CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	O Lorgo o dos	Mt	OFFICE USE ONLY
NAME	NICKNAME HEX	Hexander Villalob	SUFFIX	Date Received Hays Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX	APT / SUITE #:	CITY; STATE; ZIP CODE	JUL 17 2023
Change of Address	myle 11	18640		RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2)	187-5194	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Brian	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	
		k nocadi		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
ADDRESS (Residence or Business)	135 Win	n Rance 70	. Wimberley	Tx 18676
B CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 720-035	EXTENSION	
REPORT TYPE	January 15 July 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 15 / 2023	Month	130 / 2023
11 ELECTION	Month Day	Year Primary Old General	Runoff Other Description	
12 OFFICE	OFFICE HELD (If any		13 OFFICE SOUGHT (IT KNOW	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI CONSENT. CANDIDATE	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPOR IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	1	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	16 F	iler ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$49100
	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	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD.	\$ 1745.98
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6
	Please complete either option below:	
1) Affidavit	Please complete either option below:	
1) Affidavit NOTARY STAMP/SEA		
NOTARY STAMP/SEA	, L	day of,
NOTARY STAMP/SEA	before me by this the which, witness my hand and seal of office.	
NOTARY STAMP/SEA	before me by	day of, Title of officer administering oath
NOTARY STAMP/SEA worn to and subscribed 0, to certify	before me by	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	amer Villalabos	20 Filer ID (Ethics Con	mmission I	Filers)
	SCHEDU	DLE SUBTOTALS F SCHEDULE			BTOTAL
1.	V	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 80	50.00
2.	V	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 280	00.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$.	devices.
4.		SCHEDULE E: LOANS		\$	
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$67	95.02
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ _	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ -			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -	-	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ _		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		TIONS RETURNED	\$.		

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 FILER NAME ALEXA	nder V: Ilalohos		3 Filer ID (Ethics Commission Filers)
1/22/23	5 Full name of contributor out-of-state PAC Bonny Kahn 6 Contributor address; City; 230 Whisperify Valley of U.m.	State: Zip Code	7 Amount of contribution (\$) \$75-00
Principal occu Disabilit	pation / soo and (see manageners)	9 Employer (See Instruction WIST) also UN	ons)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/24/23	Contributor address; City;	State; Zip Code	\$100.00
	351 Linustone Un. Driftwo	x 78619	
Analyst	pation / Job title (See Instructions)	Employer (See Instruction Traws County Count	Punstable Pet 3
1/24/23	Full name of contributor out-of-state PACE Melanie Liddle Contributor address; City;	State; ZIp Code	Amount of contribution (\$) \$25.00
Adv. So	pation / Job title (See Instructions)	Employer (See Instruction)X State U	
hul13	WON TUFAH LA AUSTIN	State; Zip Code 2 18753	Amount of contribution (\$) \$\frac{1}{25.00}\$
ASSOCIATE	pation / Job title (See Instructions)	University	Texas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 FILER NAME	1	3 Filer iD (Ethics Commission Fiters)
HIEXOC	ider Villala Dos	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	0	1
huh3	Antonio Palacios	\$75.00
TUILD	6 Contributor address; City; State; Zip Code	*
	923 W. Hopking St. San Marcos TX 780	olala
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	
11. 1	0.11	
Hair Di	ISSEY SEH	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	1.10 1 1 11 -	,
Marko	Anita A. Collins	\$100.00
124h3	Contributor address; City; State; Zip Code	p100 00
	100 1 Hal -0 Co. M. 0-001	
	973 W. Hopkins St San Marcos TX 7860	06
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Communit	Liasm Haus Coun	n. D
Carminania	That's wall	19 17
Date	Full name of contributor	Amount of contribution (\$)
,	Aleka lilako	
Mar ha	Hustin Weeks	\$100.00
12423	Contributor address; City; State; Zip Code	
	258 W. Spoke Hill Dr Winholky Dr 7860	1 /
		6
	eation / Job title (See Instructions)	tions)
tunitur	e Gary Week	5 & Co.
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
1/2.10	Marissa tehler	150.00
126123	Contributor address; City; State; Zip Code	#30.00
1001		
	2046 Little Kandos Rd. Winheren D	(18676
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Daire	Maran Attender	MARRIMIN
Toyu	municipi introducti	ranagaras

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

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 FILER NAME ALEXAN	der Villalobos	3 Filer ID (Ethics Commission Filers)
1/2U23	5 Full name of contributor out-of-state PAC (IDIF:) 6 Contributor address; City; State; Zip Code 134 Malfey the Ky X 78640	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Collection	ns Specialist Central Texas	Refuse
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/24/23	Jeremy Stelle Contributor address; City; State; Zip Code	\$ 250.00
	121 Randgo Grande, Wimberley TX 786	7/2
Principal occup	ation / Job title (See Instructions) Empfoyer (See Instruc	tions)
Consultar	H Millor J	
1/24/23	Buth Buth Contributor address; City; State; Zip Code	Amount of contribution (\$)
	7505 FM 322 7 Dr. frugad Dr 78670	2
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
not emp	lused not employ	sed
Date 1/24/23	Full name of contributor	Amount of contribution (\$)
Dela de	POBOX 2809 Wimberley TX 78676	Alexan
not empl	pation / Job title (See Instructions) Employer (See Instructions)	(160)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	REEDED

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

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 FILER NAME ALEXAU	der Villalohos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDII:) Jeff Thompson 6 Contributor address; City; State; Zip Code 281 Ball Dr Kyll Dr 78640	7 Amount of contribution (\$) \$ 100.00
A .	pation / Job title (See Instructions) 9 Employer (See Instructions) Out employer	1
1/24/23	Full name of contributor out-of-state PAC (IDS:) Alyssa Rodrigue 2 Contributor address; City; State; Zip Code 8003 SIH35 # 2417 Austin R 78244	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
huk3	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Staff	Juns UP
hul25	Full name of contributor out-of-state PAC (IDIR:) AUNDA HautINS Contributor address; City; State; Zip Code POBSX 1599 Kulk & 78640	Amount of contribution (\$) \$25.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions) AUSTIN COMMISSION	unity College

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

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 FILER NAME Alexano	der Villalobos	3 Filer ID (Ethics Commission Filers)
1/2U/23	Full name of contributor out-of-state PAC (10#:) Heilo Stang 6 Contributor address; City; State; Zip Code 380 Turkey Hollow Wimberky TX 1867	7 Amount of contribution (\$) \$50.00
Homema	pation / Job title (See Instructions) 9 Employer (See Instructions) Not employer	
Date 1/24/23	Full name of contributor	Amount of contribution (\$) \$700.00
	208 while Buda TX 18610	
0.1	Aloued See Instructions) Employer (See Instructions)	played
1/2U/23	Full name of contributor out-of-state PAC (ID#:) Michael Rambo Contributor address; City; State; Zip Code 2014 FM 3230 W m helley DX 28	Amount of contribution (\$)
1.	MIN FM 323) W. M belley 1X 18 Destion / Job title (See Instructions) Min belley 1X 18 Emptoyer (See Instructions) Min belley 1X 18 Emptoyer (See Instructions)	/ ,
Date 1/24/23	Full name of contributor out-of-state PAC (IDE:) HOLLY CLON! Contributor address; City; State; Zip Code 3809 ASDEN CLUE PROU AUSTIN TX 85	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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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 FILER NAME Alexander Villalobos	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: 1-22-23 Frank Arridondo 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
UZ Sage Meadows IX. San Mai	Cos TV 78666
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 Of employer	(VLC)
Pate Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 450.00
Principal occupation / Job title (See Instructions) Employer (See Instru	US 676 uctions)
Date Full name of contributor out-of-state PAC (ID#: John Flowls Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1 /
Teacher Hustin A	Chieve
Date Full name of contributor Out-of-state PAC (ID#: 1-25-23 May J John E Spinora Contributor address; City; State; Zip Code	Amount of contribution (\$)
239 Blanco Dr Wimberley TX 7867	16
Principal occupation Job title (See Instructions) Employer (See Instructions)	

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

SCHEDULE A1

The	Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME HILKA	rder V.11alobus	3 Filer ID (Ethics Commission Filers)
1-23-23	5 Full name of contributor out-of-state PAC (IDIII:	7 Amount of contribution (\$) \$50.00
Real (Pation / Job title (See Instructions) Statt Broker Statt	ctions)
Date 1-27-23	Full name of contributor out-of-state PAC (ID#:) Sh Assi Boyett Contributor address; City; State; Zip Code	\$5000
1	pation / Job title (See Instructions) Employer (See Instru	1
Unempl	alo Tempion	
1-77-73	Full name of contributor out-of-state PAC (IDII:) K(ISTL KIMBEL Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Employer (See Instru	8676 ctions)
Date 1-27-73	Full name of contributor out-of-state PAC (IDS:) Patty & Graner Oilsson Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Umberley TX 78676 Employer (See Instructions) (et (1)	actions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

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 FILER NAME	der Villalulaus	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) PATICIC KILL 6 Contributor address; City; State; Zip Code 8809 Collan Felly Dr Austrian R	Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date /23	Full name of contributor out-of-state PAC (ID#:) Linebager Gagan Blairb Sampson UP Contributor address; City; State; Zip Code POBOX 17428 AUSTIN TY 28740	Amount of contribution (\$)
A HONE	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 1/26/23	Full name of contributor out-of-state PAC (IDN:) Betsy landaker Contributor address; City; State; Zip Code 1751 Fischer Sould Wimberky Tr	Amount of contribution (\$) \$50.00
Principal occup (Utill)	pation / Job title (See Instructions) Employer (See Instructions)	
Date 124/23	Full name of contributor out-of-state PAC (IDM:	Amount of contribution (\$) \$250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	SH'A

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

SCHEDULE A1

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

	and the page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ter Villalobos	3 Flier ID (Ethics Commission Filers)
1/24/23	5 Full name of contributor out-of-state PAC (10#:) William Grau 6 Contributor address; City; State; Zip Code 2901 S. Old Stage coach Rd Kyle TX 180	7 Amount of contribution (\$) \$700.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
1/24/23	Contributor address; City; State; Zip Code	\$100.00
	319 Cedar Dr. Mantain City Dr 1861	
Principal occur	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date 1 26 23	Full name of contributor	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Cetifed		
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) AUSTO X 78703 Employer (See Instructions)	tions)

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SCHEDULE A1

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

The	Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Alexand	ier Villabolos	
4 Date	5 Full name of contributor out-of-state PAC (IDS:)	7 Amount of contribution (\$)
	Cynthia Arredondo	\$10000
1-26-23	6 Contributor address; City; State; Zip Code	
	212 Sage Meadows Dr San Marcos TX	
A 1	pation / Job title (See Instructions) 9 Employer (See Instru	
Halys	State of Te	XCLS
Date	Full name of contributor out-of-state PAC (IDS:)	Amount of contribution (\$)
	Leslie D. Carnes	\$100.00
3-6-23	Contributor address; City; State; Zip Code	
	351 Limestone Ln. Or: found Tr 78619	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Analus	+ Trais C	sunty Constable PC+ 3
	_	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
3-22-23	Contributor address; City; State; Zip Code	\$25.00
	POBON 1599 Kuli DX 281040	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Professo	Austin Com	monity College
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Leslie D. Carnes	4100.00
3-26-23	Contributor address; City; State; Zip Code	
	351 Limestone Lo OrAward Dr 7861	9
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
Analys	Taus Count	y Constable Pct 3

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

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:
Alexander Villalabos	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
N-3-23 Manuel Diego 6 Contributor address; City; State; Zip Code	\$180.00
260 Ganado Dr. Kyle TX 786	40
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Suf	astructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
65-23 Contributor address; City; State; Zip Code	\$100.00
351 limestage La Driftward TX	18619
Principal occupation / Job title (See Instructions) Employer (See In	A () A
Halyst Travis Co	untry Constable 1943
Date Full name of contributor out-of-state PAC (IDII:	Amount of contribution (\$)
65-23 Contributor address; City; State; Zip Code	\$100.00
351 Limestone La Onfragan	78419
Principal occupation / Job title (See Instructions) Employer (See In	Λ
Halyst Mauis Co	unity Constable 10+3
Date Full name of contributor out-of-state PAC (IDIN:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)
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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME Alexander Villalobos	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$		
PD Box 311 Dr. Atward Tr 78	8 Amount of Contribution \$ In-kind contribution description ZIP Code Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)		
Westmint Duner	alt lick		
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)			
Full name of contributor out-of-state PAC (ID#: Michael Odiar; Contributor address; City; State; 4101 S. Wsty Rd McLinney	Amount of Contribution \$ In-kind contribution description \$ In-kind contribution description Drand design D		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributors principal occupation (FOR JUDICIAL)	Contributors job tille (FOR JODICIAL) (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)			
ATTACH ADDITIONAL CODIES OF T	THE SCHEDIN E AS NEEDED		
ATTACH ADDITIONAL COPIES OF T	nie schedole as needed		

SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Over Polling Ex Printing Ex Salaries/	xpense Vages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	2 ELER N	AME , L/II I			3 Filer ID (Eth	ics Commission Filers)
16	HIN	ander Villalok	005			
4 Date 1-12-23	5 Payee no	Blue				
6 Amount (\$)	7 Payee at	idress;		City;	State;	Zip Code
0.99	366	Summer St		Someru: 16	MA	02144
8		y (See Categories listed at the top of th	nis schedule)	(b) Description		
PURPOSE	Accour	14/9/			000000	Lee
EXPENDITURE		Bankin		Denotion A	Hacessing	700
	(c)	Check if travel outside of Texas. Complete	Schedule T.		in, TX, officeholder liv	
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
1-29-23	ACI	Blue				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
84.98	Blele	Summer s	37.	Someruil	e MA	02144
	1	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE	Hacam	ig)		Duation	NACESSI	" Colo
EXPENDITURE	BULL	UN		Mation	אונניוטוון	7 100
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
2-6-23	Dul	ith Trading				
Amount (\$)	Payee a	idress;		City;	State;	Zip Code
W1.57	4401	N. 135 (round		786	64
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Advers	hsing		Shilts.		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held

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/Donattons Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/wards/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) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) 7 Payee address: City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date City; State; Zip Code ories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State: Zip Code Description PURPOSE OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

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

Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	•	ins how to complete this form.	
1 Total pages Schedule F1:	HEXAME Villal	obos	3 Filer ID (Ethics Commission Filers)
2-13-23	5 Payee name Whodalowaer		
6 Amount (\$)	7 Payee address;	City;	State; Zlp. Code
42.89	5401 FM 162675	Do Kyle TX	18640
8	(a) Category (See Categories listed at the top of it	nls schedule) (b) Description	
PURPOSE OF EXPENDITURE	God Ber Expense	Staff	
	(c) Check if travel outside of Texas. Complete	a Schedule T. Check If Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-16-23	Casa Garcias		
Amount (\$)	Payee address;	City;	State; Zip Code
31.73	5401 S FM 1626	\$300 Kyle	TX 78640
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE	Ballon 1 Cours	Sall	
EXPENDITURE	root beliege	Jakir	
	Check if travel outside of Texas, Complete	e Schedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-22-23	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
200	PO Box Cal9		cos Tx 78666
21122222	Category (See Categories listed at the top of the	is schedule) Description	
PURPOSE OF EXPENDITURE	Banky Account	y Service fo	l l
	Check if travel outside of Texas. Complete	1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
16	Alexander Villalo	015		
4 Date -27-23	5 Payee name			
6 Amount (\$)	Get Checkapp. Com	City;	State: Zip Code	
6 Amount (3)	7 Payee address;	mckinney	State, 2p code	
\$110.30	MIDIS Custer a	1 San Anter	TX 750705	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE				
OF EXPENDITURE	Accountry Canking	Donation	Oracessin	
	(c) Check if travel outside of Texas. Complete Si		n, TX, officeholder living expense	
			Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office field	
Date	Payee name			
2-20-23	ACH Blue			
Amount (\$)	Payee address;	City;	State; Zip Code	
6000	366 Summer St	Simerville	MA .	
13.95	Accounting Booking	Surieir	Da Inlu	
	Category (See Categories listed at the top of this s	chedile) Description		
PURPOSE				
OF EXPENDITURE		Donation	ODGESSIA A	
	Check if travel outside of Texas. Complete Sc		n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF				
Date	Payee name			
2-23-23	Byth Street		,	
Amount (\$)	Payee address;	City;	State; Zip Code	
48.22	1303 SIH35	San Marcos	N 78666	
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE				
OF EXPENDITURE	And Bew expense	Campaig	n Outl	
	Chack if travel outside of Texas. Complete St	Profits	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

		EXPE	NDITURE CA	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expens Fees Food/Bevera Gift/Awards/N Legal Service	ge Expense Viernorials Expense	Office Ove Polling Ex Printing Ex		Transportation for Travel in District Travel Out Of D	
Caron Card Payment		The Instru	uction Guide ex	plains how to d	complete this form.		
1 Total pages Schedule F1:	Alexa	arder	Villali	los		3 Filer ID (E	ithics Commission Filers)
2-23-23	5 Payee na	n ord					
6 Amount (\$)	7 Payee a	ddress;			City;	State	Zip Code
1803	204	Unive	ISIL D		San May	COS TX	78666
8	(a) Categor	y (See Categor	ies listed at the top o	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	hood	Bev	Expen	SC	Staff		
	(c)	Check if travel or	utside of Texas. Comp	elete Schedule T.	Check W AL	stin, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeh	older name		Office sought		Office held
Date	Payee na	ame					
2-24-23	Vica	X4 C	leaners	5			
Amount (\$)	Payee a	ddress;			City;	State	Zip Code
\$115.83	418	S. U	5 Dr	(an Marca	s Tr	78666
	Category	/ (See Categorie	es listed at the top of	this schedule)	Description		01
PURPOSE	01,					0	Shirts
EXPENDITURE	Have	(tising			Embroil	DERY 6	umpaign
		Check if travel or	utside of Texas, Comp	iete Schedule T.	Check If Au	stin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeh	older name		Office sought		Office held
Date	Payee n	ame					
3-1-23	Umi	Sust	ni Bar				
Amount (\$)	Payee a	ddress;			City;	State	Zip Code
\$66.60	5510	1-3	5		tin TX	78245	
	Category	(See Catagorie	es listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Road	Bew			meeting	w) Auce	madies
		Check if travel or	utside of Texas, Comp	lete Schedule T.	Check If Au	astin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/Ol-		late / Officel	nolder name		Office sought		Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Los Fees Off Food/Beverage Expense y Gift/Awards/Memorials Expense Pri	an Repsyment/Reimbursement fice Overhead/Rental Expense illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
4 Tableson Orbesta St.	•	w to complete this form.	9 Files ID (Files Complete Files)	
1 Total pages Schedule F1:	Alexander Villaldon	5	3 Filer ID (Ethics Commission Filers)	
4 Date 3-\-23	5 Payee name Tan In A Million			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
36.17	2500 E Cesar Chaus	12 Austin	Dr 78202	
8	(a) Category (See Categories listed at the top of this sched	(b) Description		
PURPOSE OF EXPENDITURE	Abod Beu expense	Donor m	neetry	
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check If Austle	n, ТХ, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payes name			
3-1-23	Capital Cafe			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$53.28	1001 Congress Aug	Auston	Dr 78761	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description M4g w	ligitlany Aide	
	Check if travel outside of Texas. Complete Schedul	is T. Check If Austin	1, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-7-23	Rolling In Thym	ie		
Amount (\$)	Payee address;	City;	State; Zip Code	
40.37	333 W. Huy 290	Dripping Spri	NO 7× 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed of the top of this scheduled by Category (See Categories listed of the top of this scheduled by Category (See Categories listed of Texas. Complete Scheduled of Texas. Complete Scheduled of Texas.	Volunteur		
Complete ONLY II dis-	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held	
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Office resu	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundralsing Expense
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Overhead/Rental Expense Polling Expense Printing Expense Saleries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains		
1 Total pages Schedule F1:	ARVO ODEC VILLALAN	21	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3-13-23	LOS VAQUESOS Cafe	,	
6 Amount (\$)	7 Payee address; U	City;	State; Zip Code
52.41	80W W. Center St.	Kule T	x 78640
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	food Bev Expense	e Volunte	us
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check If Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-21-25	Blue Dahlia BIS	stro	
Amount (\$)	Payee address;	City;	State; Zip Code
46.77	107 E Hopkins	San Mai	Cos TX 78666
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE	0 11.	0	0016
EXPENDITURE	hood I Bev	Campaig	20 1102.
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-2-23	Alyssa Rodrigu	2	
Amount (\$)	Payee address;	City;	State; Zip Code
1200.00	945 Avansas Au	San Antonio	N 18210
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Contract Labor		
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Aust	tin, TX, officeholder tiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mede B Candidate/Officeholder/Politics Credit Card Payment	Fees Cod/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overheed/Rental Expense folling Expense rinting Expense elaries/Wages/Contract Lebor row to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Plexander V: Ilalok	DoS	3 Filer ID (Ethics Commission Filers)
3-12-23	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
51.30	1303 S 1H35	Son Marca	os DX 78666
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	
PURPOSE	1 tindraising Expuse	Find Co.C.	NA
EXPENDITURE	That Do EXPENSE	Hundrausin	
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete School Candidate / Officeholder name	Office sought	n, TX, afficeholder living expense Office held
expenditure to benefit C/Oh		Omos sought	Office Field
Date	Payee name		
3-13-23	LAX Parky		
Amount (\$)	Payee address;	City;	State; Zip Code
22.69	510 Guadalupe	Austin	TX 78701
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE	1 - 1 : 1 - 1 - 1 - 1	0.4.01	^
EXPENDITURE	travel in district	rai ung	TL
Complete ONLY if direct	Check if travel outside of Texas. Complete Sched	Office sought	n, TX, officeholder living expense Office held
expenditure to benefit C/OH			
Date	Payee name		
3-24-23	Knights of Colum	bus	
Amount (\$)	Payee address;	City;	State; Zlp Code
N8.00	801 Burleson	Kyle TX	78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF	THIS SCHEDULE AS NEE	:DED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) tman 6 Amount (\$) 7 Pavee address: City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Bul Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date City; Zip Code 22.16 Description (See Categories listed at the top of this schedule) Witer PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Democratic State: Zip Code Amount (\$) City; an Marcos 1000.00 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awarda/Memorials Expense Prin	on Repayment/Reimbursement loe Overhead/Rental Expense iling Expense nting Expense artes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Alexander Villalubo	S	3 Filer ID (Ethics Commission Filers)
3-27-23	El Corto Menudo		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
128.00	III E. San Antonio	SanMaros	TX 18666
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	Adult Sing Check If travel outside of Texas. Complete Schedu	Sponsus	41-1
			n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought.	Office held
Date	Payee name		
3-31-23	Nchiladas Group		
Amount (\$)	Payee address;	City;	State; Zip Code
38.16	905 N. Old Hwy 8	il kyle	TX 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled by Beurase Check If travel outside of Texas. Complete Schedule	Dara	Meetry n, TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
3-31-73	Provint A litter		
Amount (\$)	Payee address;	City:	State; Zip Code
65.00	215 W. San Antonio	New B	arcos auntals Tr 1866
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedu	Sparsor	Ship
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

if the requested inf	ormation is not applicable, DO NOT inc	lude this page in the re	eport.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Control Fees Person Perso	can Repayment/Reimbursement office Overhead/Rental Expense oiling Expense rinting Expense elaries/Wages/Contract Labor new to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Alexander Villalok	005	3 Filer ID (Ethics Commission Filers)
N-14-25	S Payee name Chick - Fil -A		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
23.30	5289 Kyle Centu	Jan Mar	18666
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	
PURPOSE OF EXPENDITURE	God & Ber	Volunteer	°S
	(c) Check if travel outside of Texas. Complete School	tule T. Check If Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
H-14-23	FTP		
Amount (\$)	Payee address;	City;	State; Zip Code
182.50	945 Aransas A	u San Anto	110 N 78210
PURPOSE OF EXPENDITURE	Printing Expense		in, TX, officeholder living expense
	Check if travel cutside of Texas. Complete Sched		Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Onice near
Date	Payee name		
1-14-23	FTP		
Amount (\$)	Payee address;	City;	State; Zip Code
335.88	945 Aransas Auc		110 DX 78678210
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	
	Check if travel outside of Texas. Complete School	dule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

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/Donetions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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 d	complete this form.		
1 Total pages Schedule F1	Alexander Villabous	3 Filer ID (Ethics Commission Filers)		
4 Date 4-17-28	San Patricks			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
40.51	202 E. San Antonio	San Marcos TX 78666		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	food I bev	donor meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
N-17-23	Johnny Axis for	Hays CISD Dist. 2		
Amount (\$)	Payee address;	City; State; Zip Code		
500 00	W6 Seneca Losp	Kyle Tr 78640		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payes name			
4-18-23	Pho Thai Son			
Amount (\$)	Payee address;	City; State; Zip Code		
85.95	5401 S FM 1626	Kyle TX 78640		
6142	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	food Bev	fundraiser meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
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SCHEDULE F1

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

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	101	005	3 Filer ID (Ethics Commission Filers)
4 Date N-21-23	5 Payor name Shelter		
360.00	1050 Mckinley Pl	Dr San Ma	State; Zip Code ICOS TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
421-23	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
2-00	PO BOX 6al9	San Marco	os Dr 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Category (See Categories listed at the top of this sch Category (See Categories listed at the top of this sch Category (See Categories listed at the top of this sch	edule) Description	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		A
4-18-28 Amount (\$)	Menudo Cookoff Payee address;	Richard An	State; Zip Code
\$60.00	III E. San Antoni	o Sanmar	cos TX 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ach		
Complete ONLY & dis-	Check if travel outside of Texas. Complete Sch	oduleT. Check if Austi	m, TX, officeholder living expense Office held
Complete ONLY If direct	Congrate Chicalonal Usina	Cilico acugnit	Ollion Hold

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Fees Office Food/Beverage Expense Politi Glift/Awards/Memorials Expense Print	n Repayment/Reimbursement be Overheed/Rental Expense ing Expense iting Expense iries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	Alexander Villabous		3 Filer ID (Ethics Commission Filers)		
4 Date 4-24-23	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
599. NG	9NS Aransas Auc	San Antonio	N 78210		
8	(a) Category (See Categories listed at the top of this schedu	(b) Description			
PURPOSE OF EXPENDITURE	Printing				
	(c) Check if travel outside of Texas. Complete Schedule	T. Check If Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payes name				
4-27-23	Centro Cultural Hi	Span 0			
Amount (\$)	Payee address;	City;	State; Zip Code		
225.00	211 leest. San M	arcos TX	18666		
	Category (See Categories listed at the top of this schedul	Description			
PURPOSE	0				
EXPENDITURE	Uchation				
	Check if travel outside of Texas. Complete Schedule		n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5-3-23	Austin Budget Si	ons			
Amount (\$)	Payee address;	City;	State; Zip Code		
IND.73	3904 Warehouse low	Austr	n TX 78704		
PURPOSE OF EXPENDITURE	Printing				
	Check If travel outside of Texas. Complete Schedule		n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEI	EDED		

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Polling Expense Printing Expense Selaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hexande 4 Date 6 Amount (\$) City: State; Zip Code 220.00 PURPOSE DONSO Ship OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date City: Zip Code Pavee address: Category (See Categories listed at the top of this schedule) PURPOSE Dons of Shi P OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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
Candidats/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Caro Payment	The Instruction Guide explains how to c	complete this form.		
Total pages Schedule F1:	Alexander V: Ilalabas	3 Filer	ID (Ethics Commission Filers)	
Dete 5-10-23	5 Payee name Brigades Inc			
Amount (\$)	7 Payee address;		State; Zip Code	
100.00	PO Box 101875 Pas	adena CA 9	1187	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Payee address; Category (See Categories listed at the top of this schedule)	City; Description	State; Zip Code	
Amount (\$) PURPOSE OF				