

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00024376	2 Total pages filed: 78		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Carol	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Alvarado	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 230842  Houston, TX 77223			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms.	MI			
	NICKNAME	LAST Yolanda	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6669 Fairfield  Houston, TX 77023		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (713) 557-1767					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/07/2028		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 6			12 OFFICE SOUGHT (if known) State Senator District 6		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Alvarado, Carol (The Honorable)		14 Filer ID (Ethics Commission Filers) 00024376
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 100,368.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 116,255.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,569,981.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Carol Alvarado

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal 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**

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<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Alvarado, Carol (The Honorable)	00024376	
<b>20</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	98,590.83
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,778.05
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	116,255.15
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	25,491.64

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/30 Rpt: 4/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcox-Kimmel, Linda ..... Contributor address; City; State; Zip Code  Albuquerque, NM 87193	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre & Fields LP PAC ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alderson, George ..... Contributor address; City; State; Zip Code  Catonsville, MD 21228	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP ..... Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/30 Rpt: 5/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angel, Nory	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77023	
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) American Leadership Forum
Date 09/11/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00060103) BP North America Employee PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77079	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Brooks	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77040	
Principal occupation / Job title (See Instructions) Texas Broker		Employer (See Instructions) Engel & Völkers
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Brooks	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77040	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) BBIRE
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/30 Rpt: 6/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Emerson	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76011-2243	
<b>8</b> Principal occupation / Job title (See Instructions) Investment Manager		<b>9</b> Employer (See Instructions) Fee ONLY Financial Planning
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Jeff	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Columbia, MD 21044	
<b>Principal occupation / Job title (See Instructions)</b> IT Consultant		<b>Employer (See Instructions)</b> Jeffrey Biggs LLC
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Booker II, Sam	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77087	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Borrego, Claudia	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77017	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Limerock Resources
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Bobby	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	
<b>Principal occupation / Job title (See Instructions)</b> Home Builder/Developer		<b>Employer (See Instructions)</b> Tropicana Homes/Tropicana Building

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/30 Rpt: 7/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calpine PAC ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Plumbing Estimator		<b>9</b> Employer (See Instructions) Synergy Sales NW
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Leigh ..... Contributor address; City; State; Zip Code  Portland, OR 97211	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Harris County
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrion, Mary Ann ..... Contributor address; City; State; Zip Code  Houston, TX 77262	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Margaret ..... Contributor address; City; State; Zip Code  Santa Clara, CA 95051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centerpoint Energy, Inc. PAC ..... Contributor address; City; State; Zip Code  Houston, TX 77210	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/30 Rpt: 8/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor Citigroup Inc. PAC - State .....  Washington, DC 20004	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>6</b> Contributor address; City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor Cobb Fendley PAC .....  Houston, TX 77040	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor Comcast Corporation & NBC Universal PAC .....  Philadelphia, PA 19103	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor Covestro PAC .....  Pittsburgh, PA 15205	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor Crosier, Cheryl .....  Houston, TX 77061	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/30 Rpt: 9/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Jeffrey	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723	
<b>8</b> Principal occupation / Job title (See Instructions) Researcher		<b>9</b> Employer (See Instructions) Stripe
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Sharon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Sharon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Michael	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  Columbia, MD 21044	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado, Jo Ann	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77089	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/30 Rpt: 10/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyess, Frances ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77003	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Houston East End Chamber
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einhorn, Peter ..... Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Policy Analyst		Employer (See Instructions) Travis County
Date 07/16/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly & Company PAC ..... Contributor address; City; State; Zip Code  Indianapolis, IN 46285	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinedo, Joshua ..... Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Wealth Management Advisor		Employer (See Instructions) Merrill Lynch
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonseca, Ramiro ..... Contributor address; City; State; Zip Code  Houston, TX 77017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Tejano Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/30 Rpt: 11/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Charles	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77046	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Foster LLP
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Dan	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  San Mateo, CA 94402	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese And Nichols PAC	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76109	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrichs, Edwin	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Bellaire, TX 77401	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Walter P Moore and Associates, Inc.
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gambrell, Horace	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Columbia, MD 21044	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/30 Rpt: 12/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Joe ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) Government & Public Affairs	<b>9</b> Employer (See Instructions) The Garcia Group
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Roland ..... Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Greenberg Traurig LLP
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Karen ..... Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Financial consultant	Employer (See Instructions) Ralph S. O'Connor & Associates
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg Traurig, P.A. PAC ..... Contributor address; City; State; Zip Code  Albany, NY 12207	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Linda ..... Contributor address; City; State; Zip Code  Round Mountain, TX 78663	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/30 Rpt: 13/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund .....  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HNTB Holding Ltd. PAC .....  Contributor address; City; State; Zip Code  Kansas City, MO 64105	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Catherine .....  Contributor address; City; State; Zip Code  Houston, TX 77043	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Lawyer	Employer (See Instructions) Herrington law firm
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, David .....  Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Executive VP	Employer (See Instructions) Binkley & Barfield
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Leslie .....  Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Server	Employer (See Instructions) Miss

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/30 Rpt: 14/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heisch, Rodney	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	
<b>8</b> Principal occupation / Job title (See Instructions) Houston Region Operations Leader		<b>9</b> Employer (See Instructions) BGE Inc
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/30 Rpt: 15/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, John	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Eugene	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77018	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) EDH Plumbing Contractors
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Pate Strategies LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78767	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston ILA Dock and Marine Council PAC Fund	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/30 Rpt: 16/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Lynne	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Argentina	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Pearland, TX 77581	
<b>Principal occupation / Job title (See Instructions)</b> Public Relations		<b>Employer (See Instructions)</b> HillDay
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Garcia Campaign	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77229	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Judith	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77075	
<b>Principal occupation / Job title (See Instructions)</b> Occupational Therapist		<b>Employer (See Instructions)</b> Texas Occupational Therapy Association
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez, Arthur	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77011	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/30 Rpt: 17/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KCI Texas PAC	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 78248	
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) GAP Texas
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Bill	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Billy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  South Houston, TX 77587	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimball, Robert	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77084	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kind, Viki	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Granada Hills, CA 91344	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/30 Rpt: 18/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Rocky ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Rocky Lai & Associates Inc
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanagan, David ..... Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanagan, Lindsay ..... Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Donald C. Dewberry ..... Contributor address; City; State; Zip Code  Houston, TX 77099	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Li, Kenneth ..... Contributor address; City; State; Zip Code  Houston, TX 77036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/30 Rpt: 19/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson, LLP .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78760	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Principal occupation / Job title (See Instructions) Health Care Executive	<b>9</b> Employer (See Instructions) Planned Parenthood
<b>Date</b> 08/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Linton, Melaney .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> Health Care Executive	<b>Employer (See Instructions)</b> Planned Parenthood
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Linton, Melaney .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Principal occupation / Job title (See Instructions)</b> Health Care Executive	<b>Employer (See Instructions)</b> PPGC
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Lloyd Gosselink Rochelle & Townsend, P.C. .....  <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Lockwood, Andrews & Newnam, Inc. (LAN) PAC .....  <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77042	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/30 Rpt: 20/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loredo, Eva	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77012	
<b>8</b> Principal occupation / Job title (See Instructions) Trustee		<b>9</b> Employer (See Instructions) HCCS
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyondell Chemical Company PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77010	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Judy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77530	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods Federal PAC Fund	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Richmond, VA 23219	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Eddie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77095	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Remodel HTX

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/30 Rpt: 21/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindiola, Anthony	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77026	
<b>8</b> Principal occupation / Job title (See Instructions) Electrician		<b>9</b> Employer (See Instructions) City of Houston
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindiola, Cindy	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindiola, Cynthia	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004	
<b>Principal occupation / Job title (See Instructions)</b> Engr & Tech Supt Manager		<b>Employer (See Instructions)</b> IT
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78746	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Moe, George	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Columbia, MD 21044	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/30 Rpt: 22/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Teresa	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	
<b>8</b> Principal occupation / Job title (See Instructions) Banking		<b>9</b> Employer (See Instructions) Amegy Bank
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Tracy	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77003	
<b>Principal occupation / Job title (See Instructions)</b> Artist		<b>Employer (See Instructions)</b> Independent
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Thai	<b>Amount of Contribution (\$)</b> \$12.50
	<b>Contributor address; City; State; Zip Code</b>  Silver Spring, MD 20910	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemeier, Karen S	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Valley Glen, CA 91401	
<b>Principal occupation / Job title (See Instructions)</b> Research Administrator		<b>Employer (See Instructions)</b> Children's Hospital Los Angeles
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Noriega, Richard	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/30 Rpt: 23/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor Novartis PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/24/2025	Full name of contributor Nurmi, Annikki	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Easton, CT 06612-1324	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2025	Full name of contributor Orr, Darlene	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Columbia, MD 21044	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor PAC of The Independent Insurance Agents of Texas	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor Pape-Dawson Engineers PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78213	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 21/30 Rpt: 24/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor Pfeifer, Diana	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009		
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions) Kayne Anderson Capital Advisors, L.P.	
Date 12/09/2025	Full name of contributor Pfizer PAC	<input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00016683</u> )	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  New York, NY 10017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/23/2025	Full name of contributor Philley, Angela	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78753		
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Touch of Class	
Date 08/23/2025	Full name of contributor Pilay, June	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75056		
Principal occupation / Job title (See Instructions) Shop Owner		Employer (See Instructions) Self	
Date 08/23/2025	Full name of contributor Prater, Amanda	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78753		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/30 Rpt: 25/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R.R.P. Consulting Engineers LLC	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raba Kistner PAC Inc	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78269	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reedy, Nathan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77023	
Principal occupation / Job title (See Instructions) Sales Director		Employer (See Instructions) Estee Lauder Companies
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reyes, Conchita	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Spring, TX 77379	
Principal occupation / Job title (See Instructions) Business Consultant		Employer (See Instructions) East End Business Advisors
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rickenbacker, Donna	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) MF Development		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/30 Rpt: 26/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Mark	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77011	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Gulf Coast Used Cars
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Gracie	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77023	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson Public Affairs, LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78749	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Catherine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brian	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77021	
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions) Brian Smith Construction Inspection Inc.

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/30 Rpt: 27/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Sorola Consulting Services Inc.
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Airlines CO PAC	<b>Amount of Contribution (\$)</b> \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75235	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Melvin	<b>Amount of Contribution (\$)</b> \$250.00
	Contributor address; City; State; Zip Code  Cypress, TX 77433	
Principal occupation / Job title (See Instructions) President/Professional Engineer		Employer (See Instructions) Spinks Solutions LLC
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steurer, Stephen	<b>Amount of Contribution (\$)</b> \$25.00
	Contributor address; City; State; Zip Code  COLUMBIA, MD 21044	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC, Texas Association of Realtors PAC	<b>Amount of Contribution (\$)</b> \$10,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/30 Rpt: 28/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Sonia ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78725	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Bilingual Educator		<b>9</b> Employer (See Instructions) State of Texas
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfer, David ..... Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenaska Employees Texas PAC ..... Contributor address; City; State; Zip Code  Omaha, NE 68154	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennes, Terry ..... Contributor address; City; State; Zip Code  Oak Park, IL 60302	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Piano Teacher		Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Aviation Association Ag - AIR PAC ..... Contributor address; City; State; Zip Code  Austin, TX 78768-4570	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/30 Rpt: 29/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC .....  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association, PAC .....  <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC .....  <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 07/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC .....  <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC .....  <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Principal occupation / Job title (See Instructions)</b> <b>Employer (See Instructions)</b>	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/30 Rpt: 30/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The American Electric Power Company - Texas Committee for	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	
<b>8</b> Principal occupation / Job title (See Instructions) Senior Vice President		<b>9</b> Employer (See Instructions) LJA
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurber, W. Todd	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Bellaire, TX 77401	
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> Rob Todd Law
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Rob	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77002	
<b>Principal occupation / Job title (See Instructions)</b> Constable Precinct 6		<b>Employer (See Instructions)</b> Harris County
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman Pepper Locke	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Atlanta, GA 30308	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/30 Rpt: 31/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00274431) UnitedHealth Group Incorporated PAC	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	
<b>8</b> Principal occupation / Job title (See Instructions)  Not employed		<b>9</b> Employer (See Instructions)  Not employed
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Vara, Lonnie Contributor address; City; State; Zip Code  Houston, TX 77089	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions)  Not employed		Employer (See Instructions)  Not employed
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Vetterling, Caroline Contributor address; City; State; Zip Code  Houston, TX 77098-2115	<b>Amount of Contribution (\$)</b> \$1,000.00
Principal occupation / Job title (See Instructions)  CPA		Employer (See Instructions)  Blazek & Vetterling
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Wallace, Judy Contributor address; City; State; Zip Code  Houston, TX 77027	<b>Amount of Contribution (\$)</b> \$100.00
Principal occupation / Job title (See Instructions)  Not Employed		Employer (See Instructions)  Not Employed
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701	<b>Amount of Contribution (\$)</b> \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/30 Rpt: 32/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Christina	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Alamogordo, NM 88310	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanamandala, Raviraj	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Geotest Engineering, Inc.
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yopp, Clifton	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Mystic, CT 06355	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarinkelk, Giti	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Spring, TX 77002	
Principal occupation / Job title (See Instructions) Engineer/owner		Employer (See Instructions) Zarinkelk Engineering Services Inc.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/30 Rpt: 33/78
<b>2</b> FILER NAME Alvarado, Carol (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00024376
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeis, Matt ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77009	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Partner		<b>9</b> Employer (See Instructions) Concentric Community Advisors

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 34/78</p>	
<p><b>2</b> FILER NAME Alvarado, Carol (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00024376</p>	
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>	
<p><b>5</b> Date 11/03/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Rusty</p> <p><b>7</b> Contributor address; City; State; Zip Code Austin, TX 78701</p>	<p><b>8</b> Amount of contribution (\$) \$380.00</p> <p><b>9</b> In-kind contribution description Email Communications for Fundraising Event Promotion</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Blackridge</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 11/10/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Demetrius</p> <p>Contributor address; City; State; Zip Code Austin, TX 78701</p>	<p>Amount of contribution (\$) \$1,398.05</p> <p>In-kind contribution description Catering for Fundraising Event</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Greenburg Traurig</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/41 Rpt: 35/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 07/07/2025	5 Payee name AT&T	
6 Amount (\$) \$88.11	7 Payee address; City; P.O. Box 930170  Dallas, TX 75393	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/05/2025	Payee name AT&T	Office held
Amount (\$) \$88.08	Payee address; City; P.O. Box 930170  Dallas, TX 75393	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/04/2025	Payee name AT&T	Office held
Amount (\$) \$88.08	Payee address; City; P.O. Box 930170  Dallas, TX 75393	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/41 Rpt: 36/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/06/2025	5 Payee name AT&T	
6 Amount (\$) \$88.08	7 Payee address; City; P.O. Box 930170  Dallas, TX 75393	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name AT&T	
Amount (\$) \$88.14	Payee address; City; P.O. Box 930170  Dallas, TX 75393	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name AT&T	
Amount (\$) \$88.15	Payee address; City; P.O. Box 930170  Dallas, TX 75393	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Telecommunications, Cell Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/41 Rpt: 37/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$525.18	7 Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees07/01 -12/31/25
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Amazon	
Amount (\$) \$172.50	Payee address; City; State; Zip Code 1200 Twelfth Street South, Ste. 1200  Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames for resolutions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Amazon	
Amount (\$) \$253.07	Payee address; City; State; Zip Code 1200 Twelfth Street South, Ste. 1200  Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorative items for the State of the District events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/41 Rpt: 38/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/12/2025	5 Payee name Amazon	
6 Amount (\$) \$1,650.00	7 Payee address; City; State; Zip Code 1200 Twelfth Street South, Ste. 1200  Seattle, WA 98144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift cards for staff members
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/08/2025	Payee name Area 5 Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Arne's	
Amount (\$) \$86.17	Payee address; City; State; Zip Code 2830 Hicks St.  Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car decorations for Fiestas Patrias Parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/41 Rpt: 39/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/03/2025	5 Payee name Arne's	
6 Amount (\$) \$22.05	7 Payee address; City; State; Zip Code 2830 Hicks St.  Houston, TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorative items for the State of the District events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/10/2025	Payee name Benjamin 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name Best Buy	
Amount (\$) \$86.59	Payee address; City; State; Zip Code 7601 Penn Ave. S  Richfield, MN 55423	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Television for District Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/41 Rpt: 40/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/15/2025	5 Payee name Best Buy	
6 Amount (\$) \$54.11	7 Payee address; City; State; Zip Code Gulfgate Center Mall  Houston, TX 77087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV stand for District Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/41 Rpt: 41/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376	
4 Date 11/10/2025	5 Payee name Blackburn, Benjamin		
6 Amount (\$) \$2,300.00	7 Payee address; City; 605 W. 14th Street  Austin, TX 78701	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Blackburn, Benjamin	Office sought Austin, TX 78701	Office held
Date 12/10/2025	Payee name Blackburn, Benjamin		
Amount (\$) \$2,300.00	Payee address; City; 605 W. 14th Street  Austin, TX 78701	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Austin Apartment for Legislative Purposes	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bobby Pulido for Texas	Office sought	Office held
Date 12/02/2025	Payee name Bobby Pulido for Texas		
Amount (\$) \$1,500.00	Payee address; City; P.O. Box 1604  Edinburg, TX 78540	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/41 Rpt: 42/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/24/2025	5 Payee name CVS Pharmacy	
6 Amount (\$) \$23.79	7 Payee address; City; 4516 Harrisburg Blvd.  Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Fonde Civic Club Halloween Party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Canva	
Amount (\$) \$119.99	Payee address; City; 200 E. 6th St., Suite 200  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Social Media Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Chris Turner Campaign	
Amount (\$) \$2,500.00	Payee address; City; P.O. Box 182093  Arlington, TX 76096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/41 Rpt: 43/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 07/14/2025	5 Payee name City of Baytown	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2401 Market St.  Baytown, TX 77520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Back-to-School Fair
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Constant Contact	
Amount (\$) \$186.55	Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Constant Contact	
Amount (\$) \$186.55	Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/41 Rpt: 44/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/02/2025	5 Payee name Constant Contact	
6 Amount (\$) \$186.55	7 Payee address; City; 1601 Trapelo Rd.  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Constant Contact	
Amount (\$) \$186.55	Payee address; City; 1601 Trapelo Rd.  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Constant Contact	
Amount (\$) \$186.55	Payee address; City; 1601 Trapelo Rd.  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/41 Rpt: 45/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/02/2025	5 Payee name Constant Contact	
6 Amount (\$) \$186.55	7 Payee address; City; 1601 Trapelo Rd.  Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription for Campaign List Management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name CustomInk LLC	
Amount (\$) \$898.37	Payee address; City; P.O. Box 719439  Philadelphia, PA 19171	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift bags and goodies for State of the District events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name CustomInk LLC	
Amount (\$) \$522.85	Payee address; City; P.O. Box 719439  Philadelphia, PA 19171	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office polo shirts for staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/41 Rpt: 46/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/09/2025	5 Payee name David Binder Research, Inc.	
6 Amount (\$) \$55,000.00	7 Payee address; City; State; Zip Code 44 Page Street, Suite 404  San Francisco, CA 94102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent Research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Denver Harbor Civic Club	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2601 Navigation Blvd.  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to toy and bike giveaway
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Eastwood Civic Association	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 9043  Houston, TX 77261	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eastwood Home Tour Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/41 Rpt: 47/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 07/24/2025	5 Payee name El Centro de Corazon	
6 Amount (\$) \$255.58	7 Payee address; City; State; Zip Code 7037 Capitol St., Ste. N100  Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back-to-School Event Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name El Centro de Corazon	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 230209  Houston, TX 77223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Senior Turkey Distribution Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Emmanuel Cares Community Development Corporation	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 23807 Floragate Dr.  Spring, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Thanksgiving Day dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/41 Rpt: 48/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/23/2025	5 Payee name FedEx	
6 Amount (\$) \$129.88	7 Payee address; City; 5587 Fairmont Parkway  Pasadena, TX 77505	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posters for State of the District events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name FedEx	
Amount (\$) \$242.44	Payee address; City; 5587 Fairmont Parkway  Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posters for State of the District events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Gina Hinojosa Campaign	
Amount (\$) \$1,000.00	Payee address; City; P.O. Box 300095  Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/41 Rpt: 49/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/22/2025	5 Payee name Greater Houston LULAC	
6 Amount (\$) \$250.00	7 Payee address; City; P.O. Box 1012  Houston, TX 77251	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Greater Northside Chamber of Commerce	
Amount (\$) \$125.00	Payee address; City; P.O. Box 30229  Houston, TX 77249	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf tournament hole sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name HEB	
Amount (\$) \$203.33	Payee address; City; 3111 Woodridge, Ste. 500  Houston, TX 77087	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for Young at Heart Seniors Fundraiser at St. Patrick's
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/41 Rpt: 50/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/10/2025	5 Payee name HEB	
6 Amount (\$) \$10.26	7 Payee address; City; 6210 Fairmont Parkway  Pasadena, TX 77502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper plates for State of the District event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Harris County Democratic Party	
Amount (\$) \$3,622.75	Payee address; City; 3302 Canal St., Ste. 62  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of JJR Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Harris County Democratic Party	
Amount (\$) \$207.25	Payee address; City; 3302 Canal St., Ste. 62  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Noche Azul Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/41 Rpt: 51/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/30/2025	5 Payee name Harris County Tejano Democrats	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 414 Cherry Springs LN  Spring, TX 77373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Roast and Toast Dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Hill Country Springs	
Amount (\$) \$53.81	Payee address; City; State; Zip Code P.O. Box 2220  Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Hill Country Springs	
Amount (\$) \$24.82	Payee address; City; State; Zip Code P.O. Box 2220  Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/41 Rpt: 52/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/03/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$65.81	7 Payee address; City; P.O. Box 2220  Manchaca, TX 78652	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/02/2025	Payee name Hill Country Springs	
Amount (\$) \$33.82	Payee address; City; P.O. Box 2220  Manchaca, TX 78652	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/04/2025	Payee name Hill Country Springs	Office held
Amount (\$) \$24.82	Payee address; City; P.O. Box 2220  Manchaca, TX 78652	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/41 Rpt: 53/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/02/2025	5 Payee name Hill Country Springs	
6 Amount (\$) \$33.82	7 Payee address; City; P.O. Box 2220  Manchaca, TX 78652	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for State Capitol Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Hobby Lobby	
Amount (\$) \$31.92	Payee address; City; 5651 Fairmont Parkway  Houston, TX 77505	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorative items for the State of the District events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Hobby Lobby	
Amount (\$) \$23.80	Payee address; City; 10516 Katy Freeway  Houston, TX 77043	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames for resolutions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/41 Rpt: 54/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/08/2025	5 Payee name Hobby Lobby	
6 Amount (\$) \$31.92	7 Payee address; City; State; Zip Code 5651 Fairmont Parkway  Houston, TX 77505	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom framing of memorial resolution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Hobby Lobby	
Amount (\$) \$35.17	Payee address; City; State; Zip Code 5651 Fairmont Parkway  Houston, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom framing of memorial resolution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Hobby Lobby	
Amount (\$) \$29.22	Payee address; City; State; Zip Code 5651 Fairmont Parkway  Houston, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frames for resolutions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/41 Rpt: 55/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/02/2025	5 Payee name Home Depot	
6 Amount (\$) \$21.65	7 Payee address; City; 2777 Katy Freeway  Houston, TX 77077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poinsettia for Senior holiday party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Houston Federatio of Teachers	
Amount (\$) \$250.00	Payee address; City; 2704 Sutherland St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Back-to-School Bash Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Houston LGBTQ+ Political Caucus	
Amount (\$) \$40.00	Payee address; City; P.O. Box 66664  Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/41 Rpt: 56/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/02/2025	5 Payee name Houston LGBTQ+ Political Caucus	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 66664  Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equalaty Brunch sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name J & N Enterprises, Inc.	
Amount (\$) \$617.03	Payee address; City; State; Zip Code 2519 Parkway Dr., Ste. 302  Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table cloths for events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Jon Rosenthal for Texas	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8524 Hwy 6 N., #340  Houston, TX 77095	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/41 Rpt: 57/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/07/2025	5 Payee name Jonathan's the Rub	
6 Amount (\$) \$3,609.01	7 Payee address; City; 2929 Navigation Blvd.  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and drinks for fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/14/2025	Payee name Kroger	
Amount (\$) \$27.76	Payee address; City; 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottled water and cookies for mini State of the District events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/27/2025	Payee name Kroger	
Amount (\$) \$20.58	Payee address; City; 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water and snacks for Pasadena State of the District event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/41 Rpt: 58/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/04/2025	5 Payee name Kroger	
6 Amount (\$) \$23.16	7 Payee address; City; State; Zip Code 4000 Polk St.  Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for mini State of the District event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Kroger	
Amount (\$) \$2.70	Payee address; City; State; Zip Code 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Napkins for mini State of the District event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Kroger	
Amount (\$) \$19.96	Payee address; City; State; Zip Code 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies fo Senior parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/41 Rpt: 59/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/11/2025	5 Payee name Kroger	
6 Amount (\$) \$43.95	7 Payee address; City; State; Zip Code 239 W. 20th  Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies fo Senior parties
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Kroger	
Amount (\$) \$14.97	Payee address; City; State; Zip Code 14221 E. Sam Houston Parkway N  Houston, TX 77044	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Kroger	
Amount (\$) \$34.93	Payee address; City; State; Zip Code 14221 E. Sam Houston Parkway N  Houston, TX 77044	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/41 Rpt: 60/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/18/2025	5 Payee name Kroger	
6 Amount (\$) \$60.93	7 Payee address; City; 4000 Polk St.  Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/18/2025	Payee name Kroger	
Amount (\$) \$226.81	Payee address; City; 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/25/2025	Payee name Kroger	
Amount (\$) \$76.93	Payee address; City; 4000 Polk St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/41 Rpt: 61/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/10/2025	5 Payee name Law Offices of Kevin C. Stewart	
6 Amount (\$) \$1,250.00	7 Payee address; City; 6801 Yaupon Drive  Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ethics and Compliance Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Law Offices of Kevin C. Stewart	
Amount (\$) \$1,250.00	Payee address; City; 6801 Yaupon Drive  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ethics and Compliance Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name M.D. Anderson YMCA	
Amount (\$) \$300.00	Payee address; City; 705 Cavlcade  Houston, TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 Annual Campaign donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/41 Rpt: 62/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/07/2025	5 Payee name MS Express	
6 Amount (\$) \$11.21	7 Payee address; City; 7444 Canal St.  Houston, TX 77011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ice for Pineview Civic Club National Night Out event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Magnolia Park Arts & Community	
Amount (\$) \$150.00	Payee address; City; 7515 Avenue J  Houston, TX 77012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/11/2025	Payee name Magnolia Park Sharks 11 Foundation	
Amount (\$) \$500.00	Payee address; City; 5211 Cripple Creek Ct.  Houston, TX 77017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/41 Rpt: 63/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/27/2025	5 Payee name Merida Restaurant	
6 Amount (\$) \$181.54	7 Payee address; City; 2509 Navigation Blvd.  Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/11/2025	Payee name Metro Mart	
Amount (\$) \$2.91	Payee address; City; 645 E. 11th St.  Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cups for State of the District event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name North Channel Area Chamber of Commerce	
Amount (\$) \$306.80	Payee address; City; 13301 East Freeway  Houston, TX 77015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Membership Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/41 Rpt: 64/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/20/2025	5 Payee name Office Depot	
6 Amount (\$) \$58.65	7 Payee address; City; 6888 Gulf Freeway  Houston, TX 77087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers for mini State of the District event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Oldies Car Club Houston	
Amount (\$) \$200.00	Payee address; City; 7610 Avenue J  Houston, TX 77012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 20th Anniversary Picnic Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Oviedo, Diana	
Amount (\$) \$200.00	Payee address; City; 7202 Victoria  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tamales for Denver Harbor Seniors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/41 Rpt: 65/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376	
4 Date 12/09/2025	5 Payee name PopStroke		
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 13000 Harris Ridge Blvd.  Austin, TX 78753		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift card door prizes for Seante Holiday party	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/07/2025	Payee name Rodriguez, J.R.		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3507 Penwood Way  Houston, TX 77023		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DJ entertainment for fundraiser	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 08/06/2025	Payee name Sam's Club		
Amount (\$) \$151.88	Payee address; City; State; Zip Code 11101 Fuqua St.  Houston, TX 77089		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for State of the District events	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/41 Rpt: 66/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/10/2025	5 Payee name Sam's Club	
6 Amount (\$) \$3.98	7 Payee address; City; State; Zip Code 11101 Fuqua St.  Houston, TX 77089	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bottle Water for State of the District event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Spec's	
Amount (\$) \$19.45	Payee address; City; State; Zip Code 2410 Smith St.  Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for staff luncheon hosts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Spec's	
Amount (\$) \$224.27	Payee address; City; State; Zip Code 2410 Smith St.  Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for staff luncheon hosts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/41 Rpt: 67/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/22/2025	5 Payee name Sprint2Print	
6 Amount (\$) \$2,796.71	7 Payee address; City; State; Zip Code 8748 Clay Road, Suite 300  Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hand Fans
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Super Glazed Donuts	
Amount (\$) \$118.22	Payee address; City; State; Zip Code 6902 Market St.  Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Quintanilla Park Groundbreaking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Taylor Rehmet Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 470812  Fort Worth, TX 76147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/41 Rpt: 68/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/21/2025	5 Payee name Taylor for Texas	
6 Amount (\$) \$1,000.00	7 Payee address; City; P.O. Box 470812  Fort Worth, TX 76147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Texas Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; P.O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship to Houston dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name Texas Gulf Coast Area Labor Federation AFL-CIO	
Amount (\$) \$250.00	Payee address; City; 2506 Sutherland St.  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor of Labor Day BBQ Celebration Women of Labor Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/41 Rpt: 69/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 11/21/2025	5 Payee name Texas Senate Democratic Campaign Committee	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 210 Lee Barton Dr., Unit 609  Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Texas Senate	
Amount (\$) \$172.50	Payee address; City; State; Zip Code P.O. Box 12068  Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags for Veterans Day
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Texas Senate	
Amount (\$) \$2,640.40	Payee address; City; State; Zip Code P.O. Box 12068  Ausitn, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendars for constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/41 Rpt: 70/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 09/15/2025	5 Payee name U.S. Postmaster	
6 Amount (\$) \$188.00	7 Payee address; City; 5415Lawndale St.  Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign P.O. Box Rental Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name U.S. Postmaster	
Amount (\$) \$33.40	Payee address; City; 1300 W. 19th Street  Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight shipping to State Capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Walgreens	
Amount (\$) \$7.98	Payee address; City; 6895 Griggs Road  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 37/41 Rpt: 71/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/03/2025	5 Payee name Walgreens	
6 Amount (\$) \$83.79	7 Payee address; City; 6895 Griggs Road  Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walgreens	Office sought Office held
Date 12/15/2025	Payee name Walgreens	
Amount (\$) \$104.42	Payee address; City; 220 S. Wayside Dr.  Houston, TX 77011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walgreens	Office sought Office held
Date 12/16/2025	Payee name Walgreens	
Amount (\$) \$142.80	Payee address; City; 6895 Griggs Road  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walgreens	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 38/41 Rpt: 72/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/17/2025	5 Payee name Walgreens	
6 Amount (\$) \$122.40	7 Payee address; City; State; Zip Code 6895 Griggs Road  Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Walmart	
Amount (\$) \$40.39	Payee address; City; State; Zip Code 9235 N. Sam Houston Parkway E  Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Walmart	
Amount (\$) \$5.82	Payee address; City; State; Zip Code 2391 S. Wayside  Houston, TX 77023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Senior holiday parties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 39/41 Rpt: 73/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 12/08/2025	5 Payee name Walmart	
6 Amount (\$) \$64.79	7 Payee address; City; State; Zip Code 1107 Shaver St.  Pasadena, TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blankets for Seniors for State Rep. Armando Walle's Christmas Party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name X Corp.	
Amount (\$) \$19.08	Payee address; City; State; Zip Code 1355 Market St., Ste. 900  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COH Verification Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 40/41 Rpt: 74/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 08/05/2025	5 Payee name Zoom.us	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Zoom.us	
Amount (\$) \$6.64	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 41/41 Rpt: 75/78	2 FILER NAME Alvarado, Carol (The Honorable)	3 Filer ID (Ethics Commission Filers) 00024376
4 Date 10/29/2025	5 Payee name Zoom.us	
6 Amount (\$) \$18.12	7 Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Zoom.us	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 55 Almaden Blvd., 6th Floor  San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Subscription for Video Conferencing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/3 Rpt: 76/78</p>
<p><b>2</b> FILER NAME Alvarado, Carol (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00024376</p>
<p><b>4</b> Date 12/31/2025</p>	<p><b>5</b> Name of person from whom amount is received Amegy Bank</p>	<p><b>8</b> Amount (\$) \$514.32</p>
	<p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p><b>7</b> Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/24/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,905.67</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/30/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$2,375.62</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$2,447.27</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$394.00</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 2/3 Rpt: 77/78</p>
<p><b>2</b> FILER NAME Alvarado, Carol (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00024376</p>
<p><b>4</b> Date 09/25/2025</p>	<p><b>5</b> Name of person from whom amount is received Amegy Bank</p>	<p><b>8</b> Amount (\$) \$2,111.17</p>
	<p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p><b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer</p>	
<p>Date 08/31/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$2,609.93</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Monthly Interest from Certificate of Deposit</p>	
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$2,601.19</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Monthly Interest from Certificate of Deposit</p>	
<p>Date 12/12/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,740.85</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Monthly Interest from Certificate of Deposit</p>	
<p>Date 11/12/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,793.00</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Monthly Interest from Certificate of Deposit</p>	

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

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 3/3 Rpt: 78/78</p>
<p><b>2</b> FILER NAME Alvarado, Carol (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00024376</p>
<p><b>4</b> Date 10/12/2025</p>	<p><b>5</b> Name of person from whom amount is received Amegy Bank</p>	<p><b>8</b> Amount (\$) \$1,729.48</p>
	<p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p><b>7</b> Purpose for which amount is received Monthly Interest from Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/12/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,781.29</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received Monthly Interest from Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/12/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,775.37</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received Monthly Interest from Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/12/2025</p>	<p>Name of person from whom amount is received Amegy Bank</p>	<p>Amount (\$) \$1,712.48</p>
	<p>Address of person from whom amount is received; City; State; Zip Code Houston, TX 77027</p>	
	<p>Purpose for which amount is received Monthly Interest from Certificate of Deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer