CANDIDATE / OFFICEHOLDERFORM C/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 1			
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Alexander Alex Villa	suffix	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 0	STATE: ZIP CODE Kyle TX 78640	IAN 1 52020 Elections Office
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(512 787 - MS/MRS/MR FIRST	<u>5177</u>	Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	Monica		Date Processed
	NICKNAME LAST Becer	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 205 Cheatham San Marcos TX 78666			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 787-4942			
9 REPORT TYPE	REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 12/03/2019 THROUGH 01/15/2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 3 15 2020 General Special		
12 OFFICE	OFFICE HELD (if any) Kyle City Council Place 4 13 OFFICE SOUGHT (if known) Hays County Sheriff		
GO TO PAGE 2			

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14 C/OH NAME			
Alexar	nder (Alex) Villalobos 1	5 Filer ID (Ethics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDE
	COMMITTEE TYPE	COMMITTEE NAME	/
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMBAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	/		
17 CONTRIBUTION TOTALS			» \$ 600
	2. TOTAL (OTHER	\$ 2,100	
EXPENDITURE		POLITICAL EXPENDITURES OF \$100 OR LESS. S ITEMIZED	\$ 8/00
	4. TOTAL POLITICAL EXPENDITURES		\$ 2 1,203
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$ 896 85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		1E \$
18 AFFIDAVIT			
A		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	
		aley /ila	los
		Signature of Candi	date or Officeholder
AFFIX NOTARY STAMP	SEALABOVE		01
Sworn to and subscri	bed before me, b	by the said HHY VIII a lobos	, this the
day of Anuart	_, 20 <u>_20</u> _, t	to certify which, witness my hand and seal of office.	
Æ	10.	Anita Collina	Notan

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	IBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	LITICAL CONTRIBUTIONS	\$ 1,195
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	SONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	TIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	LITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED	\$

The Instruction Guide explains how to complete this form. 2 FILER NAME Alexancler (Alex) Villalobos 4 Date 5 Full name of contributor 12/3/ Chevo Pastrano 6 Contributor address: 12/3/ Chevo Pastrano 6 Contributor address: 12/3/ State: Zip Code 2019 I25 N. Guadalope State: Zip Code Tx 78666 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 12/19/ Principal occupation / Job title (See Instructions) 2314 E. II ** State: Zip Code 2314 E. II ** State: Zip Code 2314 E. II ** State: Zip Code 7 Tx 78 702 Principal occupation / Job title (See Instructions) Employer (See Instructions) 6 State: Zip Code 7 State: Zip Code 7 State: Zip Code 2314 E. II ** State: Zip Code 251 Linestone Lane Diffiwad Tx 7 State: Zip Code Diffiwad Tx <th> 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 750 00 5 750 00</th>	 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 750 00 5 750 00
A lexander (Alex) V.IIalobos 4 Date 5 Full name of contributor aut-of-state PAC (DB:) 12/2/ 2019 Chevo Pastrano 6 Contributor address: City: State: Zip Code 2019 125 N. Guadalupe Summarcos 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) attorney 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DB:	7 Amount of contribution (\$) 750^{00} points)
4 Date 5 Full name of contributor 0 ut-of-state PAC (ID#:) 12/3/ 2019 6 Contributor address; City; State; Zip Code 2019 125 N. Guadalupe Summarios 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct 2/19/ 2019 Full name of contributor out-of-state PAC (ID#:	# 750 00 ons)
12/19/19 Mille Martinez 12/19/19 Contributor address: #5 City: State: Zip Code 2314 E. 11 #5t Awstin 78702 Principal occupation / Job title (See Instructions) Small business Owner Date Full name of contributor 18/2020 Contributor address: City: State: Zip Code V8/2020 Full name of contributor Out-of-state PAC (ID#: V8/2020 Contributor address: City: 351 Limestone Lane Date Principal occupation / Job title (See Instructions) Teticd Date Full name of contributor Optimized address: City: 351 Limestone Lane Diffword TX 78619 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: 19/2020 Contributor address: State: Zip Code 556 Clear Springs Buda TX 78/610	Amount of contribution (\$)
Small busitess Owner Date Full name of contributor I out-of-state PAC (ID#:) 1/8/2020 Contributor address; City; State; Zip Code 1/8/2020 Contributor address; City; State; Zip Code 351 Limestone Lane Driftwaad TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Fetied Full name of contributor I out-of-state PAC (ID#:) Date Full name of contributor I out-of-state PAC (ID#:) 1/0/2020 Bert Garza Contributor address; City; State; Zip Code 556 Clear Springs Buda TX 78/610 To (100) TX	\$ 500
V8/2020 Contributor address; City; State; Zip Code 351 Limestone Lane Diffwood TX 78619 Principal occupation / Job title (See Instructions) Fetiled Principal occupation / Job title (See Instructions) Fetiled Principal occupation / Job title (See Instructions) Fetiled Full name of contributor □ out-of-state PAC (ID#:) No/2020 Contributor address; City; State; Zip Code 556 Clear Springs Buda TX Hollow	ons)
Date Full name of contributor address; City; State: Zip Code 556 Clear Springs Buda TX Hollow 78610	Amount of contribution (\$)
10/2020 Bert Garza Contributor address; City; State; Zip Code 556 Clear Springs Buda TX Hollow 78610	ons)
	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) 50ftware cleveloper	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	

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1 1

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
Ti	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAM Alex	ander (Alex) Villalo	obas	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Lincla Bohls 6 Contributor address; City; 199 Autumn Ricks cupation / Job title (See Instructions)	ID#:)	7 Amount of contribution (\$)
Date		ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	Full name of contributor	Employer (See Instructi	ions) Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Contributor address; City;	ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	supation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials I al Committee Legal Services	Loan Repay Office Overh Polling Expe Expense Printing Exp	nent/Reimbursement ead/Rental Expense inse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Alexander (Al	ex) Villal	obos	3 Filer ID (Ethics Commission Filers)
4 Date 12/9/2019	5 Payee name Hays County Democratic Party			
6 Amount (\$) 750	7 Payee address; 215 904 Stugee		th the fitting	state: Izip Code in Marcos IX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description Canclid fee	cte filing
	(c) Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne	Office sought	Office held
Date 12/18/2019	Payee name Name.Co	m, Inc		
Amount (\$) 125.74	Payee address; 414 14 KSF	Suite 20	city: Der	State; Zip Code Wer Co 80202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the active rtising Expens Check if travel outside of Texa	e		Lin name bsite. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne	Office sought	Office held
Date	Payee name		and the second	
1/10/2020	Sign Ar	ts		
Amount (\$)	Payee address;		City;	State; Zip Code
62.74	205 Cheathe	am St, Su	ikt Sa	n marcos TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the advertistns expenses Check if travel outside of Texas		Pushco	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Offic Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Alexander Villal	0605	3 Filer ID (Ethics Commission Filers)
4 Date 1/13/2020	5 Payee name Frd EX		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
900 jan 41	5401 S. Fm 162 Suite 170	6 kybe	TX 78640
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expanse	panner	-
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date 1/13/2020	Payee name Suborfical Soft	ware	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 54 "	Online App Aplicat	ion.	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Other	teleprom	ter App.
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/15/2020	Office Depot		
Amount (\$)	-	City;	State; Zip Code
105-15-	201 Spring town w	SAN Ma	105 TX 78666
	Category (See Categories listed at the top of this schedule		~
PURPOSE OF EXPENDITURE	office Overheed,	Head me	٢,
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED

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