FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065843 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rosemarie NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Rosie Alvarado CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** William R. NAME NICKNAME LAST **SUFFIX** Elizondo **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 412-1858 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 438 Bexar

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Alvarado, Rosemarie	(The Honorable)		14 Filer ID 00065843	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	is accepted or political expendit is may have been made without required to report this information	the candidate's or of	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
_	GENERAL	00141477777	200			
	SPECIFIC	COMMITTEE ADI	JRESS			
	J Si Leine					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		5, \$	0.00
		ICAL CONTRIBU	JTIONS S, OR GUARANTEES OF LOAN	16)	\$	0.00
EXPENDITURE		IZED POLITICAL E	•	15)	\$	0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDIT	TIRES			
	10171210211				\$	9,148.37
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE I	AST DAY OF THE	\$	78,635.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	S OF THE LAST DAY	\$	333.46
17 AFFIDAVIT						
			I swear, or affirm, under penal- true and correct and includes a under Title 15, Election Code.	ty of perjury, that the all information require	accompanying d to be report	g report is ed by me
			The Honor	able Rosemarie Alv	varado	
				f Candidate or Office		
AFFIX NC	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to c	ertify which, witness	s my hand and seal of office.			
				— 1		
Signature of offi	cer administering oath	Printed name	of officer administering oath	Little of offi	icer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 12
18 FILER NAI Alvarado,	ME , Rosemarie (The Honorable)	19 Filer ID 00065843	(Ethics Commission Filers)
	LE SUBTOTALS SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 9,148.37
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

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: 1/9 Rpt: 4/12	Alvarado, Rosemarie (The Honorable) 00065843
4	Date	5 Payee name
L	02/24/2025	Alonti Catering Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$203.90	8025 Callaghan Rd
		San Antonio, TX 78230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Presiding Judge's Meeting
		Worthly Freshaing stages weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/13/2025	Buffalo Wild Wings #812
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$102.30	1134 Culebra Rd.
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Presiding Court Staff Meeting
		Landing Court Stail Meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/28/2025	Domino's Pizza #6800
H	Amount (\$)	Payee address; City; State; Zip Code
	\$84.86	250 W Houston Street
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Presiding Court Staff Meeting
		Lunch for Presiding Court Stan Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	:)
	Sch: 2/9 Rpt: 5/12	Alvarado, Rosemarie (The Honorable) 3 Filer ID (Ethics Commission Files) 00065843	·)
4	Date	5 Payee name	
	01/18/2025	HEB #398	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$105.33	2929 Thousand Oaks	
		San Antonio, TX 78247	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Court breakroom & paper product supplies.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	
	02/14/2025	HEB #718	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.58	516 S Flores St	
		San Antonio, TX 78204	
	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	
		Valentine's Appreciation Gifts for Courthouse Civi	ı
		Departments Departments	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/07/2025	Indeed Tower	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	200 W. 6th Street	
	,		
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supreme Court Advisory Committee Meeting:	
		Parking Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 3/9 Rpt: 6/12	Alvarado, Rosemarie (The Honorable) 00065843
4	Date	5 Payee name
	02/12/2025	Jimmy Johns #4327
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.66	160 East Houston
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Box Lunches for Judges Meeting
		Dox Editories for Studes Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/27/2025	Kosub Consulting LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$862.50	15025 Cadillac Drive
		San Antonio, TX 78248
	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 Research
		rescaron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/06/2025	Payee name La Mexicana Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.82	130 Main Plaza
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch Mtg RE: Court & Community Coalition
		Outreach
	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/Offenbalder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 4/9 Rpt: 7/12	;)			
Sch: 4/9 Rpt: 7/12 Alvarado, Rosemarie (The Honorable) 00065843 4 Date 02/01/2025 5 Payee name Mexican American Bar Association of San Antonio 6 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 830953 San Antonio, TX 78283 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense Office sought Office held Date O3/10/2025 Payee name North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code	3)			
4 Date 02/01/2025 5 Payee name Mexican American Bar Association of San Antonio 6 Amount (\$) \$750.00 \$750.00 \$7				
Mexican American Bar Association of San Antonio Amount (\$)				
7 Payee address; City; State; Zip Code P.O. Box 830953 San Antonio, TX 78283 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date O3/10/2025 Payee name North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
\$750.00 P.O. Box 830953 San Antonio, TX 78283 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date O3/10/2025 Amount (\$) Payee address; City; State; Zip Code				
San Antonio, TX 78283 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date O3/10/2025 Payee name North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
Advertising Expense Advertisi				
Advertising Expense Advertisi				
Pachanga Sponsorship 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
Date Payee name 03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
Date Payee name 03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
Date Payee name 03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
03/10/2025 North East Bexar County Democrats Amount (\$) Payee address; City; State; Zip Code				
Amount (\$) Payee address; City; State; Zip Code				
\$200.00 P.O. Box 700766				
San Antonio, TX 78270				
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE Advertising Expense Gheck if travel outside of Texas. Complete Schedule T.				
Check if Austin, TX, officenoider living expense				
Program Ad: Inside Half Page 2025 Dining With Democrats				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Data Davis				
Date Payee name				
05/27/2025 Novellion				
Amount (\$) Payee address; City; State; Zip Code				
\$1,664.44 15025 Cadillac Drive				
San Antonio, TX 78248				
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description				
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
Check if Austin, 1X, officenoider living expense				
Campaign Website & Political Advertising				
Complete ONLY if direct Condidate/Officeholder name Office accepts				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/9 Rpt: 8/12	Alvarado, Rosemarie (The Honorable) 00065843
4	Date	5 Payee name
	05/23/2025	Primo Brands / BlueTriton Brands, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.98	P.O. Box 856680
		Louisville, KY 40285-6680
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
		Court Water Dispenser Rental & Monthly Water Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	Primo Brands / BlueTriton Brands, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$349.20	P.O. Box 856680
		Louisville, KY 40285-6680
	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
		Court Water Dispenser Rental & Monthly Water Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2025	Sparkletts & Sierra Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.96	200 Eagles Landing Blvd
		Lakeland, FL 33810
	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
		Court Water Dispenser Rental & Monthly Water Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	י

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: 6/9 Rpt: 9/12	Alvarado, Rosemarie (The Honorable) 00065843
4	Date	5 Payee name
	01/27/2025	Sparkletts & Sierra Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.98	200 Eagles Landing Blvd
		Lakeland, FL 33810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
		Count Water Dispenser Nemara Monthly Water Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2025	Sparkletts & Sierra Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.97	200 Eagles Landing Blvd
		Lakeland, FL 33810
	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
		Court Water Dispenser Rental & Monthly Water Fee
		Source value. 2 opposes vicinia a montain, vialo. visi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	Sparkletts & Sierra Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	200 Eagles Landing Blvd
		Lakeland, FL 33810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
		Court water dispenser Rental & Monthly Water Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 7/9 Rpt: 10/12	Alvarado, Rosemarie (The Honorable) 00065843
4	Date	5 Payee name
	03/13/2025	Sparkletts & Sierra Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.27	200 Eagles Landing Blvd
		Lakeland, FL 33810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Court Water Dispenser Rental & Monthly Water Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	Data	
	Date	Payee name
	03/24/2025	Sparkletts & Sierra Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	200 Eagles Landing Blvd
		Lakeland, FL 33810
	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
		Court Water Dispenser Rental & Monthly Water Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2025	Sparkletts & Sierra Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$164.68	200 Eagles Landing Blvd
		Lakeland, FL 33810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Court Water Dispenser Rental & Monthly Water Fee
L	Operation Chilly 2. "	Openhalte Office halden and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Ex ense Printing E	kpense Expens			Travel in Dist Travel Out of		
L			The Instruction Guide	explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER N.	AME				3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/9 Rpt: 11/12	Alvarad	o, Rosemarie (The Hon	orable)				00065843	3	
4	Date	5 Payee na	ame							
	04/21/2025		tts & Sierra Springs							
6	Amount (\$)	7 Payee at	ddress; City;	State; Zip Co	ode					
	\$12.98	200 Eag	les Landing Blvd							
		Lakelan	d, FL 33810							
8	PURPOSE	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description				
	OF		verhead/Rental Expens			_ :	outsi	de of Texas. C	omplete Schedule T.	
	EXPENDITURE		•			Check if Austin				
						Court Water	Dis	penser Re	ental & Monthly Wat	er Fee
L					L					
9	Complete ONLY if direct expenditure to benefit C/Oh		/Officeholder name	Office sou	ight			Office	held	
	Date	Payee na	ame							
	04/10/2025	St. Mary	r's Hispanic Law Alumn	i Association						
	Amount (\$)	Payee ad	ddress; City;	State; Zip Co	ode					
	\$3,750.00	1	no Santa Maria St							
	ψ3,730.00	1 Carriii	io Santa Mana St							
		San Ant	onio, TX 78228							
	PURPOSE OF	(a) Category	(See Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Advertis	ing Expense			-			omplete Schedule T.	
	Check if Austin, TX, officeholder living expense Bronze Sponsorships (x3)									
									ırship & Awards Dir	ner
_	Compulate ONLY if direct	Canalidata	/Officeholder name	O#iss ss.				Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/Oniceriolder name	Office sou	ıgnı			Office	neid	
	Date	Payee na	ame							
	03/24/2025	St. Mary	's University							
	Amount (\$)	Payee ad	ldress; City;	State; Zip Co	ode					
	\$100.00	1 Camir	o Santa Maria							
		San Ant	onio, TX 78228							
	PURPOSE	(a) Category	(See Categories listed at the top	n of this schedule)	(b)	Description				
	OF		utions/Donations Made		<u> </u>	•	outsi	de of Texas. C	omplete Schedule T.	
	EXPENDITURE		ate/Officeholder/Politica			Check if Austin				
						St. Mary's Atl	hle	tics Hour-A	A-Thon Donation	
	Complete ONLY if direct		/Officeholder name	Office sou	ıght			Office	held	
	expenditure to benefit C/OI	4								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction			ense .ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/9 Rpt: 12/12				he Honorable)				00065843	
4	Date	5	Payee name							
L	01/06/2025		· · · · · · · · · · · · · · · · · · ·	c Justice Fou						
6	Amount (\$)	7	Payee addre			; Zip Coo	е			
	\$250.00		104 Варсо	ck Road Suite	e 107					
			San Antoni	o, TX 78201						
8	PURPOSE OF	(a)			d at the top of this sch	nedule)	b) Description			
	EXPENDITURE			ns/Donations	Made By Political Comm	nittoo	ш		ide of Texas. Com , officeholder living	
			Carididate/	Onicendident	Political Comin	iiilee			ourt CLE: Fa	
							•	·		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	е (Office soug	ht		Office he	eld