CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 46
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	мі	OFFICE USE ONLY
NAME	Alexander LAST		Date Received
	Alex Villalobos		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OITY; STATE; ZIP CODE	OCT 0 2 2020
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 787-5194	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/Mrs/Mr First Mrs. Monica	MI	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Becerra		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt / st		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 787-4972	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2020	THROUGH 9/	Day Year 24 /2020
11 ELECTION	Month Day Year Primary 11 03 2020 X General	ELECTION TYPE Runoff Other Description Special	C. 1/2 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
12 OFFICE	OFFICE HELD (if any) Kyle, TX City Council Place 5	13 OFFICE SOUGHT (If known Hays County S	
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14	14 C/OH NAME Alexander (Alex) Villalobos		5 Filer ID (Ethics Commission Filers)	
	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 OF 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	
1	PECEIVED	GENERAL	N/A	
	PECEIVED	SPECIFIC	COMMITTEE ADDRESS	
	Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	
l .	CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,240.00
	EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
		4. TOTAL	POLITICAL EXPENDITURES	\$ 7,425.85
	CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 2074.96
	OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 0
18	AFĘIDAVIT			
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 little 15, Election Code. Signature of Candidate or Officeholder				
	The state of the s	SEALABOVE	by the said Alex Villa lobos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
day of, 20, to certify which, witness my hand and seal of office.				
_	100		Anita Collins	Notany
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co		sion Filers)	
	Alexander (Alex) Villalobos			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	x SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,240.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0	
4.	SCHEDULE E: LOANS	\$	0	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	7,425.85	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0	



SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (II	D#:	7 Amount of contribution (\$)
12/13/2019	Gloria DeLeon 6 Contributor address; City; 861 Arroyo Ranch Kyle, TX 78640	State; Zip Code	\$250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Executive Dire	, , , , , , , , , , , , , , , , , , , ,		
Date	Full name of contributor	D#:	Amount of contribution (\$)
12/13/2019	Harry Ekakiadis		\$250.00
	Contributor address; City;	State; Zip Code	
	105 Spring Branch Loop Kyle, TX 78640		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Not Employed			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
12/13/2019	Manuel de la Rosa Contributor address; City;	State; Zip Code	\$100.00
	9911 Oak Hollow Dr Austin, TX 78758		
	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Law Enforceme	nt		
Date	Full name of contributor ut-of-state PAC (II	*	Amount of contribution (\$)
12/23/2013	Pete McRae Contributor address; City;	State; Zip Code	\$250.00
	915 S College Georgetown, TX 78626		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Consultant			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	ler (Alex) Villalobos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1/15/2020	Dr. Israel Najera Jr 6 Contributor address; City; State; Zip Code	\$100.00
	100-B N. Edward Gary, Ste 106 San Marcos, TX 78666	
8 Principal occu Counselor	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1/15/2020	All Makes Collision Contributor address; City; State; Zip Code	\$1000.00
	1000 River Road, Ste L San Marcos, TX 78666	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Auto Body Repa	nir Shop	
Date	Full name of contributor	Amount of contribution (\$)
1/28/2020	Jeramie Hemandez (JJ Towing) Contributor address; City; State; Zip Code	\$300.00
	5684 IH 35 South New Braunfels, TX 78132	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Towing Company	у	
Date	Full name of contributor	Amount of contribution (\$)
2 <i>/7/</i> 2020	Marcie Parker Contributor address; City; State; Zip Code	\$100.00
	10106 Brantley Bend Austin, TX 78748	
, ,	pation / Job title (See Instructions) Employer (See Instru	ctions)
Unemployed		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	der (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/7/2020	Heiko Stang		\$15.00
	6 Contributor address; City;	State; Zip Code	
	380 Turkey Hollow Wimberley, TX 78676		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Not Employed			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/21/2020	Patricia Krov		\$25.00
	Contributor address; City;	State; Zip Code	323.0 0
	251 Lone Man Overlook Wimberley, TX 78676	;	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Not Employed			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/11/2020	Leonard & Andrea West Trust		\$50.00
	Contributor address; City;	State; Zip Code	
	8223 S St Paul Way Centennial, CO 80122		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Retired			
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
3/30/2020	Tara Racine	, , , , , , , , , , , ,	\$50.00
	Contributor address; City;	State; Zip Code	
	291 Brunson Ln. Wimberley, TX 78676		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Not Employed			

SCHEDULE A1

		- All Address	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/30/2020	Adrian Garcia Campaign 6 Contributor address; City;		\$1000.00
	DO DOX 50000 Houses TV 77050	•	
8 Principal occu	PO BOX 56386 Houston, TX 77256 pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
County Commi		5 Employer (occ madde	
,			4
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
4/3/2020	Raoul Belleau Contributor address; City;	State; Zip Code	\$50.00
	291 Brunson Ln. Wimberley, TX 78676		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Electrical Engin	eer		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/3/2020	Heiko Stang Contributor address; City;	State; Zip Code	\$7.50
	380 Turkey Hollow Wimberley, TX 78676		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Not Employed	MATTER STATE OF THE STATE OF TH		
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
4/20/2020	Peter Sprouse		\$50.00
4/20/2020	Contributor address; City;	State; Zip Code	\$30.00
	600 Elliott Ranch Rd Buda, TX 78610		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Biologist			
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Full name of contributor □ out-of-state PAC (ID#: 7 Amount of contribution (\$) Tara Racine 2/28/2020 \$50.00 6 Contributor address: City; State; Zip Code 291 Brunson Ln Wimberley, TX 78676 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 5/4/2020 \$50.00 Contributor address; City; State; Zip Code 291 Brunson Ln Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Electrical Engineer** Date Amount of contribution (\$) 5/4/2020 Heiko Stang \$7.50 City; State; Zip Code Contributor address; 380 Turkey Hollow Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Heiko Stang 6/1/2020 \$7.50 Contributor address; City; State; Zip Code 380 Turkey Hollow Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employeed

SCHEDULE A1

The	Instruction Guide explains how to c	complete this form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alexand	er (Alex) Villalobos			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
6/1/2020	Tara Racine 6 Contributor address;	City; State; Zip Code	\$50.00	
	291 Brunson Ln Wimberley, TX 78	3676		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Not Employed				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	
6/5/2020	Raoul Belleau Contributor address;	City; State; Zip Code	\$50.00	
	291 Brunson Ln Wimberley, TX 78	3676		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Electrical Engine	er			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	
6/8/2020	Marcello & Stephanie Saenz Contributor address;	City; State; Zip Code	\$75.00	
	6406 Back Bay Ln Austin TX 78739			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Manager	No The Control of		in the PET - No team with the	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	
6/12/2020	Hays County Democratic Party		\$2000.00	
		City; State; Zip Code	•	
	PO Box 1245 Buda, TX 78610			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Political Party				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Alexander (Alex) Villalobos	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6/22/2020 Angelita & Rosalio Tobias, Trust	\$300.00
6 Contributor address; City; State; Zip Code	
Otto	
1818 Roland Ln Kyle, TX 78640	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	•
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Amount of contribution (a)
6/29/2020 Tara Racine	\$50,00
Contributor address; City; State; Zip Code	
291 Brunson Ln. Wimberley, TX 78676	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
THE POST OF THE PO	
7/13/2020 Raoul Belleau	\$50.00
Contributor address; City; State; Zip Code	
291 Brunson Ln. Wimberley, TX 78676	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	itions)
Electrical Engineer	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
7/13/2020 Heiko Stang	\$7.50
Contributor address; City; State; Zip Code	
380 Turkey Hollow Wimberley TX 78676	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
	•
Not Employed	

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
7/23/2020	Manuel de la Rosa 6 Contributor address; City;	State; Zip Code	\$100.00
	136 Trinity Kyle, TX 78640		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Law Enforcem	ent	1977	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
7/23/2020	Cat Yuracka Contributor address; City;	State; Zip Code	\$25.00
	317 Quarry St San Marcos, TX 78666	a	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Not Employed			
Date	Full name of contributor	/D#:)	Amount of contribution (\$)
7/23/2020	Oscar Avalos Contributor address; City;	State; Zip Code	\$5.00
	302 E 8th St Anton, TX 79313		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Student			
Date	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$)
7/23/2020	Oscar Avalos		\$10.00
	Contributor address; City;	State; Zip Code	
	302 E 8th St Anton, TX 79313		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Student			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

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

Revised 1/1/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7/23/2020	Oscar Avalos	\$5.00
	6 Contributor address; City; State; Zip Code	
	302 E 8th St Anton, TX 79313	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Student		
Date	Full name of contributor ut-of-state PAC (ID#:	Amount of contribution (\$)
7/23/2020	Michael Sanchez	\$100.00
	Contributor address; City; State; Zip Code	• •
	1118 Amberwood Loop Kyle, TX 78640	
Principal occur	eation / Job title (See Instructions) Employer (See Instructions)	tructions)
Professor	ation, soo title (see mattactions)	a delicity
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
7/30/2020	Michael & Teresa Tobias Contributor address; City; State; Zip Code	\$200.00
	PO Box 1858 Kyle,TX 78640	
Principal occup	eation / Job title (See Instructions) Employer (See Ins	structions)
Law Enforcemen	ıt	
Date	Full name of contributor	Amount of contribution (\$)
7/30/2020	Daniel Gorman	\$25.00
	Contributor address; City; State; Zip Code	
	5515 Davis Ln. Austin, TX 78749	
Principal occup	eation / Job title (See Instructions) Employer (See Ins	structions)
Project Man	ager	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total	pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos	3 Filer I	D (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amou	unt of contribution (\$)
7/30/2020	Heiko Stang 6 Contributor address; City; State;	\$ Xip Code	310.00
	380 Turkey Hollow Wimberley, TX 78676		
8 Principal occu Not Employed		ver (See Instructions)	
Date	Full name of contributor	Amou	unt of contribution (\$)
7/30/2020	Ruben Obell	\$1	100.00
	Contributor address; City; State;	Zip Code	
	4681 Larkspur Dr Brownsville, TX 78526		
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)	
Date	Full name of contributor	Amou	unt of contribution (\$)
7/30/2020	Raoul Belleau	\$:	50.00
	Contributor address; City; State;	Zip Code	
	291 Brunson Ln. Wimberley, TX 78676		
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)	
Electrical Engin	eer		
Date	Full name of contributor) Amou	unt of contribution (\$)
7/30/2020	Heiko Stang Contributor address; City; State;	Zip Code	\$7.50
	380 Turkey Hollow Wimberley, TX 78676		
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)	
Not Employeed			
			,

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ \$50.00 7/30/2020 Tara Racine 6 Contributor address; City; State: Zip Code 291 Brunson Ln Wimberley, TX 78676 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 8/10/2020 \$25.00 Anita Collins Contributor address; City; State; Zip Code 924 W Hopkins St San Marcos TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) Screenwriter Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 8/10/2020 \$100,00 Mark Trahan Contributor address; City; State; Zip Code 4428 Mather Kyle, TX 78640 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Assistant Professor Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 8/28/2020 \$25.00 Peter Sprouse Contributor address; State; Zip Code 600 Elliott Ranch Rd Buda, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Biologist**

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC ((iD#:)	7 Amount of contribution (\$)
8/28/2020	Elaine Cardenas		\$50.00
	6 Contributor address; City;	State; Zip Code	
	501 Carney Ln Wimberley, TX 78676		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Not Employed	1		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/28/2020	Jayree Mathias		\$50.00
8/28/2020	Jayme Mathias Contributor address; City;	State; Zip Code	\$50.00
	,		
	1612 Garden St Austin,TX 78702		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Executive Director			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/28/2020	Leslie Carnes		\$100.00
	Contributor address; City;	State; Zip Code	
	351 Limestone Ln Driftwood, TX 78619		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Criminal Analyst			
Date	Full name of contributor	and.	Amount of contribution (\$)
		(10#;	\$25.00
9/2/2020	Richard Cronshey	State: 7in Code	\$25.00
	Contributor address; City;	State; Zip Code	
	123 Bridle Path Kyle, TX 78640		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Not Employed			
	ATTACH ADDITIONAL CORIES OF	E THIS SCHEDI II E AS N	EEDED

SCHEDULE A1

			<u>.</u>
The	Instruction Guide explains how to complete this 1	form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	er (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
9/2/2020	Adrian Garcia Campaign		\$1000.00
	6 Contributor address; City;	State; Zip Code	
	PO Box 30066 Houston, TX 77249		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
County Comm	issioner		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/2/2020	Cat Vurnaka		\$25.00.
9/2/2020	Cat Yuracka Contributor address; City;	State; Zip Code	\$2 3. 00.
	317 Quarry St San Marcos, TX 78666		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Not Employed			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
9/2/2020	Tara Racine		\$50.00
!	Contributor address; City;	State; Zip Code	
	291 Brunson LN Wimberley,TX 78676		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Not Employed			
Date	Full name of contributor out-of-state PAC (i	(ID#:)	Amount of contribution (\$)
9/8/2020	Lonnie & Brenda Basham	_	\$50.00
	Contributor address; City;	State; Zip Code	
	112 Millington Ln Buda, TX 78610		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Not Employed			-

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ 9/8/2020 Alison Castillo \$100.00 6 Contributor address; City; State; Zip Code 4013 Denmark St Houston,TX 77016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Student Assistant Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Raoul Belleau 9/8/2020 \$50.00 Contributor address; City; State; Zip Code 291 Brunson Ln Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Electrical Engineer Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Heiko Stang \$7.50 9/8/2020 Contributor address; City; State; Zip Code 351 Limestone Ln Driftwood, TX 78619 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 1/27/2020 Luis Montes \$50.00 Contributor address; City; State; Zip Code 11220 Barns Trail Austin, TX 78754 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Alexand	ler (Alex) Villalobos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
5/4/2020	Tara Racine	\$50.00
	6 Contributor address; City; State; Zip Code	
	291 Brunson Ln Wimberley, TX 78676	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Not Employed	1	
Date	Full name of contributor	Amount of contribution (\$)
8/21/2020	Gilberto Gonzalez	\$1500.00
0.1 1.2020	Contributor address; City; State; Zip Code	ψ1335.50
Principal occup	120 Twinleaf Ln San Antonio, TX 78213 pation / Job title (See Instructions) Employer (See Instruc	dio-a)
	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Realtor		
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	Employer (See Instructions)	ctions)
		_
		•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Payee name 1/9/2020 Frost Bank 6 Amount (\$) 7 Payee address; City; State: Zip Code \$8.00 PO Box 649 San Marcos, TX 78640 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF Fees Monthly Bank Fee **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/21/2020 Fedex Zip Code City; Amount (\$) Payee address; State: \$238.15 303 N Edward Gary St., Ste C San Marcos TX 78666 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **Printing EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1/27/2020 Lowe's Amount (\$) Payee address; State: Zip Code City: \$31.63 5753 Kyle Pkwy Kyle, TX 78640 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Advertising Sign Supplies EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
4	-		2 Files ID (Files Complete Files)
1 Total pages Schedule F1:		'	3 Filer ID (Ethics Commission Filers)
2 4 Deta	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
1/28/2020	Lowe's		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$15.33	5753 Kyle Pkwy Kyle, TX 78640		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising	Supplies for Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/3/2020	Knights of Columbus		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	801 Burleson St. Kyle TX 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSË OF EXPENDITURË	Donations made by candidate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/3/2020	Pisces Seafood		
Amount (\$)	Payee address;	City;	State; Zip Code
\$43.62	311 N Old Hwy 81 Kyle, TX 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/ Beverage	Volunteer Bre	akfast
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Cradit 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)

Printing Expense Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Payee name 2/3/2020 Los Vaqueros Cafe 6 Amount (\$) 7 Payee address; City; State; Zip Code \$38.44 804 W Center St Kyle TX 78640 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF Food/Beverage Volunteer Lunch EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 2/3/2020 The Home Depot Zip Code City; State; Amount (\$) Payee address; \$30.10 3730 Dry Hole Rd Kyle, TX 78640 Category (See Categories listed at the top of this schedule) Description PURPOSE Sign Supplies Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 2/6/2020 Alex Villalobos (ATM Withdrawal) Amount (\$) Payee address; City; State; Zip Code \$42.25 136 Firewheel Cv Kyle TX 78640 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Food/Beverage Snacks and Waters for Volunteers EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vontract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/N The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
2/10/2020	The Home Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$319.74	3730 Dry Hole Rd Kyle,TX 78640		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Sign Supplies	
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/2020	Lowes		
Amount (\$)	Payee address;	City;	State; Zip Code
\$32.45	5753 Kyle Prkwy Kyle, TX 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	Signage	
EXPENDITURE	Autorialing	Oignage	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/2020	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$8.00	PO Box 649 San Marcos, TX 78667-0649		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Monthly Ban	k Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED

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/Wanes/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)
5	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
2/10/2020	Frost Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2.00	PO Box 649 San Marcos, TX 78666		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees	ATM Fees	
OF EXPENDITURE	ros	Allwires	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/20/2020	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	PO Box 441146 Somerville, MA 02144		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation made by candidate Hays County Democratic Party		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/2020	Alex Villalobos (ATM Cash)		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	136 Firewheel Cv Kyle, TX 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Sign Supplies	
OF EXPENDITURE	Food & Beverage	Refreshments	for Volunteers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Sala	ting Expense unies/Wages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
	The Instruction Guide explains how	v to complete this form.	T _	
1 Total pages Schedule F1:	2 FILER NAME Alexander (Alex) Villalobos		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	=		
3/2/2020	Walmart			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$30.50	5754 Kyle Pkwy Kyle, TX 78640			
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description		
PURPOSE	Overhead	Office Supplies		
OF EXPENDITURE	Overreau	Office Supplies		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
3/9/2020	Frost Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$8.00	PO Box 649 San Marcos, TX 78666			
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE OF	Fees	Monthly Bank	Fee	
EXPENDITURE				
·	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living o	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/9/2020	Frost Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.00	PO Box 649 San Marcos, TX 78666			
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE	Fees	ATM Fee		
OF EXPENDITURE	1 665	//////		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	l			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Payee name 3/30/2020 Imagine Wimberley 6 Amount (\$) 7 Payee address; City; State: Zip Code \$108.34 PO Box 1506 Wimberley, TX 78676 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Donations Made By Candidate OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/31/2020 Facebook Zip Code Amount (\$) Payee address; City: State: \$20.51 1601 Willow Rd Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) Description **PURPOSE Boosted Facebook Ads** Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4/8/2020 Frost Bank Amount (\$) Payee address; City; State; Zip Code \$8.00 PO Box 649 San Marcos, TX 78666 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Monthly Bank Fee Fees **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Payee name 6/1/2020 Facebook 6 Amount (\$) State: Zip Code 7 Payee address; City; \$8.24 1601 Willow Rd Menlow Park, Ca 94025 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising Boosted Facebook Ads OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/8/2020 Frost Bank City; State; Zip Code Amount (\$) Payee address; \$8.00 PO Box 649 San Marcos, TX 78666 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Monthly Bank Fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 6/22/2020 Facebook Amount (\$) Payee address; City; State; Zip Code \$50.00 1601 Willow Rd Menlow Park, CA 94025 Description Category (See Categories listed at the top of this schedule) **PURPOSE Boosted Facebook Ads** Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Giff/Awards/Memorials Expense Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie	ng Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
-	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
9	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
6/24/2020	Facebook	100	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$50.00	1601 Willow Rd Menlo Park, CA 94025		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE	Advertising	Boosted Facebook	k Ads
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/30/2020	Facebook		
!			
Amount (\$)	Payee address;	City;	State; Zip Code
\$53,50	1601 Willow Rd Menlo Park, CA 94025		
!			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Boosted Facel	book Ads
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1	_	
	71.14 Marie		
Date	Payee name		
7/27/2020	Ace Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1746.29	7807 Doncaster Austin, TX 78745		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Printing	Signs	
OF EXPENDITURE			
EXPERIENCE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)				
Cleur Card Payment	The Instruction Guide explains how to o	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
10	Alexander (Alex) Villalobos						
4 Date	5 Payee name						
7/28/2020	TNT Strategies						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
\$350.00	4111 Ave A #107 Austin, TX 78751						
\$000.00	TITIAVEA #107 Addin, 1X 70701						
	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF	Consulting	Data & Rolls					
EXPENDITURE	CONTROL S	Data GT (OLS					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OI	1						
Date	Payee name						
7/31/2020	Facebook						
770112020	1 despoor						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$24.24	1601 Willow Rd Menlow Park, CA 94025						
·	,						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Advertising	Boosted Faceb	ook Ads				
OF EXPENDITURE							
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/Oh							
expenditure to benefit 0/01	'						
Date	Payee name						
8/14/2020	TNT Strategies						
Amount (\$)	Payee address;	City;	State; Zip Code				
		• •	, -				
\$300.00	4111 Ave A#105 Austin, TX 78751						
	Cobogony (See Cobogonia Rated at the top of this pate of the	Description					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF	Consultant	Politing Lists					
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	1						
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

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

Candidate/Officeholder/Politica		ries/Wages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)
11	Alexander (Alex) Villalobos		(
4 Date	5 Payee name		
8/24/2020	Facebook		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$75.00	1601 Willow Rd Menlow Park, CA 94025		
8	(a) Category (See Categories listed at the top of this schedul	le) (b) Description	
PURPOSE	Advertising	Boosted Facebo	ook Ads
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	T		F
Date	Payee name		
8/24/2020	Venmo		
Amount (\$)	Payee address;	City;	State; Zip Code
\$156.00	2211 N 1st St San Jose, CA 95131		
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Advertising	J Figueroa:	Web Maintenance
	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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/24/2020	Lowes		
Amount (\$)	Payee address;	City;	State; Zip Code
\$74.82	5753 Kyle Pwky Kyle, TX 78640		
	Category (See Categories listed at the top of this schedule) Description	· -
PURPOSE OF EXPENDITURE	Advertising	Sign Supplies	
	Check if travel outside of Texas. Complete Schedule	Γ. Check if Austi	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEF	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Omcenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
12	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
8/27/2020	Wix.com		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$6.44	2601 Mission St San Francisco, CA 9411	0	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Website Exper	nse
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/31/2020	Venmo		
Amount (\$)	Payee address;	City;	State; Zip Code
\$80.00	2211 N 1st St San Jose, CA 95131		
	, , , , , , , , , , , , , , , , , , ,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contract Labor	Lizette Gonzale	7
OF EXPENDITURE	G0		
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
8/31/2020	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$2.34	1601 Willow Rd Menlo Park, CA 94025		
*=	,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Boosted Face	ebook Ads
OF EXPENDITURE	-		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		•	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	-DED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule Fit. 13 Alexander (Alexy Villallobos 4 Date 8/31/2020 5 Payee name 8/31/2020 6 Amount (8) 7 Payee address; City; State; Zip Code 8 PURPOSE EXPENDITURE (6) Check frame outlide of Texas. Complete Schedule 1 Payee name 8/31/2020 Payee name 8/31/2020 Contract Labor Amount (8) Payee name 8/31/2020 Vermo PURPOSE EXPENDITURE Payee name 8/31/2020 Contract Labor Amount (8) Payee name 8/31/2020 Contract Labor	Contributions/Donations Made B Candidate/Officeholder/Politics			xpense	Travel Out Of District Other (enter a category not listed above)		
Anount (\$) Payee name 8/31/2020 Portion (\$) Payee address; Cliy: State: Zip Code 8. Amount (\$) Payee address; Complete QNLY if direct expenditure to benefit C/ON Complete QNLY if direct expenditure to benefit C/ON Candidate / Officeholder name Complete QNLY if direct officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete QNLY if direct officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete QNLY if direct officeholder name Candidate / Officeholder name Complete QNLY if direct officeholder name Candidate / Officeholder name Complete QNLY if direct officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete QNLY if direct officeholder lower officeholder name	Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.		
S Payee name Armazon		1		Participan		3 Filer ID (Ethic	s Commission Filers)
### Affazon ### A							
6 Amount (\$) 7 Payee address; City: State: Zip Code \$32.43							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Office Supptiess (c) Check if savel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inling expense Payee name 8/31/2020 Amount (5) Payee address; Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Candidate / Officeholder living expense Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Date 8/31/2020 Venno Amount (8) Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Contract Labor Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held	8/31/2020	Amazon	.,.,.				
(a) Category (See Categories listed at the top of this schedule) (b) Description	6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE Overhead Office Supplies Office	\$32.43	440 Tern	y Ave N Seattle, WA 981	09			
OFEXPENDITURE (c) Check if travel cubide of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Date 8/31/2020 Venmo Amount (\$) Payee andress: City: State: Zip Code \$100,00 2211 N 1st St San Jose, CA 95131 Category (See Cetegories listed at the top of this schedule) Description Complete ONLY if direct expenditure to benefit C/OH Date 9 Payee name 0 Office sought Officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date 9 Payee name 0 Office sought Office hold of Toxas Complete Schedule T. City: State: Zip Code 0 Office sought Office hold officeholder name 0 Office sought Officeholder living expense 0 Office sought 0 Officeholder living expense 0 Offi	8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9. Complete QNLY if direct expenditure to benefit C/OH Date Payee name 8/31/2020 Venmo Amount (\$) Payee address: City: State: Zip Code 9. Complete QNLY if direct expenditure to benefit C/OH Complete QNLY if direct expenditure to benefit C/OH Date PURPOSE OF EXPENDITURE Candidate / Office bised at the top of this schedule) Candidate / Office bised at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Date Payee name 8/31/2020 Venmo Amount (\$) Payee name 8/31/2020 Venmo Amount (\$) Payee address: City: State: Zip Code 9. Complete QNLY if Jirect expenditure to benefit C/OH PURPOSE OF EXPENDITURE Candidate / Office bised at the top of this schedule) Payee name 8/31/2020 Venmo Amount (\$) Payee address: City: State: Zip Code 9. Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Contract Labor Check if twell outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Candidate / Officeholder name Office sought Office held		Overhead			Office Supplies		
9 Complete QNLY if direct expenditure to benefit C/OH Date							
Expenditure to benefit C/OH Date 8/31/2020		(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	3 expense
Amount (\$) Payee address; City: State; Zip Code \$100.00			late / Officeholder name		Office sought		Office held
Amount (\$) Payee address; City: State: Zip Code \$100.00	Date	Payee na	ame				
\$100.00 2211 N 1st St San Jose, CA 95131 PURPOSE OF EXPENDITURE Contract Labor Contract Labor Contract Labor Condidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Payee name 8/31/2020 Venmo Amount (\$) Payee address; 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code \$60.00 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Contract Labor Contract Labor Contract Labor Condidate / Officeholder name Office sought Office held Condidate / Officeholder name Office sought Office held	8/31/2020	Venmo					
PURPOSE OF EXPENDITURE Contract Labor Contract Labor Condidate / Office holder name Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Payee name 8/31/2020 Payee address; Category (See Categories listed at the top of this schedule T.	Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE Contract Labor Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office held Date 8/31/2020 Venmo Amount (\$) Payee name Venmo Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Office held	\$100.00	2211 N 1	st St San Jose, CA 95131				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Candidate / Officeholder name City; State; Zip Code \$60.00 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Contract Labor Contract Labor Marie Drosche Contract Labor Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		Category	/ (See Categories listed at the top of this :	schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 8/31/2020 Venmo Amount (\$) Payee address; City; State; Zip Code \$60.00 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description Contract Labor Marie Drosche Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Contract L	_abor		Alison Castillo		
Date Payee name 8/31/2020 Venmo Amount (\$) Payee address; City; State; Zip Code \$60.00 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held			Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	expense
Amount (\$) Payee address; City; State; Zip Code \$60.00			ate / Officeholder name		Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code \$60.00	Date	Payee na	ame				
\$60.00 2211 N 1st St San Jose, CA 95131 Category (See Categories listed at the top of this schedule) Contract Labor Contract Labor Contract Labor Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Contract Labor Contract Labor Marie Drosche Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Contract Labor Office sought Check if Austin, TX, officeholder living expense	8/31/2020	Venmo	,				
PURPOSE OF EXPENDITURE Contract Labor Contract Labor Contract Labor Contract Labor Contract Labor Marie Drosche Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Marie Drosche Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE Contract Labor Marie Drosche Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Contract Labor Marie Drosche Check if Austin, TX, officeholder living expense Office sought Office held	\$60.00	2211 N	1st St San Jose, CA 95131				
Complete ONLY if direct expenditure to benefit C/OH Contact Labor		Category	(See Categories listed at the top of this s	schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Contract I	Labor		Marie Drosche		
Complete ONLY if direct	-						
expenditure to benefit C/OH			Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			ate / Officeholder name		Office sought		Office held
		AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	,	/ages/Contract Labor	Other (enter a category not listed above)
4			
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
14	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
9/4/2020	TNT Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$420.00	4111 Ave A #107 Austin, TX 78751		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Computer	Deta	
OF EXPENDITURE	Consultant	Data	
EX ENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0.10.10000	Fadan		
9/8/2020	Fedex		
Amount (\$)	Payee address;	City;	State; Zip Code
\$812.39	303 N Edward Gary St #C San Marcos, TX 786	666	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Printing	Door hangers	
OF EXPENDITURE	-		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/8/2020	Kindle		
9/0/2020	Kiridie		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10.81	11700 Rock Rose Ave., Austin,TX 78758		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other	Professional S	Subscription
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED .
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica		alaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
15	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
9/10/2020	Venmo		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$80.00	2211 N 1st St. San Jose, CA 95131		
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE	Contract Labor	Lizette Gonzalez	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	iп, ТХ, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/10/2020	Venmo		
0/10/2020			
Amount (\$)	Payee address;	City;	State; Zip Code
\$70.00	2211 N 1st St. San Jose, CA 95131		
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE	Contract Labor	Alison Castillo	
OF EXPENDITURE			
EXPENDITORE			
	Check if travel outside of Texas. Complete Scheo	lule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	-		
9/11/2020	US Post Office		
Amount (\$)	Payee address;	City;	State; Zip Code
\$44.00	555 Rebei Dr Kyle, TX 78640		
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE	Advertising	Postage	
OF EXPENDITURE		, 55,295	
	Check if travel outside of Texas. Complete Sched		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Vi	Vages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)	
16	Alexander (Alex) Villalobos			
4 Date	5 Payee name			
9/14/2020	Venmo			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$50.00	2211 N 1st St. San Jose, CA 95131			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contract Labor	Alison Castillo		
OF EXPENDITURE		7 20011 000020		
EXPENDITURE		<u> </u>		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/16/2020	Venmo			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$50.00	211 N 1st St. San Jose, CA 95131			
	Category (See Categories listed at the top of this schedule)	Description		
	Category (000 categories indicate the top of this sociocate)	Description		
PURPOSE OF	Contract Labor	Marie Drosche		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
	-			
9/17/2020	Fedex			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$24D 22	202 N Edward Conv St. Ste C. Sen Mercer TV	79666		
\$249.23	303 N Edward Gary St., Ste C San Marcos, TX	,0000		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing	Dantime		
OF	Printing	Door Hangers	5	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Alexander (Alex) Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
9/17/2020	TNT Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$300.00	4111 Ave A, # 107 Austin, TX 78751		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consultant	Listing	
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		J	
Date	Payee name		
9/21/2020	The Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$138.56	3730 Dry Hole Rd Kyle, TX 78640		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Signage Suppli	es
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/21/2020	Venmo		
Amount (\$)	Payee address;	City;	State; Zip Code
\$110.00	2211 N 1st St. San Jose, CA 95131		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contract Labor	Lizette Gonzalez	z
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
18	Alexander (Alex) Villalobos	5.44	
4 Date	5 Payee name		
9/22/2020	Printing Solutions Austin		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$216.50	321 W Ben White Blvd #102 Austin, TX 78	3704	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing	Signage	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Charle if Access	TV effected living average
			n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/22/2020	Print This		
Amount (\$)	Payee address;	City;	State; Zip Code
\$116.92	13330 N State Hwy 123 E Seguin, TX 78155		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	Shirts	
EXPENDITURE		;	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/8/2019	Act Blue		
12/0/2013	Act blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$13.83	PO Box 441146 Somerville, MA 02144-0031		
	·		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Credit Card Do	nation Processing Fee
OF EXPENDITURE		_	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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)

Legal Services 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 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 4 Date 5 Payee name 12/15/2019 Act Blue 6 Amount (\$) 7 Payee address; City; State: Zip Code \$9.88 PO Box 441146 Somerville, MA 02144-0031 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Credit Card Donation Processing Fee OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/22/2019 Act Blue Zip Code Amount (\$) Payee address; City: State: \$19.75 PO Box 441146 Somerville, MA 02144-0031 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Credit Card Donation Processing Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/12/2020 Act Blue Amount (\$) Payee address; State: City; Zip Code \$5.93 PO Box 441146 Somerville, MA 02144-0031 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Credit Card Donation Processing Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor Other (enter a category not liste	d above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commis	sion Filers)
20	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
1/19/2020	Act Blue		
6 Amount (\$)	7 Payee address;	City; State; Zip C	ode
\$5.93	PO Box 441146 Somerville, MA 02144-0	031	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	eld
Date	Payee name		
2/2/2020	Act Blue		
Amount (\$)	Payee address;	City; State; Zip C	ode
\$10.48	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office he	eld
Date	Payee name		
2/9/2020	Act Blue		
Amount (\$)	Payee address;	City; State; Zip C	ode
\$33.58	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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 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)

Legal Services 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 3 Filer ID (Ethics Commission Filers) Alexander (Alex) Villalobos 21 4 Date 5 Payee name 2/16/2020 Act Blue 6 Amount (\$) City: State: Zip Code 7 Payee address; \$10.87 PO Box 441146 Somerville, MA 02144-0031 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Fees Credit Card Donation Processing Fee OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/23/2020 Act Blue City; State; Zip Code Amount (\$) Payee address; PO Box 441146 Somerville, MA 02144-0031 \$5.93 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Credit Card Donation Processing Fee OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/29/2020 Act Blue Amount (\$) Payee address; City; State; Zip Code \$2.28 PO Box 441146 Somerville, MA 02144-0031 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Credit Card Donation Processing Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)	
	The methodicion datas explains now to o	omplete this form.	
1 Total pages Schedule F1: 22	2 FILER NAME Alexander (Alex) Villalobos	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
3/22/2020	Act Blue		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1.98	PO Box 441146 Somerville, MA 02144-0031		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/3/2020	Act Blue		
Amount (\$)	Payee address;	City; State; Zip Code	
\$39.50	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Fees	Credit Card Donation Processing Fee	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/QH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/12/2020	Act Blue		
Amount (\$)	Payee address;	City; State; Zip Code	
\$5 .93	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		.,,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
23	Alexander (Alex) Villalobos			
4 Date	5 Payee name		·	
4/26/2020	Act Blue			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$4.26	PO Box 441146 Somerville, MA 02144-0031			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Fees	Credit Card Do	onation Processing Fee	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
Date	Payee name			11.190
5/24/2020	Act Blue			
• ,, <u> </u>				
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2.28	PO Box 441146 Somerville, MA 02144-0031			
\$2.20				
	Category (See Categories listed at the top of this schedule)	Description	150)//	hard Adding.
PURPOSE	Fees	Credit Card [Donation Processing	Fee
OF EXPENDITURE	1 3 3 2			•
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
oxponditure to sensite even	•			
Date	Payee name			
5/10/2020	Act Blue			
3/10/2020	Ad blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$3.95	PO Box 441146 Somerville, MA 02144-0031			
	TO BOX TITLE COMMON MICH.			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	,	•		
OF	Fees	Сredit Card Г	Donation Processing	Fee
EXPENDITURE	-			<u> </u>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment Legal Services Salaries/vvages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
24	Alexander (Alex) Villalobos			
4 Date	5 Payee name			
5/31/2020	Act Blue			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$1.98	PO Box 441146 Somerville, MA 02144-0031			
,	C Dex ******* Generalis, No. C2**** CCC**			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	.	
PURPOSE	Econ	Crodit Cord Do	onation Processing Equ	
OF	Fees	Credit Card Do	onation Processing Fee	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
Date	Payee name			
6/7/2020	Act Blue			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$19.76	PO Box 441146 Somerville, MA 02144-0031			
\$13.73	1 0 20x 111110 00:110111110; 14111 02:144 0001			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fees	Credit Card I	Donation Processing Fee	
OF EXPENDITURE	1 665	Credit Card L	Soliation Processing Pee	
·	Check if travel outside of Texas. Complete Schedule T.	Chack if Austi	in, TX, officeholder living expense	
	Candidate / Officeholder name		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office field	
Date	Payee name			
6/14/2020	Act Blue			
0,1,4,2020	7.0. 5.43			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$3.95	PO Box 441146 Somerville, MA 02144-0031			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF	Fees	Credit Card E	Oonation Processing Fee	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	-DED	
	AT IAOTTADDITIONAL COFTEG OF THIS	COLIEDOEL NO MEE	- 	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
25	Alexander (Alex) Villalobos	
4 Date	5 Payee name	
6/21/2020	Act Blue	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$1.98	PO Box 441146 Somerville, MA 02144-00)31
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Fees	Condit Cord Donation Deceasing Eco
OF EXPENDITURE	rees	Credit Card Donation Processing Fee
EXPERIENCE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6/28/2020	Act Blue	
Amount (\$)	Payee address;	City; State; Zip Code
\$2.28	PO Box 441146 Somerville, MA 02144-0031	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees	Credit Card Donation Processing Fee
OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
7/12/2020	Act Blue	
Amount (\$)	Payee address;	City; State; Zip Code
00 OF	PO Box 441146 Somerville, MA 02144-0031	
\$3.95	FO DOX 441 140 SUITISTERIO, ININ 02144 0001	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees	Credit Card Donation Processing Fee
OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1	2 FILER NAME	,	3 Filer ID (Ethics Commission Filers)
26	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
7/19/2020	Act Blue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$9.69	PO Box 441146 Somerville, MA 02144-0031		
, ,			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF	Fees	Credit Card Donation	Processing Fee
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
7/26/2020	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$9.60	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fees	Credit Card F	Donation Processing Fee
OF EXPENDITURE			
EXPENDITORE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1		
Date	Payee name		
·	1 ayou hamo		
8/2/2020	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$4.94	-		
\$4.5 4	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	and an individual of the control of		
OF	Fees	Credit Card D	onation Processing Fee
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	I		
	ATTACH ADDITIONAL CODICS OF THE	SCHEDIII E AS NEE	TOED.
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:UEU

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
27	Alexander (Alex) Villalobos		
4 Date	5 Payee name		
8/16/2020	Act Blue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$0.99	PO Box 441146 Somerville, MA 02144-0031		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation	Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	U	
8/09/2020	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$7.91	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card Donation Processing Fee	
EAI EADITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/23/2020	Act Blue		
Amount (\$)	Payee address;	City;	State; Zip Code
\$43.46	PO Box 441146 Somerville, MA 02144-0031		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Credit Card D	onation Processing Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	al Committee	Legal Services Sal	aries/Wages/0	Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment		The Instruction Guide explains ho	w to comple	te this form.		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Eth	ics Commission Filers)
28	Alexander (Alex) Villalobos					
4 Date	5 Payee na	ame				
8/30/2020	Act Blue	•				
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
\$6.23	PO Box	441146 Somerville, MA 02144-0	031			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Fees		Cr	Credit Card Donation Processing Fee		
	(c)	Check if travel outside of Texas. Complete Schedu	eT.	Check if Au	stin, TX, officeholder livi	ng expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH						Office held
Date	Payee na	ame				
Amount (\$)	Payee address;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		le)	Description		
	Check if travel outside of Texas. Complete Schedule T.		е Т.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh				Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)			Description		
	Check if travel outside of Texas. Complete Schedule T.		•T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name	(Office sought		Office held
	AT	TACH ADDITIONAL COPIES OF	THIS SCHE	EDULE AS NE	EDED	