## 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 Commis 00019673		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Alma A.			Date Received  ELECTRONICA	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/15/2025	
		Allen				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3717 Cork Drive				Receipt #	Amount
Change of Address	Houston, TX 77047-2801					
	Tiodeson, 170 Trom 2001				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Alfred				
	NICKNAME	LAST		SUFFIX		
		Jackson		30111X		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP1	// SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3717 Cork Drive			,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Residence or Business)	Houston, TX 77047-2801					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(713) 734-1542					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	X July 15	8th day before 6	election $\square$	Exceeded modified	Final Report (Attac	
		]		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ ∏G	eneral	Special		
				<b>—</b>		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 131 Harris		State Representa	ative Place Houst	on District 131
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Allen, Alma A. (The H	onorable)	<b>14</b> Filer ID ( 00019673	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1 TOTAL LINUTEM	ZED DOLUTICAL CONTRIBUTIONS (OTLIED THA	N DI FDOFO LOANO					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$ 0.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00				
4. TOTAL POLITICAL EXPENDITURES				<b>\$</b> 17,728.82				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 51,439.02				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Hor	orable Alma A. Allen					
		Signature of	Candidate or Officehole	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subso	day							
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

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

### FORM C/OH COVER SHEET PG 3

3 of 21

			3 of 21					
18 FILER NAME	A. (The Honorable)	<b>19</b> Filer ID 00019673	(Ethics Commission Filers)					
20 SCHEDULE S	O SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00					
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4. X S	SCHEDULE E: LOANS		\$ 0.00					
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 17,728.82					
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00					
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00					
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00					
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	<b>\$</b> 51.07					
			•					

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how	to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/21
2 FILER NAME Allen, Alma A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00019673
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date 6 Full name of pledgor out-of-s	state PAC (ID#:	8 Amount of pledge (\$) In-kind description (If applicable)
7 Pledgor Address; City; Stat	te; Zip Code	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (See Instructions)	11 Employer (See Inst	

	LOANS					SCHE	EDULE <b>E</b>
	The Instruction	The Instruction Guide explains how to complete this form.				ages Schedule E: L/1 Rpt: 5/21	
	FILER NAME Allen, Alma A. (The Honorable)				3 Filer ID 00019	Ethics Commis	ssion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			1	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amour	nt (\$)
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Dat	e
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructio	ns)	•	
14	Description of Coll  None	ateral		15 Check if personal funds v	vere deposite	ed into political acc (See Instruc	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Gua	aranteed (\$)
	not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructio	ns)	1	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Pollin pense Printi	g Expens ng Expen			Travel in District Travel Out of Di	
	Credit Card Payment		The Instruction Guide	e explains how to	compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	ΙE				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/14 Rpt: 6/21	Allen, Alma	a A. (The Honorable	e)				00019673	
4	Date	5 Payee name	e						
	01/09/2025		et Garden Club						
_				State; Zip	Codo				
6	Amount (\$)	7 Payee addr		State, Zip	Code				
	\$110.00	3810 Heat	nerbioom						
		Houston, 1	TX 77045						
8	PURPOSE	(a) Category (	See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		ons/Donations Made						plete Schedule T.
	LA LIBITORE	Candidate	Officeholder/Politica	al Committee		<b>—</b>		, officeholder living	g expense
						luncheon exp	en	se	
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought			Office h	eld
	experiulture to belieff C/Or								
	Date	Payee name	e						
	03/09/2025	Brentwood	Baptist Church						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$150.00	13033 Lan	•	, ,					
	4200.00								
		Llawatan 7	TV 7704E						
		Houston, T	X 77045						
	PURPOSE OF	(a) Category (	See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertisino	g Expense					ide of Texas. Com , officeholder livin	plete Schedule T.
						ad for debuta			у ехрепас
						aa ioi aobata		program	
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	cought			Office h	old.
	expenditure to benefit C/O		ncenoider name	Office	sougni			Office II	aiu
	Date	Payee name							
	06/08/2025	Brentwood	Baptist Church						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$500.00	13033 Lan	dmark						
		Houston, 1	TX 77045						
	PURPOSE				(6)				
	OF		See Categories listed at the to	op of this schedule)	(0)	Description  Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertisino	j Expense					, officeholder livin	
						ad for Men's			
									-
$\vdash$	Complete ONLY if direct	I Candidate/∩f	ficeholder name	Office	Sought			Office h	eld
	expenditure to benefit C/O			Onice	Jougiit			Office II	<b>∵.</b> ∽
$\Gamma_{\alpha}$	rme provided by Tayas E	thing Commiss	sion MAAAA	v othice state:	V 110				Version V// 1 0 f10d0fd9

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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 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: 2/14 Rpt: 7/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	04/11/2025	Clayton Spangler Photographic Design
6	Amount (\$) \$549.00	7 Payee address; City; State; Zip Code 253 Point Lick Dr.
		Charleston, WV 25306
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  House panoramic print and framing
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Costco
	Amount (\$) \$394.56	Payee address; City; State; Zip Code 10401 Research Blvd.
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food and supplies for opening day of the legislature/constituents at the capitol
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/24/2025	Payee name Costco
	Amount (\$) \$327.58	Payee address; City; State; Zip Code 10401 Research Blvd.
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Refreshments for Brentwood Baptist Church day at the capitol.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 3/14 Rpt: 8/21	Allen, Alma A. (The Honorable)  00019673
4	Date	5 Payee name
	03/17/2025	Davis, Cheryl
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2114 Midnight
		Houston, TX 77047
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		funeral donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Denny's
	Amount (\$)	Payee address; City; State; Zip Code
	\$357.00	3332 S Loop W
		Houston, TX 77025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mother's Day Breakfast for senior constituents
		Wolfiel's Day Breaklast for serifor constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2025	Dunbar Alumni
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO BOX 1961
		Livingston, TX 77351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		scholarship donation
-	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 Committ

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

e Travel in Dist e Travel Out of /Contract Labor OTHER (ente

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 9/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	01/24/2025	Fortier, Adoneca
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3302 Theysen Circle
		Houston, TX 77080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event organizing
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4619 Lyons Ave.
	Ψ300.00	4010 Lyons Ave.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		uonation
	Operation ONLY if allowed	Our stide to 10 ff as health are seen as 10 ff as a sought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$152.10	PO Box 2220
		Manchaca, TX 78652
	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 capitol office
		water for capitor office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 10/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	02/25/2025	House Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	PO Box 12453
		Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		social media management
		ooda managomen
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	1106 Lavaca St.
	Ψ000.00	1100 Edvaca St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership fee/donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to some ere.	
	Date	Payee name
	02/27/2025	Houston Livestock Show & Rodeo
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 20070
		Houston, TX 77225
	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
		membership tee/donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/14 Rpt: 11/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	06/26/2025	Houston Livestock Show & Rodeo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 20070
		Houston , TX 77225
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  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/18/2025	Jason's Deli
_	Amount (\$)	Payee address; City; State; Zip Code
	\$393.40	9517 Broadway St.
	φοσοτο	Suite 117
		Pearland, TX 77584
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for health fair vendors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/10/2025	Jetton, Lynnae
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	10954 Tracy Stevenson Ave.
		Las Vegas, NV 89166
	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
		Scholarship contribution
	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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
	Sch: 7/14 Rpt: 12/21	Allen, Alma A. (The Honorable) 00019673	
4	Date	5 Payee name	
L	06/25/2025	Kelly, Ed (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$310.00	4614 Trail Lake	
		Houston, TX 77045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Brentwood Baptist Church day at the Capitol - I	Rus
		Chaperone	Jus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	Date	Payee name	
	02/25/2025	Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 12943	
		Capitol Station	
		Austin, TX 78711-2943	
	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.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		membership fee/donation	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/27/2025	Lucy Mae Rawls Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	PO Box 1985	
		Pearland, TX 77588	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Donation for easter egg hunt	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oh		
Eor	rms provided by Tevas F	Thirs Commission www.athics.state.tv.us Version V/4.1.0.f1	040f40

#### 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			Legal Services	Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed a	bove)
Credit Card Payment				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/14 Rpt: 13/21		Allen, Alma	A. (The Honora	ble)					00019673		
4	Date	5	Payee name									
	02/15/2025		Mt. Hebron I	Missionary Bapt	ist Church							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$100.00		7817 Calhou	ın Road								
			Houston, TX	77033								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE		Candidate/C	fficeholder/Poli	tical Commi	ittee		<b>—</b>		officeholder livir		
								pastor annive	ersa	ary donatioi	1	
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	O	ffice sou	gnt			Office h	iela	
_		_										
	Date		Payee name									
	03/23/2025		Prairie View	A&M University	/							
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$200.00		100 Universi	ity Dr.								
			Prairie View	, TX 77446								
	PURPOSE OF	(a)	Category (See	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE			s/Donations Ma	,			_		de of Texas. Co officeholder livir	mplete Schedule T.	
			Carididate/C	officeholder/Poli	licai Commi	illee		donation	, 17,	officeriolder livii	ig expense	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/23/2025		Pro-Vision									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$600.00		2656 S Loop	W Suite 650		·						
			Houston, TX	77054								
	PURPOSE	(a)		e Categories listed at th	o tan af this saha	dula)	(b)	Description				
	OF	(-,		s/Donations Ma		edule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			fficeholder/Poli		ittee		_		officeholder livir	ng expense	
								donation to th	ne s	school		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	neld	
	experientare to benefit G/OI											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 14/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	01/14/2025	Randalls Grocery Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.47	5311 Balcones Dr.
		Auston, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ice for opening day of the legislature
		loc for opening day of the registature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/12/2025	Richard White Car Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6707 Ridgeway
		Houston, TX 77087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		driving service for senior visit to the Capitol for
		opening day
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/16/2025	Rodney Ellis Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 56386
		Houston, TX 77256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
	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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 10/14 Rpt: 15/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	01/19/2025	Smith Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	18 Ivy Bend Ln.
		Sugar Land, TX 77479
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  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/Oh	I Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/25/2025	South Houston Concerned Citizens Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3810 W Fuqua St, STE 131
		Houston, TX 77045
	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
		banquet sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	01/14/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.30	3317 Northland Dr.
	Ψ-10.00	oor Normand Dr.
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  coffee for opening day of the legislature/constituent
		visit to the capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 11/14 Rpt: 16/21	Allen, Alma A. (The Honorable) 00019673	
4	Date	5 Payee name	
	04/01/2025	Steven F. Austin Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$319.41	701 Congress Ave.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Event Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		lodging for outstanding Texan (Linda Scurloc) TLB0	)
		event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/23/2025	Texas Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	PO Box 15707	
		Austin, TX 78761	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/05/2025	Texas HBCU Legislative Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	PO Box 2910	
		Austin, TX 78768	
	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.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		membership fee/donation	
			_
	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 Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 17/21	Allen, Alma A. (The Honorable)	00019673
4	Date	5 Payee name	
	01/28/2025	Texas Legislative Progressive Caucus	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions Made By	utside of Texas. Complete Schedule T. TX, officeholder living expense ee/donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/27/2025	Top Ladies of Distinction	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	2607 Prospect St	
		Houston, TX 77004	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Control to the second of the second of the schedule of the second of the	utside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By	TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/03/2025	US Post Office	
	Amount (\$) \$365.00	Payee address; City; State; Zip Code 9440 Cullen	
		Houston, TX 77051	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Liverit Expense	utside of Texas. Complete Schedule T.
	-	Check if Austin, stamps for inv	TX, officeholder living expense vitations
_	Complete ONLY 'C. "	Candidate Office halden no	Office heal-l
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/14 Rpt: 18/21	Allen, Alma A. (The Honorable) 00019673
4	Date	5 Payee name
	06/16/2025	Vogel, Anneliese
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	11702 Sterlinghill Dr
		Austin, TX 78758-3831
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		January ethics report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/30/2025	Vogel, Anneliese
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11702 Sterlinghill Dr
		Austin, TX 78758-3831
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		maintaining ethics report account info
		mantaning outloo report account into
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
_	Date	Davies same
	05/30/2025	Payee name Vogel, Anneliese
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11702 Sterlinghill Dr
		Austin, TX 78758-3831
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  personal financial statement preparation
		personal illianolal statement preparation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services The Instruction (			ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 14/14 Rpt: 19/21	I		A. (The Honor	able)					Filer ID 00019673	(Ethics Commission Filers)	)
4	Date 03/03/2025		Payee name Western Mo	torcoach								
6	Amount (\$) \$1,336.00		Payee addres 11318 Bedfo	ord	State;	Zip Cod	ate					
8	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper			·		Check if Austin,	, тх, <mark>apt</mark> i	officeholder living	lay at the capitol.	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office soug	jht			Office he	eld	
	Date		Payee name									
	03/11/2025	,	Western Mo	torcoach								
	Amount (\$) \$1,560.00	l	Payee addres 11318 Bedfo	-	State;	Zip Cod	ale					
			Houston, TX	77031								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Event Exper	e Categories listed a	the top of this sch	edule)		Check if Austin,	, тх, <mark>apt</mark> i	officeholder living	plete Schedule T. g expense Day at the Capitol -	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office soug	Jht 			Office he	eld	

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

#### SCHEDULE K

	The Instru	ages Schedule K: ./2 Rpt: 20/21					
2	FILER NAME		Fi	ler ID	(Ethics Commission Fi	lers)	
	Allen, Alma	A. (The Honorable)	0019	9673			
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
-	01/24/2025	Amegy Bank				(+)	\$9.06
	01/24/2023						Ψ5.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		Pearland, TX 77584					
		7 Purpose for which amount is received Check if	politi	ical	contr	ibution returned to filer	
		interes					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/24/2025	Amegy Bank				(,)	\$9.07
	0=/= !/=0=0						+0.0.
		Address of person from whom amount is received; City; State; Zip Code					
		Decidend TV 77504					
		Pearland, TX 77584					
			politi	ical	contr	ibution returned to filer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	03/24/2025	Amegy Bank					\$8.20
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is reserved, Gity, Glate, Elp Gode					
		Pearland, TX 77584					
			noliti	ical	contr	ibution returned to filer	
		interest	politi	ıcaı	COIII	ibulion returned to mer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/24/2025	Amegy Bank					\$8.83
		Address of person from whom amount is received; City; State; Zip Code					
		Pearland, TX 77584					
		Purpose for which amount is received Check if	politi	ical	contr	ibution returned to filer	
		interest —					
	Doto	Name of paragraph from whom amount is received				Amount (ft)	
	Date	Name of person from whom amount is received  Amegy Bank				Amount (\$)	<b>ተ</b> 7 ፫ር
	05/23/2025			\$7.56			
		Purpose for which amount is received	politi	ical	contr	ibution returned to filer	
		interest					

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 21/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Allen, Alma A. (The Honorable) 00019673 5 Name of person from whom amount is received 8 Amount (\$) Date 06/24/2025 \$8.35 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code Pearland, TX 77584 Purpose for which amount is received Check if political contribution returned to filer interest