

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">14</div> | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mr.</u></div> <div>FIRST <u>Alexander</u></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <u>Alex</u></div> <div>LAST <u>Villalobos</u></div> <div>SUFFIX</div> </div> | OFFICE USE ONLY Date Received <div style="font-size: 1.2em; font-weight: bold;">Received</div> <div style="font-size: 1.2em; font-weight: bold;">JAN. 1 5 2021</div> <div style="font-size: 1.2em; font-weight: bold;">Elections Office</div> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div> | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 1630</u> <u>Kyle TX 78640</u> | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(512) 787-5194</u> | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mrs.</u></div> <div>FIRST <u>Monica</u></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Becerra</u></div> <div>SUFFIX</div> </div> | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>205 Cheatham St. San Marcos TX 78666</u> | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(512) 787-4972</u> | | | | | | | | | | | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | | | | | | | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <u>10</u> <u>25</u> <u>2020</u> </div> <div>THROUGH</div> <div> Month Day Year <u>12</u> <u>31</u> <u>2020</u> </div> </div> | | | | | | | | | | | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <u>11</u> <u>3</u> <u>2020</u> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <u>Hays Co Sheriff</u> | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;"><u>n/a</u></td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | <u>n/a</u> | | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | <u>n/a</u> | | | | | | | | | | | | |
| | COMMITTEE ADDRESS | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>Alexander Villalobos</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 373.14 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1538.54 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 163.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2248.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1653.07 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Alexander Villalobos, and my date of birth is 3-1-72.

My address is P.O. Box 1630, Kyle, TX, 78640, USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 14 day of January, 2021.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1-4 |
| 2 FILER NAME Alexander Villalobos | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/9/20 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Sprouse | 7 Amount of contribution (\$) \$ 25.00 |
| 6 Contributor address; City; State; Zip Code 600 Elliott Ranch Rd Buda TX 78610 | | |
| 8 Principal occupation / Job title (See Instructions) Biologist | | 9 Employer (See Instructions) |
| Date 10/9/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Camp | Amount of contribution (\$) \$ 10.00 |
| Contributor address; City; State; Zip Code 3808 Cattlemen Rd Manchaca TX 78652 | | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 10/8/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Pastano | Amount of contribution (\$) \$ 500.00 |
| Contributor address; City; State; Zip Code 92 Oak Grove Rd Welling TX 78248 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) |
| Date 10/8/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Carnes | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 351 Limestone Ln. Driftwood TX 78619 | | |
| Principal occupation / Job title (See Instructions) Criminal Analyst | | Employer (See Instructions) |
| | | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2-4 |
| 2 FILER NAME Alexander Villalobos | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/3/20 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maricela Koopmann | 7 Amount of contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code 400 Hornetbun Pkwy Kyle TX 78640 | | |
| 8 Principal occupation / Job title (See Instructions) Legal Assistant | | 9 Employer (See Instructions) |
| Date 10/12/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Wilson | Amount of contribution (\$) \$50 - |
| Contributor address; City; State; Zip Code 1611 Kings Castle Dr Spring Branch TX 77150 | | |
| Principal occupation / Job title (See Instructions) teacher | | Employer (See Instructions) |
| Date 10/21/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Racine | Amount of contribution (\$) \$50 - |
| Contributor address; City; State; Zip Code 291 Brunson Ln Wimberley TX 78676 | | |
| Principal occupation / Job title (See Instructions) not employed | | Employer (See Instructions) |
| Date 11/1/20 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristi Miller | Amount of contribution (\$) \$40.40 |
| Contributor address; City; State; Zip Code 1404 Briarcliff Apt 104 Austin TX 78723 | | |
| Principal occupation / Job title (See Instructions) not employed | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages, Schedule A1: 3-4 |
| 2 FILER NAME Alexander Villalobos | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/1/20 | 5 Full name of contributor Dawn Walker <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) \$5.00 |
| 6 Contributor address; City; State; Zip Code 482 Luther SW Cedar Rapids IA 52404 | | |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) |
| Date 11/1/20 | Full name of contributor Susan Hart <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 53 Ramona CT New Rochelle NY 10804 | | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) |
| Date 11/1/20 | Full name of contributor Kimberly Bryant <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 325 Mine Rd Midway FL 32343 | | |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) |
| Date 10/6/20 | Full name of contributor Raoul Belleau <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$50 |
| Contributor address; City; State; Zip Code 291 Bronson Ln Wimberley TX 78784 | | |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4-4 |
| 2 FILER NAME Alexander Villalobos | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/2/20 | 5 Full name of contributor Matthew Curtis <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code PO Box 650108 Austin TX 78765 | | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) |
| Date 11/2/20 | Full name of contributor Jay Hollinsworth <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 1909 Hether St Austin TX 78704 | | |
| Principal occupation / Job title (See Instructions) Graphic Designer | | Employer (See Instructions) |
| Date 11/2/20 | Full name of contributor Anil Kalhan <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code 3320 Market St Philadelphia PA 19104 | | |
| Principal occupation / Job title (See Instructions) Faculty member | | Employer (See Instructions) |
| Date 11/8/20 | Full name of contributor Leslie Carnes <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) \$100 - |
| Contributor address; City; State; Zip Code 351 Lincolnton Ln Driftwood TX 78619 | | |
| Principal occupation / Job title (See Instructions) Criminal Analyst | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME <i>Alexander Villalobos</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>1165.40</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ — |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ — |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>2085.65</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ — |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ — |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ — |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ — |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ — |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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: 1 - 7 | | 2 FILER NAME Alexander V. Halobos | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-30-20 | | 5 Payee name Facebook | | | |
| 6 Amount (\$) 75.00 | | 7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park CA 94025 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description ads | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-2-20 Lowes | | | | | |
| Amount (\$) 7.70 | | | | | |
| Payee address; City; State; Zip Code 5753 Kyle Pkwy Kyle TX 78640 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description sign supplies | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-2-20 Advance Auto Parts | | | | | |
| Amount (\$) \$37.88 | | | | | |
| Payee address; City; State; Zip Code 103 E Center Kyle TX 78640 | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description sign supplies | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F1: 2-7 | 2 FILER NAME Alexander V. Lalobos | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 12-1-20 | 5 Payee name Buda Tree Studios | | | | |
| 6 Amount (\$) \$100 - | 7 Payee address; City; State; Zip Code 16220 Remuda Tr Buda TX 78610 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Photos | | | |
| | <input type="checkbox"/> (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 12-1-20 | Payee name Be Social Media | | | | |
| Amount (\$) \$300 - | Payee address; City; State; Zip Code 767 S Alameda St #170 LA CA 90021 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 11-25-20 | Payee name Name. Com | | | | |
| Amount (\$) 160.73 | Payee address; City; State; Zip Code A Denver CO | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Website | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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: 3 - 7 | 2 FILER NAME Alexander V. Halobos | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11-25-20 | 5 Payee name WIV.COM | |
| 6 Amount (\$) 6.44 | 7 Payee address; City; State; Zip Code 2601 Mission St San Francisco CA 94110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Website |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-12-20 | Payee name Venmo | |
| Amount (\$) 170 - | Payee address; City; State; Zip Code 2211 W. 1st St San Jose CA 95131 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |
| | | |
| Date 11-12-20 | Payee name Venmo | |
| Amount (\$) 67 - | Payee address; City; State; Zip Code 2211 N. 1st St San Jose CA 95131 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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: <u>4-7</u> | | 2 FILER NAME <u>Alexander Villalobos</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <u>11-12-20</u> | | 5 Payee name <u>Vunmo</u> | | | |
| 6 Amount (\$) <u>77-</u> | | 7 Payee address; City; State; Zip Code <u>2211 N. 1st St San Jose CA 95131</u> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Contract labor</u> | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date <u>11-30-20</u> | | Payee name <u>Vunmo</u> | | | |
| Amount (\$) <u>125-</u> | | Payee address; City; State; Zip Code <u>2211 N. 1st St San Jose CA 95131</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Contract labor</u> | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date <u>11-9-20</u> | | Payee name <u>Frost Bank</u> | | | |
| Amount (\$) <u>200</u> | | Payee address; City; State; Zip Code <u>PO Box 649 San Marcos TX 78666</u> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Fees: Bank</u> | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: 5-7 | 2 FILER NAME Alexander Villalobos | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12-7-20 | 5 Payee name Kindle | |
| 6 Amount (\$) 10.81 | 7 Payee address; City; State; Zip Code 11700 Rock Rose Austin TX 78758 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other: Professional Subscription | |
| | (b) Description Other: Professional Subscription | |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11-6-20 | Payee name Kindle | |
| Amount (\$) 10.81 | Payee address; City; State; Zip Code 11700 Rock Rose Ave Austin TX 78758 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other: Professional Subscription | |
| | Description Other: Professional Subscription | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |
| Date 11-10-20 | Payee name Ace Prathy | |
| Amount (\$) 935.28 | Payee address; City; State; Zip Code 7807 DonCaster Austin TX 78745 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Prathy | |
| | Description Prathy | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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: 6-7 | | 2 FILER NAME Alexander V. Halobos | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10-25-20 | | 5 Payee name Act Blue | | | |
| 6 Amount (\$) 1.98 | | 7 Payee address; City; State; Zip Code PO Box 44146 Somerville MA 02144 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | | (b) Description Credit Card processing | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> 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 11-1-20 | | Payee name Act Blue | | | |
| Amount (\$) 5.76 | | Payee address; City; State; Zip Code PO Box 44146 Somerville MA 02144 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | | Description Credit Card Processing | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | Office sought | | Office held | |

| | | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------|--|
| Date 11-3-20 | | Payee name Act Blue | | | |
| Amount (\$) 6.33 | | Payee address; City; State; Zip Code PO Box 44146 Somerville MA 02144 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fees | | Description Credit Card Processing | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | Office sought | | Office held | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F1: 71 | 2 FILER NAME Alexander Villalobos | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-8-20 | 5 Payee name ACT BLUE | |
| 6 Amount (\$) 3.95 | 7 Payee address; City; State; Zip Code PO Box 44146 Somerville MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | |
| | (b) Description Credit Card Processing | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

| | | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

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