CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST Мі OFFICE USE ONLY OFFICEHOLDER Mrs. Lisa Α NAME Date Received NICKNAME LAST SUFFIX Alpe CANDIDATE /

OFFICEHOLDER MAILING ADDRESS	7827 Brykerv	APT / SUITE #; VOOds	сіту; Houstor	STATE;	ZIP CODE 77055		
Change of Address	1051 00-5						
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	523-7878		EXTENSION	ON		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST			MI	Receipt #	Amount \$
TREASURER NAME	Ms.	Amy			Α	Date Processed	
	NICKNAME	LAST			SUFFIX		
	- The state of the	Cone				Date Imaged	
7 CAMPAIGN	STREET ADDRESS (f	NO PO BOX PLEASE); A	.PT / SUITE #;	CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	1207 S. She	pherd Dr.		Но	uston	TX	77019
(Residence or Business)						*	
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSIO	NC		
TREASURER PHONE	, 000	607.0070					
, I IOINE	(832)	687-8076					
9 REPORT TYPE	January 15	30th day be	efore election	Run	noff	treasurer ap	
	July 15	8th day bef	fore election	1 1	eeded Modified orting Limit	(Officeholde Final Repor	er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	_ _		Month	Day Year	г
OUVERED	2	/ 1 / 22	THE	ROUGH	3	/ 28 / 22	2.
11 ELECTION	ELECTION DA	TE			ELECTION TYPE	······································	
	Month Day	Year Pr	rimary F	Runoff	Other		
	5 / 7		eneral S	Special	Description	Viraly in the second se	
***************************************		E fine	•	****			
12 OFFICE	OFFICE HELD (if any)		I .		SOUGHT (if knowr	•	
				SBISD E	Board of T	rustees Posi	ition 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBU CEHOLDER. THESE EXPEND AND OFFICEHOLDERS ARE	DITURES MAY HAVE	BEEN MADE V	WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	3				
,	SPECIFIC	COMMITTEE CAMPAIG	N TREASURER N	AME			····
	3. 2011 10		••				The second second second
		COMMITTEE CAMPAIC	GN TREASURER A	ADDRESS			
						KAPR	7 2022 11
		GO	TO PAGE	2		RV. Dicin	e Dir laum
Forms provided by Texas E	thics Commission	www	ethics.state.tx.	us	MANAGERI II I	WI WWW	Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Lisa Alpe	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,514.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,464.83
. ,	4. TOTAL POLITICAL EXPENDITURES	\$ 9,806.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,423.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	prrect and includes all information
	Signature of Candidate Please complete either option below:	or Officeholder
(1) Affidavit NOTARY STAMP/SEA	EBONIE E COLLINS Notary ID #130090836 My Commission Expires January 26, 2023	
Sworn to and subscribed	before me by <u>USA KNDREWS ALPE</u> this the <u>7</u>	day of
20 ZZ, to certify	which, witness my hand and seal of office.	TARY PURLS
Signature of officer administer	EBOLIE E. COLLINS NO	
Orginature of Officer autifffiste	ering oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarati		
My name is	, and my date of birth is	·
	· · · · · · · · · · · · · · · · · · ·	
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country) , 20 (year)
	Signature of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Eth	ics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	24,230.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,284.79
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	9,806.08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	ED \$	0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
² FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: George & Carleen Andrews	7 Amount of contribution (\$)
02/10/2022	6 Contributor address; City; State; Zip Code 10630 Fairlane Dr. Houston, TX 77024	1,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/17/2022	Contributor address; City; State; Zip Code	50.00
	1542 Moritz Park Houston, TX 77055	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/17/2022	Ara Hardig Contributor address; City; State; Zip Code	100.00
	12327 Boheme Dr. Houston, TX 77024	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/17/2022	Susan Weber Contributor address; City; State; Zip Code	500.00
	8860 Merlin Ct. Houston, TX 77055	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	

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: 16	
2 FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Judy Florence	7 Amount of contribution (\$)	
02/18/2022	6 Contributor address; City; State; Zip Code 5610 San Felipe St. Houston, TX 77056	50.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) Linley Dieringer	Amount of contribution (\$)	
02/18/2022	Contributor address; City; State; Zip Code 13726 Apple Tree Rd. Houston, TX 77079	200.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
02/19/2022	Contributor address; City; State; Zip Code 302 Southchester Ln Houston, TX 77079	500.00	
Principal occup	coation / Job title (See Instructions) Employer (See Instruc	otions)	
Date	Full name of contributor out-of-state PAC (ID#:) Stephanie Pancioli	Amount of contribution (\$)	
02/19/2022	Contributor address; City; State; Zip Code 8421 Raylin Dr. Houston, TX 77055	200.00	
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.

SCHEDULE A1

		-	•
The	Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out Chris Waters	t-of-state PAC (ID#:)	7 Amount of contribution (\$)
02/19/2022	6 Contributor address; c 9107 Campbell Ct. H	i e	30.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
02/19/2022		ity; State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
02/19/2022 Meredith Anderson Contributor address; City; State; Zip Code 24 Inverness Park Way Houston, TX 77055		ity; State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		it-of-state PAC (ID#:)	Amount of contribution (\$)
02/19/2022	Tye Justice Contributor address; C	ity; State; Zip Code	50.00
	15 Stonegate Dr. H	ouston, TX 77024	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL If contributor is out-of-state PAC, pleas	L COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

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

in the requested information to her applicable, Be 1101 molade this page in the report.				
The	Instruction Guide explains how to complete this form	n. 1	Total pages Schedule A1: 16	
2 FILER NAME Lisa Alpe		3	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	,	7 Amount of contribution (\$)	
02/19/2022	6 Contributor address; City; St 1416 Moritz Dr. Houston, TX	ate; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	
02/19/2022		ate; Zip Code	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date)	Amount of contribution (\$)	
02/19/2022	Jolie Stinneford Contributor address; City; St 8802 Echo Valley Dr. Houston,	ate; Zip Code	1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
02/19/2022	Contributor address; City; S	tate; Zip Code	500.00	
Principal occur	8511 Cedarbrake Dr. Houston,	Employer (See Instruction	ns)	
		Employer (eee mended)		
			·	

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

11 110 104000	ned information is not applicable, BO NOT Incit		
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) Barbara Keller Peterson		7 Amount of contribution (\$)
02/19/2022	6 Contributor address; City; 502 Longwoods Ln. Houston	State; Zip Code	500.00
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
02/21/2022		State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		D#:)	Amount of contribution (\$)
02/21/2022	John & Heidi Holcomb Contributor address; City; 13727 Alchester Lane Houston	State; Zip Code	500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	,	D#:)	Amount of contribution (\$)
02/22/2022	Matthew & Brooke Marquart Contributor address; City; 7801 Wedgewood Ln Houstor	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	NEEDED
1	If contributor is out-of-state PAC, please see Instruc	tion guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Anne Rappold	7 Amount of contribution (\$)
)2/23/2022	6 Contributor address; City; State; Zip Code	500.00
	7719 Brykerwoods Houston, TX 77055	000100
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Beth Bellow	Amount of contribution (\$)
)2/25/2022	Contributor address; City; State; Zip Code	300.00
	400 Little John Ln. Houston, TX 77024	000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/27/2022	Matt Salo Contributor address; City; State; Zip Code 231 Faust Ln Houston, TX 77024	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) David Alsworth	Amount of contribution (\$)
02/28/2022	Contributor address; City; State; Zip Code	200.00
	10406 Kirkvale Houston, TX 77089	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
03/03/2022	6 Contributor address; City; State; Zip Cod 8815 State Rd 38 E Lafayette, IN 479	· 500.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/03/2022	John & Heidi Holcomb Contributor address; City; State; Zip Coo 13727 Alchester Lane Houston, TX 770	000.00
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Coo 8225 Kingsbrook Road, #217 Houston, TX 77	100.00
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
03/03/2022	Robert & Carol Rawlings Contributor address; City; State; Zip Cool 20102 Devereaux Ct. Houston, TX 774	50.00
Principal occu		e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

SCHEDULE A1

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

ii aic reques	ted information is not applicable, bo Not include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) John & Elise Oren	7 Amount of contribution (\$)
03/03/2022	6 Contributor address; City; State; Zip Code 8603 Crescent Gate Lane Houston, TX 77024	1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l tions)
Date	Full name of contributor out-of-state PAC (ID#:) Forrest & Paige Green	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Code 10615 Tarrington Dr. Houston, TX 77024	300.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) David & Meg Bissinger	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Code 704 Country Lane Houston, TX 77024	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	I ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/03/2022	Anne Zappe Contributor address; City; State; Zip Code	100.00
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	·	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

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	n.	1 Total pages Schedule A1: 16	
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	/	7 Amount of contribution (\$)	
03/03/2022	6 Contributor address; City; St 1545 Heights Blvd Ste 200 Houstor	ate; Zip Code	250.00	
8 Principal occu		Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
03/03/2022		tate; Zip Code	100.00	
Principal occup		Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
03/03/2022	••••••••	tate; Zip Code	250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	·)	Amount of contribution (\$)	
03/03/2022	Tim & Anna Jones Contributor address; City; S 11110 Wickway Dr. Houston,	tate; Zip Code	150.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF 1			

SCHEDULE A1

ii iiic reques	ed information is not applicable, bo Not inc	une paye in the i	oporu
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Cindy Prator		7 Amount of contribution (\$)
03/03/2022	6 Contributor address; City; 7801 Bellewood Dr. Houston	State; Zip Code	300.00
8 Principal occup		9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Jill Oliver	(ID#:)	Amount of contribution (\$)
03/03/2022	Contributor address; City; 323 Longwoods Lane Housto	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
03/03/2022	Kalynn Swinbank Contributor address; City; State; Zip Code 35 Willowend Dr. Houston, TX 77024		2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
03/03/2022	Contributor address; City; 10602 N. Evers Park Dr. Hous	State; Zip Code	150.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

If the reques	ted 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 Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Kendle Dardis	7 Amount of contribution (\$)
03/03/2022	6 Contributor address; City; State; Zip Code 514 Fall River Rd Houston, TX 7702	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Cod 322 Shasta Drive Houston, TX 7702	
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Cod 7801 Wedgewood Ln Houston, TX 770	250.00
Principal occu	pation / Job title (See Instructions) Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/03/2022	Kimberley Thom Contributor address; City; State; Zip Cod	ZJU.UU
	10611 S Evers Park Dr Houston, TX 770	024
Principal occu	pation / Job title (See Instructions) Employer (See	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	I E AS NEEDED
1	If contributor is out-of-state PAC please see Instruction guide for ad	

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I Shannon Werme	D#:)	7 Amount of contribution (\$)
03/03/2022	6 Contributor address; City; 7718 Edgeway Houston, TX	State; Zip Code	100.00
8 Principal occup	pation / Job title (See Instructions)		ons)
Date		D#:)	Amount of contribution (\$)
03/03/2022	Jenna Jackson Contributor address; City; State; Zip Code 9109 Hilldale St Houston, TX 77055		250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$)
03/03/2022	Contributor address; City; 8335 Ginger Oak St Houstor	State; Zip Code	50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/03/2022	Contributor address; City;	State; Zip Code	300.00
Principal occup	730 Camelot In Houston,	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

	Ţ	
The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Andrea Ferruzzo	7 Amount of contribution (\$)
03/03/2022	6 Contributor address; City; State; Zip Code 311 Shasta Drive Houston, TX 77024	100.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Michael Sperandio	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Code	100.00
	706 Camelot Ln Houston, TX 77024	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Bryan D'Agostino	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Code	500.00
	731 Storywood Dr Houston, TX 77024	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Julie Brinkley	Amount of contribution (\$)
03/03/2022	Contributor address; City; State; Zip Code	250 00
	4015 Dorcas Dr Nashville, TN 37215	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	I ctions)
	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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
: FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:) Sheri Stegent	7 Amount of contribution (\$)
03/04/2022	6 Contributor address; City; State; Zip Code 13318 Kimberley Lane Houston, TX 77079	250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	l otions)
Date	Full name of contributor out-of-state PAC (ID#:) Trish Kyle	Amount of contribution (\$)
03/04/2022	Contributor address; City; State; Zip Code 322 Hunters Trail Houston, TX 77024	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/04/2022	Matt & Jen Brice Contributor address; City; State; Zip Code 8588 Katy Freeway, #105 Houston, TX 77024	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	I ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Lorena Guilanshah	Amount of contribution (\$)
03/07/2022	Contributor address; City; State; Zip Code PO Box 19671 Houston, TX 77224	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Amy Huggins	7 Amount of contribution (\$)
03/08/2022	6 Contributor address; City; State; Zip Code 440A W 17th St Houston, TX 77008	150.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/09/2022	Bruce Morisse Contributor address; City; State; Zip Code	50.00
	827 Thornvine Ln Houston, TX 77079	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:) Sheri Stegent	Amount of contribution (\$)
03/10/2022	Sheri Stegent Contributor address; City; State; Zip Code	500.00
	13318 Kimberley Lane Houston, TX 77079	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ı otions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/10/2022	Leisha C. Mamera Contributor address; City; State; Zip Code	100 00
	10902 Little Lisa Ln. Houston, TX 77024	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	L ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	nstruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 16
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Brian & Lacy Rieke	:)	7 Amount of contribution (\$)
03/21/2022	6 Contributor address; City; S 511 Westminster Dr. Houston,	State; Zip Code	100.00
	-		
8 Principal occur	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date		;)	Amount of contribution (\$)
03/23/2022	Elizabeth Biar		200 00
	·	State; Zip Code	200.00
	12203 Broken Bough Dr. Houston	n, TX 77024	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		<i>#</i>)	Amount of contribution (\$)
03/25/2022	Defend Texas Liberty PAC		4 000 00
	·	State; Zip Code	4,000.00
	215 Sam Bass Rd. Willow Park	, TX 76087	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
03/26/2022	Baris Ertan		
03/20/2022	Contributor address; City;	State; Zip Code	250.00
	743 E. Creekside Drive Houstor	n, TX 77024	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		
1	If contributor is out-of-state PAC, please see Instruct	ion guide for additional r	eporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	ı.	1 Total pages Schedu	ule A2: 2
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Lisa Alpe			- THE ID (EUROS CO	minission i nersj
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: Kristy Gindorf)	8 Amount of Contribution \$	9 In-kind contribution description
02/09/2022	7 Contributor address; City; State;	Zip Code	200.00	Headshots
	www.imagesbykristy.com		Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		
Date	Full name of contributor)	Amount of	In-kind contribution
	Brian & Jeannette	· ·		description
02/17/2022	Contributor address; City; State;	Zip Code	700.00	Sign printing, food, and drinks
	811 Hedwig Way Houston, TX	77024	Check if travel outsi	lde of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
}				
MATERIAL PROPERTY AND			000000000000000000000000000000000000000	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			a requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lisa Alpe			Pilet ID (Ethics Commission Filets)
zied / upo		***************************************	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution
	Greg & Nesi Andrews		Contribution \$ description
03/03/2022			2,384.79 Contract labor, food, drinks, party favors, flowers,
03/03/2022	<u> </u>	Zip Code	invitations
	27 Willowend Houston TX	77024	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)
46.16	the shift of the first of the same of the		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
D - 1 -	Full name of contributor)	Amount of In-kind contribution
Date			Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	•
	, , , , , , , , , , , , , , , , , , ,		i
		1	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
****		***************************************	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

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

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)

Date Online Candidate Amount (\$) 7 Payee address; City; State; Zip Code 399.00 13155 Noel Road, Suite 1600 Montgomery NY 12549 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Website (b) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Payee name 02/23/2022 Super Cheap Signs Amount (\$) Payee address; City; State; Zip Code 383.71 Purpose Officeholder living expense Category (See Categories listed at the top of this schedule) Description Advertising Expense Signs Category (See Categories listed at the top of this schedule) Signs Check if fuseel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Complete ONLY if direct Candidate / Officeholder name Office sought Officeholder living expense Category (See Categories listed at the top of this schedule) Description Signs Check if fuseel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
OZIONI/2022 Online Candidate Amount (s) 7 Payee address; City; State; Zip Code 399.00 13155 Noel Road, Suite 1600 Montgomery NY 12549 PURPOSE OF EXPENDITURE (e) Category (See Categories fisted at the top of this schedule) Mebsite Complete ONLY if direct expenditure to benefit C/OH Date Payee name OZIONI/ Super Cheap Signs Amount (s) Payee address; City; State; Zip Code 383.71 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Signs Check if swell cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OZIONI/ Super Cheap Signs Category (See Categories listed at the top of this schedule) Signs Check if ravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OXIONI/ Super Cheap Signs Check if ravel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OXIONI/ Super Cheap Signs Amount (s) Payee name OXIONI/ Super Cheap Signs Amount (s) Payee name OXIONI/ Super Cheap Signs Amount (s) Payee name OXIONI/ Super Cheap Signs Amount (s) Payee address; City; State; Zip Code OXIONI/ Super Cheap Signs Amount (s) Payee saddress; City; State; Zip Code OXIONI/ Super Cheap Signs Amount (s) Payee address; City; State; Zip Code OXIONI/ Super Cheap Signs Category (See Categories listed at the top of this schedule) Description Signs Check if Austin, TX, officeholder Iving expense Check if Investigation of Signs Check if Austin, TX, officeholder Iving expense Check if Investigation of Signs Check if Austin, TX, officeholder Iving expense Check if Investigation of Signs Complete Schedule T. Check if Austin, TX, officeholder Iving expense	1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
Amount (\$) 7 Payee address; City: State: Zip Code 399.00 13155 Noel Road, Suite 1600 Montgomery NY 12549 (c) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Creck if Austin, TX, officeholder Inling expense (c) Creck if Inline inline expense (c) Creck if Inline expense (c) Creck if Inline inline expense (c) Creck if Inline expense (c) Crec	4 Date	-			
Purpose Office ONLY if direct expenditure to benefit C/OH	02/08/2022	Online Candidate			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Check if reveal outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Advertising Expense Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Category (See Categories listed at the top of this schedule) Payee name O3/01/2022 Super Cheap Signs Amount (\$) Payee address; Payee address; City: State: Zip Code 708.52 Category (See Categories listed at the top of this schedule) Advertising Expense Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categor	6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Advertising Expense Website (c) Check if savetoutside of Tiesas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Date O2/23/2022 Amount (\$) Payee name Super Cheap Signs Category (See Categories Ested at the top of this schedule) Advertising Expense Complete QNLY if direct expenditure to benefit C/OH Category (See Categories Ested at the top of this schedule) Date O3/01/2022 Category (See Categories Ested at the top of this schedule) Advertising Expense Candidate / Officeholder name Office sought Office held Payee name O3/01/2022 Super Cheap Signs Candidate / Officeholder name Office sought Office held Payee name O3/01/2022 Category (See Categories Ested at the top of this schedule) Advertising Expense Candidate / Officeholder name Office sought Office held Payee name O3/01/2022 Category (See Categories Ested at the top of this schedule) Date O3/01/2022 Category (See Categories Ested at the top of this schedule) Advertising Expense Category (See Categories Ested at the top of this schedule) Office sought Office held Category (See Categories Ested at the top of this schedule) Advertising Expense Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Advertising Expense Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Category (See Categories Ested at the top of this schedule) Cate	399.00	13155 Noel Road, Suite 1600	Montgome	ry NY	12549
Complete QNLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Complete QNLY if direct expenditure to benefit C/OH Date Date O2/23/2022 Amount (\$) Payee name Super Cheap Signs Amount (\$) Payee address; Payee address; Payee address; Payee address; Super Cheap Signs Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Office sought Office held Office held Office held Office held Candidate / Office held Candidate / Office held Office sought Office held Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Payee name O3/01/2022 Amount (\$) Payee address; Payee address; Payee address; Category (See Categories listed at the top of this schedule) OAustin TX 78758 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if taustin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH	OF	Advertising Expense	Website		
Date 02/23/2022 Amount (\$) Payee address; 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Purpose Expenditure to benefit C/OH Category (See Categories listed at the top of this achedule) Advertising Expense Check if Iravel outside of Texas, Complete Schedule T. Candidate / Office held Payee name 03/01/2022 Amount (\$) Payee address; Clate (Check if Austin, TX, officeholder living expense) Candidate / Officeholder name Office sought Office sought Office held Category (See Categories listed at the top of this achedule) Check if Austin, TX, officeholder living expense Office sought Office held Office held Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Advertising Expense Category (See Categories listed at the top of this schedule) Advertising Expense Category (See Categories listed at the top of this schedule) Advertising Expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Amount (\$) Payee address; City: State; Zip Code 383.71 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name Super Cheap Signs Check if ravel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense Complete ONLY (\$) Payee address; City: State; Zip Code 708.52 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code 383.71 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Description Signs Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/01/2022 Super Cheap Signs Amount (\$) Payee address; City; State; Zip Code 708.52 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Description Signs City; State; Zip Code Austin TX 78758 Category (See Categories listed at the top of this schedule) Description Signs Category (See Categories listed at the top of this schedule) Description Signs Category (See Categories listed at the top of this schedule) Description Signs Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Catego	Date	Payee name			
383.71 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Advertising Expense Check if ravel outside of Texas. Complete Schedule T. Candidate / Office held Candidate / Office held Payee name 03/01/2022 Amount (\$) Payee address; Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office held Candidate / Office held Payee name 03/01/2022 Amount (\$) Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Advertising Expense Category (See Categories listed at the top of this schedule) Advertising Expense 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	02/23/2022	Super Cheap Signs			
PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office hold Candidate / Office holder name Office sought Office hold	Amount (\$)	Payee address;	City;	State;	Zip Code
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 Candidate / Officeholder name Office sought Office sought Office held Office held Payee name Super Cheap Signs Amount (\$) Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Signs Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	383.71	9200 Waterford Centre Blvd, Suite 10	00 Austin	TX	78758
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Purpose Office Sought Category (See Categories listed at the top of this schedule) Advertising Expense Check if raveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name O3/01/2022 Amount (\$) Payee address; Pa	OF	Advertising Expense	Signs		
Date Payee name O3/01/2022 Super Cheap Signs Amount (\$) Payee address; City; State; Zip Code 708.52 9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Description Advertising Expense Signs 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		Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense
Super Cheap Signs Amount (\$) Payee address; City; State; Zip Code 708.52 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Office held			Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code 708.52 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense Signs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date	Payee name			
9200 Waterford Centre Blvd, Suite 100 Austin TX 78758 Category (See Categories listed at the top of this schedule) Description Advertising Expense Signs 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	03/01/2022	Super Cheap Signs			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense 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	Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	708.52	9200 Waterford Centre Blvd, Suite 10	00 Austin	TX	78758
Complete ONLY if direct expenditure to benefit C/OH Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct	OF	Advertising Expense	Signs		
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

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)

Total pages Schedule F1: 2 FILER NAME Lisa Alpe 1 Date 5 Payee name 03/08/2022 Amazon	D (Ethic	es Commission Filers)
	state:	
03/08/2022 Amazon	state:	
	tate:	
6 Amount (\$) 7 Payee address; City; S	,	Zip Code
6911 Fairbanks N Houston Houston	ГХ	77040
(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE Advertising Expense H Frame Stands		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeh	older livir	ng expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH		Office held
Date Payee name		
03/11/2022 Super Cheap Signs		
Amount (\$) Payee address; City; S	State;	Zip Code
3,247.02 9200 Waterford Centre Blvd, Suite 100 Austin	TX	78758
Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE Advertising Expense Signs		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeh	older livii	ng expense
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH		Office held
Date Payee name		
03/14/2022 Amazon		
Amount (\$) Payee address; City;	State;	Zip Code
530.40 6911 Fairbanks N Houston Houston	TX	77040
Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF Advertising Expense H Frame Stands EXPENDITURE	H Frame Stands	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office	nolder livi	ng expense
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Gald Fayment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lisa Alpe		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/15/2022	Fedex Kinkos			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
201.35	13155 Noel Road, Suite 1600	Dallas	TX	75240
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Maps		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/23/2022	Super Cheap Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
729.22	9201 Waterford Centre Blvd, Suite 10	00 Austin	TX	78759
***************************************	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/23/2022	Sprint 2 Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,136.63	8748 Clay Road, Ste 300	Houston	TX.	77080
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 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 c	complete this form.		
Total pages Schedule F1:	2 FILER NAME Lisa Alpe	3 Filer ID (Ethics Commission Filers)		
Date	5 Payee name			
03/28/2022	Raise the Money			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
262.00	P. O. Box 26466	Little Roc	k AR	72221
}	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fee	Donation transaction fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/28/2022	Elitex			
Amount (\$)	Payee address;	City;	State;	Zip Code
475.00	1431 Wirt Rd., Suite 153	Houston	TX	77055
***************************************	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Contract Labor for Signs		
	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 H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
***	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	