

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Alexander NICKNAME LAST SUFFIX Alex Villalobos		<b>OFFICE USE ONLY</b>  Date Received  Hays Co. Elections  JUL 17 2023  RECEIVED  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1430 Kyle TX 78640										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 787-5194										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Brian NICKNAME LAST SUFFIX Konradi										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 135 Winn Ranch Rd. Wimberley TX 78676										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 720-0357										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year    Month Day Year 1 / 15 / 2023    THROUGH    6 / 30 / 2023										
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 5 / 2024 <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) n/a    Sheriff										
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	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		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)	\$ 491.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6795.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1745.98
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 03/01/1972.

My address is P.O. Box 1630/136 Firewheel, Kyle, TX, 78048, Hays.

Executed in Hays County, State of TX, on the 15 day of July, 20 23.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Alexander Villalobos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8050.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 28000.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6795.02
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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:

11

2 FILER NAME

Alexander Villalobos

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/23

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bonny Krahn

7 Amount of contribution (\$)

\$75.00

6 Contributor address;

City;

State;

Zip Code

230 Whispering Valley Dr Wimberley TX 78676

8 Principal occupation / Job title (See Instructions)

Disability Advocate

9 Employer (See Instructions)

Wislake UMC

Date

1/24/23

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie D. Carnes

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

351 Limestone Ln. Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Analyst 1

Employer (See Instructions)

Texas County Constable Precinct 3

Date

1/24/23

Full name of contributor

☐ out-of-state PAC (ID#:

Melanie Liddle

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

109 Colleen Cr. San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Advisor

Employer (See Instructions)

TX State University

Date

1/24/23

Full name of contributor

☐ out-of-state PAC (ID#:

Melissa Garland

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

1404 Tuffin Ln Austin TX 78753

Principal occupation / Job title (See Instructions)

Associate Director

Employer (See Instructions)

University of Texas

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

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: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Antonio Palacios	7 Amount of contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 923 W. Hopkins St. San Marcos TX 78666		
8 Principal occupation / Job title (See Instructions) Hair Dresser		9 Employer (See Instructions) Self
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anita A. Collins	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 923 W. Hopkins St San Marcos TX 78666		
Principal occupation / Job title (See Instructions) Community Liaison		Employer (See Instructions) Hays County TX
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Austin Weeks	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 258 W. Spoke Hill Dr Wimberly TX 78676		
Principal occupation / Job title (See Instructions) Furniture		Employer (See Instructions) Gary Weeks & Co.
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marissa Fehler	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2046 Little Ranches Rd. Wimberly TX 78676		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Attendee Management
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor Rutina Perez <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 134 Marley Way Kyle TX 78640		
8 Principal occupation / Job title (See Instructions) Collections Specialist		9 Employer (See Instructions) Central Texas Refuse
Date 1/26/23	Full name of contributor Jeremy Steele <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 721 Rando Grande Wimberley TX 78676		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mirror J
Date 1/26/23	Full name of contributor Brenda Bowman <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code 7505 FM 322 7 Dr. Arnold TX 78676		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 1/26/23	Full name of contributor Jennifer Newman <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code PO Box 2809 Wimberley TX 78676		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Thompson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 281 Bowe Dr Kyle TX 78640		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 1/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alyssa Rodriguez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8003 SIHSS #2417 Austin TX 78744		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 1/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Weems	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 588 Cypress Creek Wimberley TX 78676		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Staff Weems LLP
Date 1/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aundra Hawkins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code PO BOX 1599 Kyle TX 78640		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor Heiko Stang <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 380 Turkey Hollow Wimberly TX 78676		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Not employed
Date 1/26/23	Full name of contributor Patrick Cochran <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 208 Wure Buda TX 78610		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 1/26/23	Full name of contributor Michael Rambo <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2614 FM 3237 W. in berley TX 78676		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 1/26/23	Full name of contributor Holly Leoni <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3809 Aspen Creek Pkwy Austin TX 78749		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Arredondo	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 212 Sage Meadows Dr. San Marcos TX 78666		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 1-24-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kimberly Hall	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 401 Green Acres Dr Wimberley TX 78676		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Flores	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1416 Seneca loop kyle TX 78640		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Austin Achieve
Date 1-25-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary & John Espinoza	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 239 Blanco Dr Wimberley TX 78676		
Principal occupation / Job title (See Instructions) Pharmacist Engineer		Employer (See Instructions) Relief Services/ Cosm
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center;">11</div>
2 FILER NAME <i>Alexander V. Halabos</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-23-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Sanford</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>312 McGarity Kyle TX 78640</i>		
8 Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>1-27-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sharri Bouett</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>2631 Oak Haven Dr. San Marcos TX 78666</i>		
Principal occupation / Job title (See Instructions) <i>Unemployed</i>		Employer (See Instructions) <i>Unemployed</i>
Date <i>1-27-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kristie Kimbell</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1730 Red Hawk Rd Wimberley TX 78676</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-27-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patty &amp; Gunnar Nilsson</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>1640 Casey Ln Wimberley TX 78676</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>retired</i>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/23	5 Full name of contributor Patrick Klier <input type="checkbox"/> out-of-state PAC (ID#):	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 8809 Corran Ferry Dr Austin TX 78749		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/12/23	Full name of contributor Linebarger Grogan Blairb Sampson LLP <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760		
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Lawfirm
Date 1/26/23	Full name of contributor Betsy Landaker <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4751 Fischer Stone Rd Wimberley TX 78676		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/26/23	Full name of contributor Damon Fogley <input type="checkbox"/> out-of-state PAC (ID#):	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 232 Evening Star Kyle TX 78640		
Principal occupation / Job title (See Instructions) EMS		Employer (See Instructions) City of Austin
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Gray	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2901 S. Old Stagecoach Rd Kyle TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Wiley	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 319 Cedar Dr. Mountain City TX 78610		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angelita Tobias	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1818 Roland Ln. Kyle TX 78640		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 1/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George T. Tuttle	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 608 Baylor St. Austin TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)
4 Date 1-26-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Arredondo 6 Contributor address; City; State; Zip Code 212 Sage Meadows Dr San Marcos TX 78666	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) State of Texas
Date 3-16-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leslie D. Carnes Contributor address; City; State; Zip Code 351 Limestone Ln. Dr. Awood TX 78619	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Trawis County Constable Pct 3
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Audra Hawkins Contributor address; City; State; Zip Code PO Box 1599 Kyle TX 78640	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Austin Community College
Date 3-26-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leslie D. Carnes Contributor address; City; State; Zip Code 351 Limestone Ln Dr Awood TX 78619	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Trawis County Constable Pct 3
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:

11

2 FILER NAME

Alexander Villalobos

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-23

5 Full name of contributor

☐ out-of-state PAC (ID#:

Manuel Diego

7 Amount of contribution (\$)

\$1800.00

6 Contributor address;

City;

State;

Zip Code

260 Ganado Dr. Kyle TX 78640

8 Principal occupation / Job title (See Instructions)

Commercial Roofer

9 Employer (See Instructions)

Self

Date

6-5-23

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie Barnes

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

351 Limestone Ln Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

Travis County Constable Pct 3

Date

6-5-23

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie Barnes

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

351 Limestone Ln Driftwood TX 78619

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

Travis County Constable Pct 3

Date

6-5-23

Full name of contributor

☐ out-of-state PAC (ID#:

Leslie Barnes

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <b>Alexander Villalobos</b>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <b>1-26-23</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Scott Roberts</b>		8 Amount of Contribution \$ <b>\$3600.00</b>		9 In-kind contribution description <b>Venue Food Drink</b>
7 Contributor address; City; State; Zip Code <b>PO Box 311 Dr. Atwood TX 78610</b>			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Restaurant Owner</b>			11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self</b>		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael Odari</b>	Amount of Contribution \$ <b>\$25000.00</b>	In-kind contribution description <b>Brand design platform Develop API creation</b>
Contributor address; City; State; Zip Code <b>4101 S. Custer Rd McKinney TX 75070</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Owner</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

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



# 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  
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: <b>16</b>		2 FILER NAME <b>Alexander Villalobos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-22-23</b>		5 Payee name <b>Act Blue</b>			
6 Amount (\$) <b>0.99</b>		7 Payee address; City; State; Zip Code <b>366 Summer St. Somerville MA 02144</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/ Banking</b>		(b) Description <b>Donation processing fee</b>		
	(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 <b>1-29-23</b>		Payee name <b>Act Blue</b>			
Amount (\$) <b>84.98</b>		Payee address; City; State; Zip Code <b>366 Summer St. Somerville MA 02144</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting/ Banking</b>		Description <b>Donation processing fee</b>		
	<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 <b>2-6-23</b>		Payee name <b>Duluth Trading</b>			
Amount (\$) <b>41.57</b>		Payee address; City; State; Zip Code <b>4401 N. 135 Round Rock TX 78664</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Shirts</b>		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# 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  
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: <b>16</b>		2 FILER NAME <b>Alexander Villalobos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-10-23</b>		5 Payee name <b>Wendy's</b>			
6 Amount (\$) <b>24.23</b>		7 Payee address: <b>131 Kyle Pkwy</b>		City; <b>Kyle TX</b>	State; Zip Code <b>78640</b>
<b>PURPOSE OF EXPENDITURE</b>	8 (a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>		(b) Description <b>Campaign Staff</b>		
	<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 <b>2-13-23</b>		Payee name <b>Whole Foods</b>			
Amount (\$) <b>\$37.07</b>		Payee address: <b>525 N. Lamar</b>		City; <b>Austin TX</b>	State; Zip Code <b>78703</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation (Drinks)</b>		Description <b>Austin Pets Alive Event</b>		
	<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 <b>2-13-23</b>		Payee name <b>Whole Foods</b>			
Amount (\$) <b>32.46</b>		Payee address: <b>525 N. Lamar</b>		City; <b>Austin TX</b>	State; Zip Code <b>78703</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation (Drinks)</b>		Description <b>Austin Pets Alive Event</b>		
	<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: <u>16</u>		2 FILER NAME <u>Alexander Villalobos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-13-23</u>		5 Payee name <u>Whataburger</u>			
6 Amount (\$) <u>112.89</u>		7 Payee address; City; State; Zip Code <u>5401 Fm 1626 #500 Kyle TX 78640</u>			
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) <u>Food / Bev Expense</u>		(b) Description <u>Staff</u>		
	(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					
Date <u>2-16-23</u>		Payee name <u>Casa Garcia's</u>			
Amount (\$) <u>31.73</u>		Payee address; City; State; Zip Code <u>5401 S Fm 1626 #300 Kyle TX 78640</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food / Beverage</u>		Description <u>Staff</u>		
	<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					
Date <u>2-22-23</u>		Payee name <u>Frost Bank</u>			
Amount (\$) <u>200</u>		Payee address; City; State; Zip Code <u>Po Box 6419 San Marcos TX 78666</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Banking / Accounting</u>		Description <u>Service fee</u>		
	<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					

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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: <u>16</u>		2 FILER NAME <u>Alexander Villalobos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-27-23</u> <u>2-14-23</u>		5 Payee name <u>Getcheckapp.com</u>			
6 Amount (\$) <u>\$16.30</u>		7 Payee address; City; State; Zip Code <u>McKinney</u> <u>4101 S. Custer Rd</u> <u>San Antonio TX</u> <u>750705</u>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>		(b) Description <u>Donation Processing</u>		
	(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					
Date <u>2-26-23</u>		Payee name <u>Act Blue</u>			
Amount (\$) <u>\$3.95</u>		Payee address; City; State; Zip Code <u>366 Summer St</u> <u>Somerville MA</u> <u>02144</u> <u>Accounting / Banking</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Accounting / Banking</u>		Description <u>Donation Processing</u>		
	<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					
Date <u>2-23-23</u>		Payee name <u>54th Street</u>			
Amount (\$) <u>48.22</u>		Payee address; City; State; Zip Code <u>1903 SIH35</u> <u>San Marcos TX</u> <u>78666</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Food / Bev expense</u>		Description <u>Campaign mtg</u>		
	<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					

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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: <u>16</u>		2 FILER NAME <u>Alexander Villalobos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-23-23</u>		5 Payee name <u>Alvin Oros</u>			
6 Amount (\$) <u>1853</u>		7 Payee address: <u>204 University Dr</u>		City: <u>San Marcos TX</u>	State; Zip Code <u>78666</u>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Bev Expense</u>		(b) Description <u>Staff</u>		
	(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					
Date <u>2-24-23</u>		Payee name <u>Victory Cleaners</u>			
Amount (\$) <u>\$115.83</u>		Payee address: <u>418 S. LBJ Dr</u>		City: <u>San Marcos TX</u>	State; Zip Code <u>78666</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Shirts Embroidery Campaign</u>		
	<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					
Date <u>3-1-23</u>		Payee name <u>Uni Sushi Bar</u>			
Amount (\$) <u>\$66.64</u>		Payee address: <u>SS10 1-35</u>		City: <u>Austin TX</u>	State; Zip Code <u>78745</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food &amp; Bev</u>		Description <u>meeting w/ Alice madies</u>		
	<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					

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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: <b>16</b>		2 FILER NAME <b>Alexander Villalobos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-1-23</b>		5 Payee name <b>Tan In A Million</b>			
6 Amount (\$) <b>36.17</b>		7 Payee address; <b>2900 E Cesar Chavez</b>		City; <b>Austin</b>	State; <b>Tx</b>
				Zip Code <b>78702</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food / Bev expense</b>		(b) Description <b>Donor meeting</b>		
	(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 <b>3-1-23</b>		Payee name <b>Capitol Cafe</b>			
Amount (\$) <b>\$33.28</b>		Payee address; <b>1001 Congress Ave</b>		City; <b>Austin</b>	State; <b>Tx</b>
				Zip Code <b>78701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Bev expense</b>		Description <b>mtg w/ Legislator Aide</b>		
	<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 <b>3-7-23</b>		Payee name <b>Rolling In Thyme</b>			
Amount (\$) <b>40.37</b>		Payee address; <b>333 W. Hwy 290</b>		City; <b>Dripping Springs</b>	State; <b>Tx</b>
				Zip Code <b>78620</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Bev expense</b>		Description <b>Volunteer lunch</b>		
	<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: <b>16</b>		2 FILER NAME <b>Alexander V. Halobas</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-13-23</b>		5 Payee name <b>Los Vaqueros Cafe</b>			
6 Amount (\$) <b>52.41</b>		7 Payee address; City; State; Zip Code <b>801 W. Center St. Kyle TX 78640</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Food/Bev Expense</b>		(b) Description <b>Volunteers</b>	
		(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 <b>3-21-23</b>		Payee name <b>Blue Dahlia Bistro</b>			
Amount (\$) <b>46.77</b>		Payee address; City; State; Zip Code <b>107 E Hopkins San Marcos TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food/Bev</b>		Description <b>Campaign mtgs.</b>	
		<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 <b>3-2-23</b>		Payee name <b>Alyssa Rodriguez</b>			
Amount (\$) <b>1200.00</b>		Payee address; City; State; Zip Code <b>945 Aransas Ave San Antonio TX 78210</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		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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# 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: <b>16</b>		2 FILER NAME <b>Alexander V: Halabos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-22-23</b>		5 Payee name <b>54th St.</b>			
6 Amount (\$) <b>\$1.30</b>		7 Payee address: <b>1303 S IH35</b>		City: <b>San Marcos TX</b>	State; Zip Code <b>78666</b>
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b> <del>And 16th Expense</del>		(b) Description <b>Fundraising mts</b>		
	(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 <b>3-23-23</b>		Payee name <b>LAX Parking</b>			
Amount (\$) <b>22.69</b>		Payee address: <b>510 Guadalupe</b>		City: <b>Austin TX</b>	State; Zip Code <b>78701</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>travel in district</b>		Description <b>Parking fee</b>		
	<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 <b>3-24-23</b>		Payee name <b>Knights of Columbus</b>			
Amount (\$) <b>48.00</b>		Payee address: <b>801 Burleson</b>		City: <b>Kyle TX</b>	State; Zip Code <b>78640</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</b>		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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# 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: <u>16</u>		2 FILER NAME <u>Alexander Villalobos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-27-23</u>		5 Payee name <u>Hoffman Ranch</u>			
6 Amount (\$) <u>35.10</u>		7 Payee address; <u>4418 Private Rd 47412</u>		City; <u>Castroville TX</u>	State; <u>TX</u>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food / Bev Expense</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>3-27-23</u>		Payee name <u>Quway Mart</u>			
Amount (\$) <u>22.16</u>		Payee address; <u>800 S 1435</u>		City; <u>Kyle TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food Drink</u>		Description <u>Water for canisters</u>		
	<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>3-27-23</u>		Payee name <u>Hays Democratic Party</u>			
Amount (\$) <u>1000.00</u>		Payee address; <u>215 W. San Antonio</u>		City; <u>San Marcos TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Donation</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				
<div style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					



# 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: 16		2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)	
4 Date 3-27-23		5 Payee name El Grato Menudo			
6 Amount (\$) 128.00		7 Payee address; 111 E. San Antonio		City; San Marcos	State; TX Zip Code 78666
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Sponsorship		
	(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					
Date 3-31-23		Payee name Nehiladas Group			
Amount (\$) 38.16		Payee address; 905 N. Old Hwy 81		City; Kyle	State; TX Zip Code 78640
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food & Beverage		Description Donor meeting		
	<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					
Date 3-31-23		Payee name Prevent A Litter			
Amount (\$) 65.00		Payee address; 215 W. San Antonio		City; San Marcos	State; TX Zip Code 78666
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Sponsorship		
	<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					
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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: <u>16</u>		2 FILER NAME <u>Alexander Villalobos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11-14-23</u>		5 Payee name <u>Chick-Fil-A</u>			
6 Amount (\$) <u>23.30</u>		7 Payee address: <u>5289 Kyle Center</u>		City: <u>Kyle</u>	State; Zip Code <u>San Marcos TX 78666</u>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food &amp; Bev</u>		(b) Description <u>Volunteers</u>		
	(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					
Date <u>11-14-23</u>		Payee name <u>FTP</u>			
Amount (\$) <u>182.50</u>		Payee address: <u>945 Aransas Ave</u>		City: <u>San Antonio TX</u>	State; Zip Code <u>78210</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</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 ONLY if direct expenditure to benefit C/OH					
Date <u>11-14-23</u>		Payee name <u>FTP</u>			
Amount (\$) <u>335.88</u>		Payee address: <u>945 Aransas Ave</u>		City: <u>San Antonio TX</u>	State; Zip Code <u>786 78210</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</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 ONLY if direct expenditure to benefit C/OH					
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 ONLY if direct expenditure to benefit C/OH					
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 ONLY 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: <b>16</b>		2 FILER NAME <b>Alexander Villalobos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-17-23</b>		5 Payee name <b>Sean Patrick</b>			
6 Amount (\$) <b>40.51</b>		7 Payee address; City; State; Zip Code <b>202 E. San Antonio San Marcos TX 78666</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Food / Bev</b>		(b) Description <b>donor meeting</b>	
		(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			
Date <b>4-17-23</b>		Payee name <b>Johnny Harris for Hays CISD Dist. 2</b>			
Amount (\$) <b>500.00</b>		Payee address; City; State; Zip Code <b>46 Seneca Loop Kyle TX 78640</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Donation</b>		Description	
		<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			
Date <b>4-18-23</b>		Payee name <b>Pho Thai Son</b>			
Amount (\$) <b>85.95</b>		Payee address; City; State; Zip Code <b>5401 S Fm 1626 Kyle TX 78640</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food / Bev</b>		Description <b>Fundraiser meeting</b>	
		<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			

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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: 16		2 FILER NAME Alexander Villalobos		3 Filer ID (Ethics Commission Filers)	
4 Date 4-21-23		5 Payee name Paws Shelter			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code 1050 McKinley Pl Tr San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donations		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-21-23		Payee name Frost Bank			
Amount (\$) 2.00		Payee address; City; State; Zip Code P O Box 649 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Frost Bank fees		Description	
		<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 4-18-23		Payee name Menudo Cookoff Richard Anzeldua			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 111 E. San Antonio San Marcos TX 78666			
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	
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: <b>16</b>		2 FILER NAME <b>Alexander Villalobos</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-24-23</b>		5 Payee name <b>FTP</b>			
6 Amount (\$) <b>599.46</b>		7 Payee address; City; State; Zip Code <b>9415 Aransas Ave San Antonio TX 78210</b>			
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(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		Candidate / Officeholder name		Office sought	Office held
Date <b>4-27-23</b>		Payee name <b>Centro Cultural Hispano</b>			
Amount (\$) <b>225.00</b>		Payee address; City; State; Zip Code <b>211 Lee St. San Marcos TX 78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>		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 <b>5-3-23</b>		Payee name <b>Austin Budget Signs</b>			
Amount (\$) <b>140.73</b>		Payee address; City; State; Zip Code <b>3904 Warehouse Row Austin TX 78704</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>		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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# 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.

<b>1</b> Total pages Schedule F1: <u>16</u>		<b>2</b> FILER NAME <u>Alexander Villalobus</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>5-3-23</u>		<b>5</b> Payee name <u>Hays Varsity Baseball</u>			
<b>6</b> Amount (\$) <u>220.00</u>		<b>7</b> Payee address; <u>1800 Jack CHays Trl</u>		<b>City;</b> <u>Burda TX</u>	<b>State;</b> <u>TX</u>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Sponsorship</u>		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> <u>5-3-23</u>		<b>Payee name</b> <u>David Prado</u>			
<b>Amount (\$)</b> <u>400.00</u>		<b>Payee address;</b>		<b>City;</b> <u>San Marcos TX</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Sponsorship</u>		<b>Description</b> <u>Menudo Cookoff</u>		
	<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
<b>Date</b> <u>5-8-23</u>		<b>Payee name</b> <u>HEB</u>			
<b>Amount (\$)</b> <u>89.89</u>		<b>Payee address;</b> <u>2965 1435 N.</u>		<b>City;</b> <u>New Braunfels TX</u>	<b>State;</b> <u>TX</u>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <u>Advertising</u>		<b>Description</b> <u>Cookoff materials</u>		
	<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  
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.

<b>1</b> Total pages Schedule F1: 16	<b>2</b> FILER NAME Alexander V. Haldobas	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5-10-23	<b>5</b> Payee name Global Brigades Inc	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code PO Box 101875 Pasadena CA 91189	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b>	
	<b>Description</b>	
	<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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b>	
	<b>Description</b>	
	<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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