

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00065843	<b>2</b> Total pages filed:  11						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Rosemarie</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Rosemarie	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026			
	MS / MRS / MR The Honorable	FIRST Rosemarie	MI						
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Rosie</td> <td style="width: 30%;">LAST Alvarado</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Rosie	LAST Alvarado	SUFFIX					
NICKNAME Rosie	LAST Alvarado	SUFFIX							
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount				
	Receipt #	Amount							
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR	FIRST	MI				
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<table style="width: 100%;"> <tr> <td style="width: 30%;">William R.</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> </table>		William R.							
William R.									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR	FIRST	MI				
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NICKNAME	LAST	SUFFIX							
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>								
	<table style="width: 100%;"> <tr> <td style="width: 30%;">AREA CODE</td> <td style="width: 30%;">PHONE NUMBER</td> <td style="width: 40%;">EXTENSION</td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION				
AREA CODE	PHONE NUMBER	EXTENSION							
<b>7</b> CAMPAIGN TREASURER PHONE	<table style="width: 100%;"> <tr> <td style="width: 30%;">(210) 412-1858</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> </table>		(210) 412-1858						
	(210) 412-1858								
<table style="width: 100%;"> <tr> <td style="width: 30%;">January 15</td> <td style="width: 30%;">30th day before election</td> <td style="width: 30%;">Runoff</td> <td style="width: 10%;">15th day after campaign treasurer appointment (officeholder only)</td> </tr> </table>		January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)				
January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)						
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td style="width: 30%;">July 15</td> <td style="width: 30%;">8th day before election</td> <td style="width: 30%;">Exceeded modified reporting limit</td> <td style="width: 10%;">Final Report (Attach C/OH-FR)</td> </tr> </table>		July 15	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)			
	July 15	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Month</td> <td style="width: 30%;">Day</td> <td style="width: 30%;">Year</td> <td style="width: 10%;">THROUGH</td> <td style="width: 30%;">Month</td> <td style="width: 30%;">Day</td> <td style="width: 30%;">Year</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	
Month	Day	Year	THROUGH	Month	Day	Year			
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 30%;">07/01/2025</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 10%;">THROUGH</td> <td style="width: 30%;">12/31/2025</td> <td style="width: 30%;"></td> <td style="width: 30%;"></td> </tr> </table>		07/01/2025			THROUGH	12/31/2025		
	07/01/2025			THROUGH	12/31/2025				
<table style="width: 100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 30%;">ELECTION TYPE</td> <td style="width: 40%;"></td> </tr> </table>		ELECTION DATE	ELECTION TYPE						
ELECTION DATE	ELECTION TYPE								
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">Month</td> <td style="width: 30%;">Day</td> <td style="width: 30%;">Year</td> <td style="width: 10%;">Primary</td> <td style="width: 10%;">Runoff</td> <td style="width: 10%;">Other</td> </tr> </table>		Month	Day	Year	Primary	Runoff	Other	
	Month	Day	Year	Primary	Runoff	Other			
<table style="width: 100%;"> <tr> <td style="width: 30%;">General</td> <td style="width: 30%;">Special</td> <td style="width: 40%;"></td> </tr> </table>		General	Special						
General	Special								
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 438 Bexar								
	<b>12</b> OFFICE SOUGHT (if known)								

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Alvarado, Rosemarie (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00065843
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>16 CONTRIBUTION TOTALS</b>	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)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,705.14
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 72,964.01
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 333.46

<b>17 AFFIDAVIT</b>		
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.		
<div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">The Honorable Rosemarie Alvarado</div><div style="border-bottom: 1px solid black; width: 300px;"></div></div> <div style="text-align: center;">Signature of Candidate or Officeholder</div>		
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 oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Alvarado, Rosemarie (The Honorable)		<b>19 Filer ID</b> 00065843	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,705.14
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 type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 4/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 08/26/2025	<b>5</b> Payee name Bexar County Family Justice Center	
<b>6</b> Amount (\$) \$309.00	<b>7</b> Payee address; City; State; Zip Code 126 E Nueva 2nd Fl.  San Antonio, TX 78204	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BCFJC Domestic Violence Golf Tournament - Golf Hole Sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name Bridging Whole Health	
Amount (\$) \$333.33	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Denim & Diamonds Fundraiser Table Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Chick-Fil-A	
Amount (\$) \$133.93	Payee address; City; State; Zip Code 106 E Houston St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 Jurors
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 5/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 12/23/2025	<b>5</b> Payee name Chick-Fil-A	
<b>6</b> Amount (\$) \$95.40	<b>7</b> Payee address; City; State; Zip Code 106 E Houston St  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 438th Staff Lunch Meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Daily Docket	
Amount (\$) \$27.21	Payee address; City; State; Zip Code 300 Dolorosa Street B103 San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fruit/Snacks for Jurors
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name HEB #398	
Amount (\$) \$56.40	Payee address; City; State; Zip Code 2929 Thousand Oaks  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for Jurors
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 6/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 11/11/2025	<b>5</b> Payee name Jenny's Restaurant & Catering	
<b>6</b> Amount (\$) \$158.00	<b>7</b> Payee address; City; State; Zip Code 8035 Culebra Rd. Suite 114  San Antonio, TX 78251	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Civil District Courts Thanksgiving Luncheon for Courthouse Staff [1/14th Split]
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name Jimmy Johns #4327	
Amount (\$) \$33.30	Payee address; City; State; Zip Code 160 East Houston  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PEARLS Court Staff Lunch Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Jimmy Johns #4327	
Amount (\$) \$110.77	Payee address; City; State; Zip Code 160 East Houston  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Juvenile Court VIP / PEARLS Court Lunch Meeting/Presentation
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 7/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Jimmy Johns #4327	
<b>6</b> Amount (\$) \$177.23	<b>7</b> Payee address; City; State; Zip Code 160 East Houston  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Judges Meeting Lunch [WorkDay Presentation]
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Mexican American Bar Association of San Antonio	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 830953  San Antonio, TX 78283	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MABA 23rd Annual Dia de los Muertos Scholarship Fundraiser Sponsorship (Llorones)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name North East Bexar County Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEBCD 26th Annual Labor Day Picnic Sponsorship
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 8/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 10/22/2025	<b>5</b> Payee name PEARLS Foundation SA	
<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 4811 Betty Lou Drive  San Antonio, TX 78229	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PEARLS Brunch Sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Primo Brands / BlueTriton Brands, Inc.		
Amount (\$) \$12.98	Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Primo Brands / BlueTriton Brands, Inc.		
Amount (\$) \$12.98	Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 9/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 08/22/2025	<b>5</b> Payee name Primo Brands / BlueTriton Brands, Inc.	
<b>6</b> Amount (\$) \$19.48	<b>7</b> Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Monthly Water Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Primo Brands / BlueTriton Brands, Inc.	
Amount (\$) \$62.42	Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Monthly Water Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Primo Brands / BlueTriton Brands, Inc.	
Amount (\$) \$147.28	Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 10/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 11/24/2025	<b>5</b> Payee name Primo Brands / BlueTriton Brands, Inc.	
<b>6</b> Amount (\$) \$128.10	<b>7</b> Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name Primo Brands / BlueTriton Brands, Inc.	
Amount (\$) \$177.33	Payee address; City; State; Zip Code P.O. Box 856680  Louisville, KY 40285-6680	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court Water Dispenser Rental & Monthly Water Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name St. Mary's Hispanic Law Alumni Association	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Camino Santa Maria St  San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salsa & Sangria Scholarship Fundraiser Sponsorship
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 11/11	<b>2</b> FILER NAME Alvarado, Rosemarie (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065843
<b>4</b> Date 07/28/2025	<b>5</b> Payee name St. Mary's University	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 1 Camino Santa Maria  San Antonio, TX 78228	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense St. Mary's 2025 Law Orientation Sponsorship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2025	Payee name Texas Center for the Judiciary	
Amount (\$) \$960.00	Payee address; City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Diamond Gavel Contribution for Judicial Education
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held