Hill Country Springs
Amount (\$) \$60.82	Payee address; City; State; Zip Code P.O. Box 2220
	Manchaca, TX 78652-2220
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica 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: 11/21 Rpt: 16/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	06/03/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.82	P.O. Box 2220
		Manchaca, TX 78652-2220
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water for State Capitol Office
		Trailer for example of the control o
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.59	5651 Fairmont Parkway
		Houston, TX 77505
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Custom framing for resolution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/25/2025	Houston Black American Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4806 Edfield St.
		Houston, TX 77033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship of Gospet Brutteri
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 12/21 Rpt: 17/29	Alvarado, Carol (The Honorable) 00024376	
4	Date	5 Payee name	
	03/07/2025	Houston Livestock Show and Rodeo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	Π
	\$15.00	NRG Center, 3 NRG Park	
		Houston, TX 77054	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Reception Admittance	
		Reception Admittance	
_	0 1: 0 1: 0		_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/07/2025	Jonathan Estrada Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	Π
	\$500.00	1608 Marlock Lane	
		Pasadena, TX 77502	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee Campains Contribution	
		Campaing Contribution	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/28/2025	Kroger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.57	4000 Polk St.	
		Houston, TX 77023	
	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	
		Bottled water for Fonde Civic Club meeting.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture 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	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 13/21 Rpt: 18/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	02/21/2025	LULAC Council 688
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	8007 Green Lawn Dr.
		Houston, TX 77088
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sponsorship of 96th Anniversary Exhibit
^	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	5.	
	Date	Payee name
	02/25/2025	LULAC District VIII
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	P.O. Box 8620
		Houston, TX 77249
	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
		Cinco De Mayo Parade Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2025	Law Offices of Kevin C. Stewart
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6801 Yaupon Drive
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Ethics and Compliance Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 19/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	05/11/2025	Law Offices of Kevin C. Stewart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	6801 Yaupon Drive
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Ethics and Compliance Consulting
		Ethics and Compliance Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/29/2025	Lindale Park Civic Club
_	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	218 Joyce St.
	Ψ200.00	210 00,000 01.
		Houston, TX 77009
	PURPOSE	1
	OF	(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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Fourth of July Parade
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or or	
	Date	Payee name
	03/26/2025	Mandola's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.75	4105 Leeland St.
		Houston, TX 77023
	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
		Refreshments for family of Sergio Ivan Rodriguez
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/21 Rpt: 20/29 00024376 Alvarado, Carol (The Honorable)

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

4 Date 01/27/2025	5 Payee name Michaels
6 Amount (\$) \$12.98	7 Payee address; City; State; Zip Code 3904 Bissonnet St.  Houston, TX 77005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Frames for resolutions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/27/2025	Payee name Michaels
Amount (\$) \$54.07	Payee address; City; State; Zip Code 3904 Bissonnet St.  Houston, TX 77005
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Frames for resolutions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 04/28/2025	Payee name Michaels
Amount (\$) \$103.83	Payee address; City; State; Zip Code 3127 Silverlake Village Dr.
	Pearland, TX 77584
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Frames for resolutions
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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: 16/21 Rpt: 21/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	03/06/2025	Pi PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$999.00	2500 Yale St., Ste. B
		Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Tax Returm Services
		Tax Neturni Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$	Date	Payros namo
	05/28/2025	Payee name Sam's Club
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$229.71	11101 Fuqua St.
		Houston, TX 77089
	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  Brisket for constituent benefit fundraiser
		Disket for constituent benefit fundraiser
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Power name
	06/27/2025	Payee name South Belt Press, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	11555 Beamer Rd.
		Houston, TX 77089
	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
		Ads for Pasadena ISD Football Game Programs
$\vdash$	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 C

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

	Candidate/Officeholder/Politica 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: 17/21 Rpt: 22/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	01/09/2025	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	P.O. Box 12068
		Ausitn, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Members Lounge Fee
		monipore Learinge 1 ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	06/12/2025	Sprint2Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$481.71	8748 Clay Road, Suite 300
	*	
		Houston, TX 77080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Logo Stick-ons
		Logo Stick-ons
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/12/2025	Texas Senate Democratic Caucus
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 1042
	φ5,000.00	P.O. BOX 1042
		Austin TV 70767
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel systems of Toyon Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

Food/Beverage Expense Contributions/ Donations Made By -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: 18/21 Rpt: 23/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	02/11/2025	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P.O. Box 12068
		Ausitn, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage to mail Senate calendars
		. Soluge to main contact outernated
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/31/2025	U.S. Postmaster
H	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	1900 W. Gray St.
		Houston, TX 77019-9998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage for COH mail
		1 soluge for COTT mail
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2025	U.S. Treasury
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	IRS
		Ogden, UT 84201
Г	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
		Campaign taxes for 2024
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatalanana C.I. III Ti	1
1	Total pages Schedule F1:	
	Sch: 19/21 Rpt: 24/29	Alvarado, Carol (The Honorable) 00024376
4	Date	5 Payee name
	06/27/2025	Vida City Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$257.50	1300 West Mount Houston Rd.
		Houston, TX 77038
0	DUDDOCE	1
8	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
		Sponsorship of Back to School Bash
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
lacksquare		
	Date	Payee name
	01/10/2025	X Corp.
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.56	1355 Market St., Ste. 900
		San Francisco, CA 94103
	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.
	- <del>-</del>	COH Vorification Foo
		COH Verification Fee
_	Operation ONE VIII II	Open districts (Office health a group of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/06/2025	Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd., 6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Subscription for Video Conferencing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
			_				
1	Total pages Schedule F1: Sch: 20/21 Rpt: 25/29	2 FILER NAME Alvarado, Carol (The Honorable) 3 Filer ID (Ethics Commission Filers) 00024376					
4	<u> </u>	<u> </u>	_				
4	Date	5 Payee name					
	02/05/2025	Zoom.us					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$17.05	55 Almaden Blvd., 6th Floor					
		Can Jaca CA 05112					
		San Jose, CA 95113					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Campaign Subscription for Video Conferencing					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
F	Date	Payee name	=				
	03/05/2025	Zoom.us					
			_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.05	55 Almaden Blvd., 6th Floor					
		San Jose, CA 95113					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF						
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Campaign Subscription for Video Conferencing					
		, , , , , , , , , , , , , , , , , , ,					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI		ſ				
	<u> </u>		_				
	Date	Payee name					
	04/07/2025	Zoom.us					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.05	55 Almaden Blvd., 6th Floor					
	,						
		San Jose, CA 95113					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.					
	LAI LINDITORL	Check if Austin, TX, officeholder living expense					
		Campaign Subscription for Video Conferencing					
	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 Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide ex	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/21 Rpt: 26/29	Alvarado	, Carol (The Honorable)					00024376	
4	Date	5 Payee na	me						
	05/05/2025	Zoom.us							
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode				
	\$17.05	55 Almad	den Blvd., 6th Floor						
			e, CA 95113						
8	PURPOSE OF		(See Categories listed at the top of		(b)	Description			
	EXPENDITURE	Office O	erhead/Rental Expense	)					plete Schedule T.
						_		officeholder living	/ideo Conferencing
						Campaign	ibs	cription to t	rideo Contenencing
9	Complete ONLY if direct	Candidate	Officeholder name	Office sou	ıaht			Office he	ald.
9	expenditure to benefit C/OI		Jiliceriolder flame	Office Sou	agrit			Office file	eiu
	Date	Payee na	ne						
	06/05/2025	Zoom.us							
	Amount (\$)	Payee ad		State; Zip Co	odo				
	` ,		•	State, Zip Ct	Jue				
	\$17.05	oo Aiiilat	den Blvd., 6th Floor						
		San Jose	e, CA 95113						
	PURPOSE	(a) Category	(See Categories listed at the top of	f this schedule)	(b)	Description			
	OF EXPENDITURE	Office O	erhead/Rental Expense	)		<b>=</b>			plete Schedule T.
						ш		officeholder living	
						Campaign Su	יצטג	cription for v	/ideo Conferencing
_	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıaht			Office he	ald
	expenditure to benefit C/OI		Sinceriolaer name	Office 300	agrit			Office file	aiu .
$\vdash$									

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instru	pages Schedule K: L/3 Rpt: 27/29			
2	FILER NAME 3 F				C (Ethics Commission Filers)
	Alvarado, Carol (The Honorable)				1376
4	Date	5 Name of person from whom amount is received	8 Amount (\$)		
-	06/30/2025	Amegy Bank			\$251.26
	00/00/2020				
		6 Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77027			
			1		
			olitic	cal cont	ribution returned to filer
		Monthly Interest from Certificate of Deposit			
	Date	Name of person from whom amount is received			Amount (\$)
	06/27/2025	Amegy Bank			\$2,257.72
		Address of person from whom amount is received; City; State; Zip Code		•••••	1
		Houston, TX 77027			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Monthly Interest from Certificate of Deposit			
	5 .				1 (4)
	Date	Name of person from whom amount is received			Amount (\$)
	05/31/2025	Amegy Bank			\$2,584.07
		Address of person from whom amount is received; City; State; Zip Code			
		H			
		Houston, TX 77027			
			olitic	al cont	ribution returned to filer
		Monthly Interest from Certificate of Deposit			
	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	Amegy Bank			\$2,492.47
		Address of person from whom amount is received; City; State; Zip Code			1
		Houston, TX 77027			
		Purpose for which amount is received Check if pr	olitic	al cont	ribution returned to filer
		Monthly Interest from Certificate of Deposit	Ontic	our corn	insulen returned to mer
_	_				1
	Date	Name of person from whom amount is received			Amount (\$)
	03/31/2025	Amegy Bank			\$165.88
		Address of person from whom amount is received; City; State; Zip Code			
		Houston, TX 77027			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Monthly Interest from Certificate of Deposit			

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instru	ages Schedule K: 2/3 Rpt: 28/29				
2	FILER NAME  Alvarado, Carol (The Honorable)  3 Filer ID 00024					ion Filers)
4	Date	5 Name of person from whom amount is received	00024	8 Amount (\$)		
	03/29/2025	Amegy Bank			γσ (ψ)	\$2,492.22
		6 Address of person from whom amount is received; City; State; Zip Code				
		Houston TV 77027				
		Houston, TX 77027  7 Purpose for which amount is received Check if p	olitio	al cont	ribution roturned to fi	ilor
		Monthly Interest from Certificate of Deposit	OIILIC	ai cont	ribution returned to fi	ilei
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	Amegy Bank			Amount (\$)	\$2,398.59
		Address of person from whom amount is received; City; State; Zip Code			•	, ,
		, , , , , , , , , , , , , , , , , , ,				
		Houston, TX 77027				
		_ `	olitic	al cont	ribution returned to fi	iler
		Monthly Interest from Certificate of Deposit				
	Date 01/31/2025	Name of person from whom amount is received  Amegy Bank			Amount (\$)	\$2,646.80
	01/31/2023	Address of person from whom amount is received; City; State; Zip Code				Φ2,040.60
		Address of person from whom amount is received, City, State, 21p Code				
		Houston, TX 77027				
			olitic	al cont	ribution returned to fi	iler
		Monthly Interest from Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	<b>40.070.70</b>
	01/12/2025	Amegy Bank				\$2,070.76
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77027				
		_ :	olitic	al cont	ribution returned to fi	iler
		Monthly Interest from Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/12/2025	Amegy Bank				\$2,082.51
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77027				
			olitic	al cont	ribution returned to fi	iler
		Monthly Interest from Certificate of Deposit				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instru		ages Schedule K: 8/3 Rpt: 29/29			
2	FILER NAME	iler ID	(Ethics Commiss	sion Filers)		
l	Alvarado, Ca	arol (The Honorable)	0024	376		
┝	Date	5 Name of person from whom amount is received		8 Amount (\$)		
	03/12/2025				<b>σ</b> Amount (φ)	Φ1 E77 G0
l	03/12/2023	Amegy Bank				\$1,577.68
l		6 Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Houston, TX 77027				
l			olitica	l contr	ibution returned to	filer
l		Monthly Interest from Certificate of Deposit				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	04/12/2025	Amegy Bank			, ,	\$1,752.26
		Address of person from whom amount is received; City; State; Zip Code				,
l		Address of person from whom amount is received, City, State, Zip Code				
l						
l		Houston, TX 77027				
l			alitiaa	المعامما	ibtio.orotroco.d to .	GI
l			olitica	contr	ibution returned to	nier
L		Monthly Interest from Certificate of Deposit			-	
	Date	Name of person from whom amount is received			Amount (\$)	
l	05/12/2025	Amegy Bank				\$1,701.30
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Houston, TX 77027				
l		Purpose for which amount is received	olitica	l contr	ibution returned to	filer
l		Monthly Interest from Certificate of Deposit				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	06/12/2025	Amegy Bank			(4)	\$1,763.78
l	00,12,2020	Address of person from whom amount is received; City; State; Zip Code				+=,. 00 0
l		Address of person from whom amount is received, City, State, Zip Code				
l						
l		Houston, TX 77027				
l			- liti l	المعمدة	ibtio.ot	61
l		Monthly Interest from Certificate of Deposit	onuca	Contr	ibution returned to	iller
L		Monthly interest from Certificate of Deposit				
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