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) 00083708 10 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Selena M. NAME Date Received **ELECTRONICALLY FILED** 08/25/2025 NICKNAME LAST **SUFFIX** Alvarenga CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; 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** The Honorable Selena M. NAME NICKNAME LAST **SUFFIX** Alvarenga **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** (512) 619-0108 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff Х appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 460 Travis Criminal District Court Judge District 460th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Alvarenga, Selena M	(The Honorable)	14 Filer ID 00083708	(Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's knownotice of such e	vledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$	0.00
	2. TOTAL POLIT	\$	0.00		
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM				
TOTALS		\$	0.00		
		ICAL EXPENDITURES		\$	2,139.45
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	7,933.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	S OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	ccompanying re to be reported	eport is by me
	renga				
		Signature	of Candidate or Officeh	older	_
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	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	er administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath
-	<u>, </u>	Ç			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 10
	a, Selena M. (The Honorable)	19 Filer ID 00083708	(Ethics Comr	nission Filers)
20 SCHEDUI NAME OF	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,139.45
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 CONTRIBUTI	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

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

	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: 1/7 Rpt: 4/10	Alvarenga, Selena M. (The Honorable) 00083708
4	Date	5 Payee name
	03/17/2025	Black Austin Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	PO Box 212
		Austin, TX 78767
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
		Everit contribution
_	Complete ONU V if allows	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/18/2025	Habla Con Orgullo
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.47	
		тх
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Event contribution
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	e Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/7 Rpt: 5/10	Alvarenga	ı, Selena M. (The Hono	rable)				00083708	
4	Date	5 Payee nam	ie						
	02/03/2025	Paragon S	Solutions						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip (Code				
	\$30.00	2141 E. B	roadway Rd						
		Suite 202							
		Tempe, A	Z 85282						
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schodulo)	(b)	Description			
	OF EXPENDITURE		n/Fundraising Expense		`´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					\Box		officeholder living	expense
						Donation fee			
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office s	ought			Office he	eld
	Date	Payee nam	ie						
	03/03/2025	Paragon S	Solutions						
	Amount (\$)	Payee add	ress; City;	State; Zip (Code				
	\$30.00	2141 E. B	roadway Rd						
		Suite 202							
		Tempe, A	Z 85282						
	PURPOSE	(a) Category	(See Categories listed at the top of	this schodula)	(b)	Description			
	OF		n/Fundraising Expense				outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					_		officeholder living	expense
						Donation fee			
_	2		50. 1. 1.1		<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office s	ought			Office he	eld
	Date	Payee nam							
	04/02/2025	Paragon S	Solutions						
	Amount (\$)	Payee add	ress; City;	State; Zip (Code				
	\$30.00	2141 E. B	roadway Rd						
		Suite 202							
		Tempe, A	Z 85282						
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		n/Fundraising Expense			Check if travel		de of Texas. Com	
	LAFLINDITORE		•					officeholder living	expense
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	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office s	ought			Office he	eia

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	- Gift/Awa Committee Legal Se	everage Expense ards/Memorials Expense ervices a struction Guide explains	•	ense Jes/Contract Labor	Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 3/7 Rpt: 6/10	Alvarenga, Selen	a M. (The Honorable	!)		00083708	
4	Date	5 Payee name				I	
	05/02/2025	Paragon Solution	S				
6	Amount (\$)	7 Payee address;		e; Zip Code	<u> </u>		
	\$30.00	2141 E. Broadwa	•	, <u>-</u> .p 0000	•		
	400.00	Suite 202	, 				
		Tempe, AZ 85282	>				
	DUDDOCE			1.1	N December		
8	PURPOSE OF	(a) Category (See Categon Solicitation/Fundrometry)		hedule)	DescriptionCheck if travel	outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	Julicitation/Fullul	aising Expense		=	, TX, officeholder livin	
					Donation fee		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name	Office sough	t	Office h	eld
	Date	Payee name					
	06/02/2025	Paragon Solution	S				
	Amount (\$)	Payee address;	City; State	e; Zip Code)		
	\$30.00	2141 E. Broadwa	y Rd				
		Suite 202					
		Tempe, AZ 85282	2				
	PURPOSE	(a) Category (See Categ		hedule) (k) Description		
	OF EXPENDITURE	Solicitation/Fundr		sudie)	_	outside of Texas. Con	nplete Schedule T.
	LAFENDITURE		- •		—	, TX, officeholder livin	g expense
					Donation fee		
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	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name	Office sough	T.	Office h	eia
	Date	Payee name					
	01/16/2025	Squarespace					
	Amount (\$)	Payee address;	City; State	e; Zip Code)		
	\$23.38	225 Varick St					
		12th Floor					
		New York, NY 10	014				
	PURPOSE	(a) Category (See Categ	ories listed at the top of this sc	hedule) (k) Description		
	OF EXPENDITURE	Office Overhead/				outside of Texas. Con	·
					ш	, TX, officeholder livin	g expense
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	Complete ONLY if direct	Candidate/Officehold	lor namo	Office sough	.	Office h	old
	Complete ONLY if direct expenditure to benefit C/OH		ei name	Onice Sough	ıı	Office fi	Giu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Cui	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
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1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10			Selena M. (The F	Honorable)				00083708	
4	Date	5	Payee name							
	02/18/2025		Squarespac	e						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	ode				
	\$23.38		225 Varick S	St						
			12th Floor							
			New York, N	JV 10014						
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8	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description		d4.T O	alata Cabadula T
	EXPENDITURE		Office Overl	head/Rental Exp	ense				officeholder living	plete Schedule T.
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							Website			
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9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Office	ceholder name	Office sou	ugnt			Office he	ela
	Date		Payee name							
	03/17/2025		Squarespac	e						
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode				
	\$23.38		225 Varick S	St						
			12th Floor							
			New York, N	JV 10014						
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	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description		d4.T O	alata Cabadula T
	EXPENDITURE		Office Overl	head/Rental Exp	ense		=		officeholder living	plete Schedule T.
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							Website			
	Complete ONLY if direct	<u> </u>		ceholder name	Office sou	ıaht			Office he	
	expenditure to benefit C/O		Januluate/Oni	centider name	Office 300	agrit			Office In	siu
		_								
	Date		Payee name							
	04/01/2025		Squarespac	e						
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode				
	\$12.00		225 Varick S	St						
			12th Floor							
			New York, N	NY 10014						
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	PURPOSE OF	(a)		ee Categories listed at the		(a)	Description Check if traval	outoi	do of Toyon Com	plete Schedule T.
	EXPENDITURE		Office Overi	head/Rental Exp	ense				officeholder living	
							Website	,,		,
_	Complete ONLY if direct	Щ		ceholder name	Office sou	laht			Office he	7l4
	expenditure to benefit C/O		Januale/Offi	Condider Hallie	Office Suc	agrit			Onice H	JIU

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

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

	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: 5/7 Rpt: 8/10	Alvarenga, Selena M. (The Honorable)
4	Date	5 Payee name
	04/16/2025	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.28	225 Varick St
		12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.28	225 Varick St
		12th Floor
		New York, NY 10014
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.28	225 Varick St
		12th Floor
		New York, NY 10014
	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	Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 6/7 Rpt: 9/10	Alvarenga, Selena M. (The Honorable) 00083708	
4	Date	5 Payee name	
	01/15/2025	TCWLA	
6	Amount (\$) \$130.00	7 Payee address; City; State; Zip Code POBox 1386 Austin, TX 78767	
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.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		Event contribution	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/05/2025	Texans Care for Children	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.00	1016 La Posada Drive	
		#240	
		Austin, TX 78752	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry 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	
		Event contribution	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2025	Texas Center for the Judiciary	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$435.00	1210 San Antonio	
		Ste 800	
		Austin, TX 78701	
	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	
		Event expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	n	
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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 Committ

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	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)	
L	Sch: 7/7 Rpt: 10/10	Alvarenga, Selena M. (The Honorable) 00083708	
4	Date	5 Payee name	
L	04/14/2025	Travis County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$256.00	PO Box 684263	
		Austin, TX 78768	
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.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Event contribution	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	п 	
	Date	Payee name	Ī
	01/16/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.00	475 L'Enfant Plaza SW	
		Washington, DC 20260	
	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	
		Pobox rental	
		T OBOX TOTAL	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	03/21/2025	University Democrats	
		<u> </u>	_
	Amount (\$)	Payee address; City; State; Zip Code	ļ
	\$150.00	911 West 21st Street	
		#2407	
L		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Eveni Contribution	
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	Complete ONLY if direct expenditure to benefit C/OI		
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