

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) <p style="text-align:center; font-size: 1.2em;">NA</p>	2 Total pages filed: <p style="text-align:center; font-size: 1.5em;">5</p>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <p style="font-size: 1.2em;">Alexander</p>	MI	OFFICE USE ONLY Date Received <p style="font-size: 1.5em; color: blue;">Received JUN 25 2020 Elections Office</p> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST <p style="font-size: 1.2em;">Alex Villalobos</p>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address	<p style="font-size: 1.2em;">P.O. Box 1630 Kyle TX 78640</p>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	787-5194		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <p style="font-size: 1.2em;">Monica</p>	MI	
	NICKNAME	LAST <p style="font-size: 1.2em;">Becerra</p>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	<p style="font-size: 1.2em;">205 Cheatham St San Marcos TX 78666</p>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	787-4942		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="font-size: 1.2em;">1 / 24 / 2020 2 / 22 / 2020</p>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	<p style="font-size: 1.2em;">3 / 3 / 2020</p>			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	<p style="font-size: 1.2em;">Kyle City Council Place 4</p>		<p style="font-size: 1.2em;">Hays County Sheriff</p>	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Alexander (Alex) Villalobos 15 Filer ID (Ethics Commission Filers) NA

16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	<u>NA</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 90
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,540
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,486 / 85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Alex Villalobos
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alex Villalobos, this the 25th day of June, 2020, to certify which, witness my hand and seal of office.

Anita A. Collins Signature of officer administering oath
Anita A. Collins Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Alexander (Alex) Villalobos		20 Filer ID (Ethics Commission Filers) NA
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

Alexander (Alex) Villalobos

3 Filer ID (Ethics Commission Filers)

NA

4 Date

**1-27-
2020**

5 Full name of contributor

Chris Steele

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250/00

6 Contributor address;

8030 Swindow Circle

City;

**Converse TX
78109**

State; Zip Code

8 Principal occupation / Job title (See Instructions)

Fire Fighter

9 Employer (See Instructions)

City of San Antonio

Date

**2-4-
2020**

Full name of contributor

Mike Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500/00

Contributor address;

2314 E. 11th

City;

Austin

State; Zip Code

TX 78702

Principal occupation / Job title (See Instructions)

self-employed

Employer (See Instructions)

MWM Professional Services

Date

**2-4-
2020**

Full name of contributor

Rebecca Yerly

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250/00

Contributor address;

1208 Bickler Rd

City;

Austin

State; Zip Code

TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2-8-
2020**

Full name of contributor

Les Carnes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100/00

Contributor address;

351 Limestone Lane

City;

**Driftwood TX
78619**

State; Zip Code

Principal occupation / Job title (See Instructions)

criminal analyst

Employer (See Instructions)

Travis Co Constable Pct 3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

Alexander (Alex) Villalobos

3 Filer ID (Ethics Commission Filers)

NA

4 Date

2-15-2020

5 Full name of contributor

Raoul Belleau

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

291 Bronson Lane Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

electrical engineer

9 Employer (See Instructions)

Teradyne Inc

Date

2-19-2020

Full name of contributor

Peter Sprouse

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

600 Elliott Ranch Buda TX 78610

Principal occupation / Job title (See Instructions)

biologist

Employer (See Instructions)

Zara Environmental LLC

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.