# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		A 51 - 15 (51 - 51 - 51 - 51 - 51 - 51 -	2 Total annua filed:
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Alexander  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received
	Alex Villabl	,	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TX 18640	OCT 26 2020
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	(S12) 787-5194	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Bleerra	33710	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	los Cheatham St.		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( )  (12 787-497	EXTENSION	
9 REPORT TYPE	January 15 30th day before of 8th day before ele	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	9 Month Day Year 7020	THROUGH /O	24/2020
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 / 3 / 20 20 General	Runoff Other Description  Special	
12 OFFICE	Kyle TY City Counce! Place 5	Hays County	Sheriff
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	11116	1	5 Filer ID (Ethics Commission Filers)		
Alexander 1	Vilal or	2			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	GENERAL	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$1690.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8175.00		
EXPENDITURE TOTALS			\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$7804.68		
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$7804.68  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$2550.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
Mup V/Malle					
AFFIX NOTARY STAM	)/SEALABOVE	Signature of Cano	didate or Officeholder		
Sworn to and subscr		by the said Alex Villaldoos	, this the		
day of UCTOPER		to certify which, witness my hand and seal of office.			
A		Anita Collins	Notary		
Signature of officer a	dministering oath	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	9 FILER NAME 20 Filer ID (Ethics Con			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	_
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6485.0	19
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>–</b>	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <b>-</b>	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			7
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

### SCHEDULE A1

The Instruction Guide explains how to complete th	is form.  1 Total pages Schedule A1:
Alkander Villa/obos	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state P  Lolita's Late  6 Contributor address; City;  1501 Agranula Strys D6	State; Zip Code
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor out-of-state P	, and an extension (v)
POBOXLIOD July X 780	State; Zip Code \$500.00
Principal occupation / Job title (See Instructions)  **TACKIY** CO	Employer (See Instructions)
Date Full name of contributor  Chas Steele Contributor address; City;  8880 Swindow Cir Converse	Amount of contribution (\$)  State; Zip Code  78/09  Amount of contribution (\$)
Printipal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 19/10  Full name of gonfributor    out-of-state P   Out-of-state P	State; Zip Code \$ 250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pags Sepadule A1:
2 FLER NAME HILX and	ler Vilhelobus	3 Filer ID (Ethics Commission Filers)
4 Date / 4 / 2020	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$25.00
8 Principal occur  Not land	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
19/1/20	Full name of contributor  SUSCIO DOLL  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
	106 Canyon Fork SunMarcus TX 78666	\$100.00
Principal opcup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
191/W	Full name of contributor out-of-state PAC (ID#:)  PLEC SPICUSE  Contributor address; City; State; Zip Code  600 Clli DH Ranck Rd Buda 7X 786/0	Amount of contribution (\$)
Bio/091	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date /U/W	Full name of contributor out-of-state PAC (ID#:)  Mary GI/OY  Contributor address; City; State; Zip Code  300 By Flato Saedway D; Flubod X 186/	Amount of contribution (\$) \$25.00
Principal occup  Not Em	ation / Job title (See Instructions) Employer (See Instruc	tions)

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Alkander Villalohus	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)  Whichen Holf Singer	Amount of contribution (\$)
19/120 Contributor address; City; State; Zip Code 120 Ridge Rd W; mberley TX 18676	\$25.00
Principal occupation / Job title (See Instructions)  Education Consultant  Engloyer (See Instructions)	tions)
Date  Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)  \$\frac{1}{2}\omega \cdot \vartrightarrow \vartrigh
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date Full name of contributor, out-of-state PAC (ID#:)  May Ski/Man  Contributor address; City; State; Zip Code  211 Crest View Dr Wimberky N 78016	Amount of contribution (\$) \$/00.60
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) employed Amount of contribution (\$) \$25.00 out-of-state PAC (ID#: Amount of contribution (\$) limestone in Dr. forward Employer (See Instructions) ( mila Amount of contribution (\$) out-of-state PAC (ID#

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 Alexander Villalobos	3 Filer ID (Ethics Commission Filers)
	7 Amount of contribution (\$)  \$ 500.00  Zip Code  Supplied TV 767.58
19141 Stone Oak Play #401  8 Principal occupation / Job title (See Instructions)  9 Employ	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  Liquid Laptal ALSOVICES  Contributor address; City; State;	Amount of contribution (\$)
13785 Restard blood 125 Austra X 78	700 \$ 200.00
	er (See Instructions)
Pate Full name of contributor out-of-state PAC (ID#:	\$50.00
	er (See Instructions)
Pate //2/20 Full name of contributor    out-of-state PAC (ID#:	Amount of contribution (\$)  John Code
Principal accupation / Job title (See Instructions) Employ	er (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages_Schoolule A1:
2 FILER NAME	der Villalobos	3 Filer ID (Ethics Commission Filers)
4 Date /6/2/20	5 Full name of contributor out-of-state PAC (ID#:)  Patricia Nilsson  6 Contributor address; City; State; Zip Code  1411 Kings Lastle Dx Laty N 9877450	7 Amount of contribution (\$)
8 Principal occur Rachul	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
192/20	Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 250.00
	3607 Tuscany Dr. Sun Amonio TX 78219	
1 , 1	Employer (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)   Carla Cardenas     Contributor address; City; State; Zip Code     4/7 S. IIV. 18 & Sin Angelo R 98 76903	Amount of contribution (\$) \$ 100.60
A 6	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 142/70	Full name of contributor out-of-state PAC (ID#:)  Marcello Saen 2  Contributor address; City; State; Zip Code  4406 Back Back Askn X 78739	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
not emp	MOYLO	

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FIRER NAME HICKARDEN Villalohus	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:  10/2/20 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$ 50.80
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	W/J/G 4 ructions)
Suf Employed Contract	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$ 500.00
600 Cayress Pol. Ashn X 78701	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date  Full name of contributor  Milla Malhu2  Contributor address; City; State; Zip Code  2314 E 11 St Ashn & 18762	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Reference See Instructions Employer (See Instructions)	uctions)
Date Full name of contributor    Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
not employed	The state of the s
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#: Date Amount of contribution (\$) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 10-1-20 City; State: Zip Code 6 Amount (\$) Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE 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 Zip Code State: PURPOSE 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 Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** 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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Cledit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1	Alexander Villalo bos	3 Filer	ID (Ethics Commission Filers)
10-6-20	Printing Solutions Austin		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
173.20	321 W. Ben White #1/02 1	4057, 1 N 78704	/
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	holder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10-6-20	Kindle		
Amount (\$)	Payee address;	City;	State; Zip Code
10.81	11700 Ruck Rose Are A	Istia NY 7875	8
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Pofessional Su	bscr.prior
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	holder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
16-2-20	Print This		
Amount (\$)	Payee address;		State; Zip Code
308.51	13 330 N. State Huy 123	E Siguin IX	78155
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Adverts:	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	nolder living expense
Complete ONLY if direct expenditure to benefit C/C	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total gages Schedule F1: 4 Date 10-5-20 City; Zip Code State: 6 Amount (\$) 14200 RR12 Wimberky TX 78676 (b) Description PURPOSE Va lunteurs OF Beverall **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name W.X. Com 9-25-20 Zip Code Amount (\$) 2401 Mission St San Francisco CA 94110 **PURPOSE** habsite Advutsing 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 Payee name Blue Dahlik Bisto Payee address; City; State; 107 E Hopkins ST Sun Marcos TX 78 666 6 Contactives listed at the top of this schedule) Description 1/A functions Date Amount (\$) Zip Code **PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: Zip Code City; State; PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code Amount (\$) 50.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** 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 City; Amount (\$) State; Zip Code Payee address; Somewille MA 02144-0031 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 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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense **Event Expense** Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: City; State; Zip Code 6 Amount (\$) Pavee address: (b) Description 8 PURPOSE 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10-18-20 **PURPOSE** 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 City; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** ed+ Cord 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)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Zip Code City; State: 6 Amount (\$) 7 Payee address; (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/Ob Payee name Date Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE 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 10-13-20 Amount (\$) City; Payee address; State; Zip Code Description PURPOSE advistage 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Trayel Out Of District

Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/We  The Instruction Guide explains how to co	mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	HEXANDER Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 10-13-20	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	2211 N. 18 St. Jan Jose	CA 951	31
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract labor		
	(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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10-19-20	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	1401 Willow Rd Mente	, Park G	4 940 25
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advert sing	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee pame		Sept. Com. Com. Com. Com. Com. Com. Com. Com
10-19-20	Walmast		
Amount (\$)	Payee address;	City;	State; Zip Code
85.82	5754 kyle Prwy layle	JX 7840	10
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Tents	
	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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 10-20 City; Zip Code State: 6 Amount (\$) Payee address; (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE 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 Zip Code State: City: Description Category (See Categories listed at the top of this schedule) **PURPOSE** giveaure 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 Pavee name Amount (\$) Payee address; City; State; Zip Code Description (See Categories listed at the top of this schedule) PURPOSE **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polining Expense Printing Expense Salaries/Wages/Contract Labor

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FLYER NAME VIllalobes	3 Filer ID (Ethics Commission Filers)
16-24- W	5 Payee name Wix. Cor	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
6.44	2601 Mussion St San	harisco CA GYIIS
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Adus +53	website
	(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/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-26-20	Sans	
Amount (\$)	Payee address;	City; State; Zip Code
160 -	1350 had Ave	San Maras X 78646  Description
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	BBD Sirearey
	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 10-21-W	Payee name Hall	
Amount (\$)	Payee address;	City; State; Zip Code
100-	1100 Patron St	San Marcos TX 18666
	Category (See Categories listed at the top of this schedule)	Description BB &
PURPOSE OF EXPENDITURE	lunt	tood greaver rent
	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 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 E Candidate/Officeholder/Politic Credit Card Payment		Expense Travel Out Of District Other (enter a category complete this form.	not listed above)
1 Total pages Schedule F1:	2 FIRER NAME HUXANOU V.//alobes	3 Filer ID (Ethics C	commission Filers)
4 Date 10-24 - 20	5 Payee name		
6 Amount (\$) 75./9	7 Payee address; 641 E Hopkus St	City; State;  An Maras X 7866	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Sivear as	
9 Complete ONLY if direct expenditure to benefit C/Ol	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  H	Office sought Of	ffice held
Date 18-24- 20	Sysco		
Amount (\$) 409. 35	Payee address; 1240 Schuab Rd	New Braun Als 7/1	8/3 2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	BBD graval	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Of	fice held
Date	Payee name		
Amount (\$)	Payee address;	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.	Check if Austin, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		ffice held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **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 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/Politi Credit Card Payment	Cal Committee Legal Services Salaries  The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	Alexander Villalobus		3 Filer ID (Ethics Commission Filers)
10-14-20	5 Payee name Thundurdovd		
Amount (\$)  Reimbursement from political contributions intended	7 Payee address; 598 E Hwy 290 Dij	OPI4 SVIUS	State; Zip Code  78620
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fand / BWWGL EXPENSE	(b) Description Valunter	
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	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.	Check if Austin, 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 NEED	ED