# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	led: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST <b>Lisa</b>	мі А	OFFICE	USEONLY	
NAIVIE	NICKNAME	LAST <b>Alpe</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 7827 Bryken		CITY; STATE; ZIP CODE Houston, TX 77055			
Change of Address				1		
5 CANDIDATE/ OFFICEHOLDER PHONE	(713 )	PHONE NUMBER 523-7878	EXTENSION		or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME	Ms.	Amy	A.	Date Processed		
	NICKNAME	LAST	SUFFIX	Data Imagad		
		Cone		Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	1207 S. She	pherd Dr.	Houston	TX	77019	
(Residence or Business)	Parameter and the second secon	,				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	. 022	007 0076				
FIIONL	(832)	687-8076				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aff treasurer ap (Officeholde		
	July 15	8th day before ele	lection Exceeded Modified Reporting Limit	[ married	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
COVENED	3 /	/ 29 / 22	THROUGH 4	/ 27 / 22		
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	5 / 7 /	<b>22</b> ■ General	•	***************************************		
12 OFFICE	OFFICE HELD (if any)	)	13 OFFICE SOUGHT (if known SBISD Board of T		ition 5	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	ICEHOLDER, THESE EXPENDITURES	S ACCEPTED OR POLITICAL EXPENDITURES M ES MAY HAVE BEEN MADE WITHOUT THE CANU JIRED TO REPORT THIS INFORMATION ONLY IF T	IDIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME FFOT PAC					
Additional Pages	COMMITTEE ADDRESS PO Box 341027 Austin, TX 78734					
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		Cabell Hobbs				
		PO Box 341027			CEIVE	
		GO TO	PAGE 2	KA	PR 2 9 2022	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Lisa Alpe	16 1	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 855.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,186.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 721.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,378.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE OF REPORTING PERIOD	\$ 6,040.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
18 SIGNATURE I SV	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
ieq	uired to be reported by me under Title 15, Election Code.	
	Asalindren	SULAL
	Signature of Candida	ite or Officeholder
	Please complete either option below:	
(1) Affidavit	EBONIE E COLLINS Notary ID #130090836 My Commission Expires January 26, 2023	
NOTARY STAMP/SEAL		
77	before me by <u>USA ANDREWS AIPE</u> this the <u>2</u>	9 day of <u>APRIL</u>
20, to certify v	which, witness my hand and seal of office.	1
Signature of officer administer	EBONIE E. COLLINS	NOTARY PUBLIC
	oath Printed name of officer administering oath  OR	Title of officer administering oath
(2) Unsworn Declaration		
	, and my date of birth is	•
My address is	(1)	·1
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country) , 20 (year)
	Signature of Candidate/O	

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 I i	FILER NAME  20 Filer ID (Ethics Com  Sa Alpe	missi	on Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.		\$	10,274.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	21,912.78
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	18,657.70
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

### 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: 7
2 FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_David Wersebe	)	7 Amount of contribution (\$)
03/30/2022	6 Contributor address; City; St 11922 Broken Bough Dr. Housto	ate; Zip Code n, TX77024	500.00
8 Principal occu	pation / Job title (See Instructions)  9	 Employer (See Instructio	ns)
Date	Emily Wells		Amount of contribution (\$)
03/31/2022	Contributor address; City; Si 7615 Brykerwoods Houston,	tate; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date			Amount of contribution (\$)
04/02/2022	Contributor address; City; St 805 Dunleigh Meadows Ln. Housto	iate; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
04/03/2022		tate; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

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 information to not applicable, <b>50 NOT molec</b>	pago in the re	, Pot ii
The	Instruction Guide explains how to complete this form	1.	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#:_Paul St. John		7 Amount of contribution (\$)
04/05/2022	6 Contributor address; City; St. 1103 W. 15th St. Houston, T.	ate; Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)
04/08/2022		ate; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	L Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
04/09/2022	Contributor address; City; St 10819 Everwood Lane Houston	ate; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
04/10/2022	Contributor address; City; S	tate; Zip Code	250.00
Principal occup	1430 Cedarbrook Drive Houston pation / Job title (See Instructions)	TIX //U55 Employer (See Instruction	ons)
g O o 1921 to 1900 to			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction		

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)
Date	Inger Chandler	of-state PAC (ID#:)	7 Amount of contribution (\$)
04/11/2022		ty; State; Zip Code	250.00
Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Ali Mokaram	of-state PAC (ID#:)	Amount of contribution (\$)
04/11/2022		ty; State; Zip Code  Houston TX 77027	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out	-of-state PAC (ID#:)	Amount of contribution (\$)
04/12/2022		•	200.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out	-of-state PAC (ID#:)	Amount of contribution (\$)
04/12/2022	Contributor address; Ci		100.00
Principal occup	210 Plantation Road I	Employer (See Instruc	etions)

The	Instruction Guide explains how t	o complete th	nis form.	1 Total pages Schedule A1:
: FILER NAME Lisa Alpe				3 Filer ID (Ethics Commission Filers)
l Date	Full name of contributor     Vicsandra Jones		PAC (ID#:)	7 Amount of contribution (\$)
04/12/2022		city;	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction	ons)
Date	Full name of contributor  Jennifer Kruppa	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
)4/13/2022		City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state F	PAC (ID#:)	Amount of contribution (\$)
)4/14/2022	Paige Red  Contributor address;  14027 Memorial Dr.	City;	State; Zip Code uston TX 77079	100.00
Principal occup	l pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor Susan B. Jones	out-of-state f	PAC (ID#:)	Amount of contribution (\$)
04/14/2022	Contributor address; 451 Green Point C	city;	State; Zip Code	250.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ions)

Lisa Alpe  4 Date 5 Full name of contributor Douglas Drilling 6 Contributor address; City; State; Zip Code 20520 Cypress Plaza Parkway Apt. 4307 Cypress TX 77433  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date Cathy McConn Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Date Full name of contributor Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Date Full name of contributor Od/18/2022  Date Full name of contributor Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Amount of contribution (\$)  Date Full name of contributor Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)		Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
Douglas Drilling 6 Contributor address; City; State; Zip Code 20520 Cypress Plaza Parkway Apt. 4307 Cypress TX 77433  3 Principal occupation / Job title (See Instructions)  Date Cathy McConn Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Date Date D4/18/2022  Full name of contributor Contributor address; City; State; Zip Code T403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Date D4/18/2022  Full name of contributor Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Date Full name of contributor Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Date Full name of contributor Michael Meriwether Contributor address; City; State; Zip Code 1426 Lakecliff Dr. Houston TX 77077				3 Filer ID (Ethics Commission Filers)
25.00  3 Principal occupation / Job title (See Instructions)  Date  O4/18/2022  Full name of contributor Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Amount of contribution (\$)  Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Amount of contribution (\$)  25.00  Amount of contribution (\$)  Amount of contribution (\$)	1 Date	Douglas Drilling		7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Pate Date Date Date Date Date Date Date D	04/14/2022	6 Contributor address; City;	State; Zip Code	25.00
Cathy McConn  Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Beverly Litton  Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Amount of contribution (\$)  Michael Meriwether  Contributor address; City; State; Zip Code 1426 Lakecliff Dr. Houston TX 77077	Principal occu			ons)
Contributor address; City; State; Zip Code 7403 Flowerdale St. Unit A Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  25.00  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Amount of contribution (\$)  Od/18/2022  Contributor address; City; State; Zip Code  Od/18/2022  Amount of contribution (\$)			state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Full name of contributor Beverly Litton  Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Michael Meriwether  Contributor address; City; State; Zip Code 1426 Lakecliff Dr. Houston TX 77077	)4/18/2022	• • • • • • • • • • • • • • • • • • • •	·	50.00
Date Date D4/18/2022    Full name of contributor		7403 Flowerdale St. Unit A	Houston TX 77055	
Date  O4/18/2022  Date  O4/18/2022  Full name of contributor  Contributor address;  City; State; Zip Code  1433 Cedar Post Lane #5 Houston TX 77055  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Michael Meriwether  Contributor address;  City; State; Zip Code  1426 Lakecliff Dr. Houston TX 77077	Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ons)
Contributor address; City; State; Zip Code 1433 Cedar Post Lane #5 Houston TX 77055  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Michael Meriwether  Contributor address; City; State; Zip Code 1426 Lakecliff Dr. Houston TX 77077	Date		state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Michael Meriwether  Contributor address; City; State; Zip Code  1426 Lakecliff Dr. Houston TX 77077	04/18/2022	Beverly Litton		25.00
Date  Full name of contributor  Michael Meriwether  Contributor address;  City;  State; Zip Code  1426 Lakecliff Dr. Houston TX 77077  Amount of contribution (\$)		-		25.00
Michael Meriwether  Contributor address; City; State; Zip Code  1426 Lakecliff Dr. Houston TX 77077	Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
Contributor address; City; State; Zip Code 1426 Lakecliff Dr. Houston TX 77077	Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
1426 Lakecliff Dr. Houston TX 77077	NA/48/2022	Michael Meriwether		
	04/10/2022	Contributor address; City;	State; Zip Code	50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		1426 Lakecliff Dr. Hoι	uston TX 77077	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			***************************************	

n the reques	ted information is not applicable, <b>DO NOT Inc</b>	iude uns page in the i	eport.
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	Timothy Howard	(ID#:)	7 Amount of contribution (\$)
04/21/2022	6 Contributor address; City; 10027 Longmont Dr Housto	State; Zip Code	100.00
8 Principal occu		9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Bonnie Palmer	(ID#:)	Amount of contribution (\$)
04/21/2022	Contributor address; City; 311 Yorkchester Dr. Housto	State; Zip Code n TX 77079	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/23/2022	Contributor address; City; 526 Ramblewood Rd Housto	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Brendan Gilbert	(ID#:)	Amount of contribution (\$)
04/23/2022	Contributor address; City;	State; Zip Code	1,000.00
Principal occup	9109 Hilldale St Houston pation / Job title (See Instructions)	Employer (See Instruc	tions)
and the sector of the factor o			
	ATTACH ADDITIONAL COPIES O		

#### SCHEDULE A1

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

The	Instruction Guide explains how to c	omplete this	form.	1 Total pages Schedule A1:
FILER NAME Lisa Alpe				3 Filer ID (Ethics Commission Filers)
Date	Mike Mizell		; (ID#:)	7 Amount of contribution (\$)
4/25/2022	6 Contributor address; 7700 San Felipe Ho	City;	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor  Kelly & Doug Murphy	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/27/2022	• • • • • • • • • • • • • • • • • • • •			1 000 00
	910 Flint River Ho		State; Zip Code TX 77024	1,000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/27/2022	Stephen Jones			400 00
	Contributor address; 6207 Lynbrook drive	city; Housto	State; Zip Code on TX 77057	499.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date		out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/27/2022	Chip Lewis  Contributor address;	City;	State; Zip Code	3,000.00
	1207 S. Shepherd Di	r. Houst	ton TX 77019	0,000.00
Principal occup	ation / Job title (See Instructions)	***************************************	Employer (See Instruc	tions)
			1	
<del></del>	ATTACH ADDITION		**************************************	

### SCHEDULE A2

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

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	e Instruction Guide explains how to complete this forn	ı.	1 Total pages Schedu	ıle A2: 6
<sup>2</sup> FILER NAME Lisa Alpe			3 Filer ID (Ethics Co.	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 855.00	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:  Craig Hagedorn		8 Amount of Contribution \$	9 In-kind contribution description
03/30/2022		Zip Code	125.00	room rental, beverages
	14227 Carolcrest Houston, TX 77079	9	Check if travel outside	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)			
Date	Full name of contributor	)	Amount of	In-kind contribution
	Spring Branch Families PAC  Contributor address; City; State; Zip Code		4,584.25	description
04/06/2022				⊢ Voter Outreach
	13623 Apple Tree Rd. Houston, TX	77079	Check if travel outsi	  de 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 JL	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A2

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

			-	
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAMI	Ē		3 Filer ID (Ethics Co	mmission Filers)
Lisa Alpe			,	,
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04/08/2022	7 Contributor address; City; State;	Zip Code	115.07	Printed Materials
	13623 Apple Tree Rd. Houston, TX 7	•	Check if travel outsi	l    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 JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	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)			
Date	Full name of contributor	)	Amount of	In-kind contribution
	Spring Branch Families PAC		Contribution \$	description
04/11/2022	Contributor address; City; State;	Zip Code	750.00	ı Email !
	13623 Apple Tree Rd. Houston, TX	77079	Check if travel outs	ide 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)	Contribi	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A2

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

truction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
			1 Total pages Schedule A2:	
	<sup>2</sup> FILER NAME Lisa Alpe			
NITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
6 Full name of contributor out-of-state PAC (ID#:)  Spring Branch Families PAC  7 Contributor address; City; State; Zip Code  13623 Apple Tree Rd. Houston, TX 77079		Contribution \$	9 In-kind contribution   description   Printed Materials	
on / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		AL)(See Instructions)	
ipal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)	
oyer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date  Full name of contributor			I In-kind contribution description I Food, Beverage	
8588 Katy Freeway, #105 Houston, TX 77024  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employee			ide of Texas. Complete Schedule T. AL)(See Instructions)	
cipal occupation (FOR JUDICIAL)	Contrib	butor's job title (FOR JUDICIAL) (See Instructions)		
loyer/law firm (FOR JUDICIAL)	Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	on / Job title (FOR NON-JUDICIAL) (See Instructions)  cipal occupation (FOR JUDICIAL)  cloyer/law firm (FOR JUDICIAL)  child, law firm of parent(s) (if any) (FOR JUDICIAL)	on / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer  Em	con / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-JUDICIAL)  Contributor's job title (FOR JUDICIAL)  Law firm of contributor's spot	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

### SCHEDULE A2

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

·		·····			
Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedu	ule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Lisa Alpe			- The TB (Ethics Co	inimission i liets)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date	6 Full name of contributor	)		9 In-kind contribution	
	Jenna Jackson		Contribution \$	description	
04/14/2022	7 Contributor address; City; State;	Zip Code	200.00	Food and Beverage tip for services	
	9109 Hilldale St Houston, TX 7705	•		tip for services	
	9109 Fillidate St. Flouston, TX 7700	)	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	IDICIAL) (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)				
Date	Full name of contributor	)	Amount of	In-kind contribution	
FFOT PAC			Contribution \$	description	
04/18/2022	Contributor address; City; State;	Zip Code	4,341.34	 	
	PO Box 341027 Austin, TX 787	34	Observation of the state of the		
Dringing			1	de of Texas. Complete Schedule T.	
Principal occ	upation / 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 JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	rm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.	

#### SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
<sup>2</sup> FILER NAME Lisa Alpe			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date 6 Full name of contributor  out-of-state PAC (ID#:)  Erin Moss 04/21/2022 7 Contributor address; City; State; Zip Code			8 Amount of Contribution \$ 506.26	9 In-kind contribution I description I Food, beverage	
	719 Wax Myrtle		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-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (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)				
Date  Full name of contributor out-of-state PAC (ID#:)  Spring Branch Families PAC  O4/22/2022  Contributor address; City; State; Zip Code		Amount of Contribution \$	In-kind contribution description Printed Materials		
			    ide of Texas. Complete Schedule T.		
Principal occ	cupation / 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	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		NAME AND			
	ATTACH ADDITIONAL CODIES OF	ていし くしにい	III E A S NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A2

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

ТР	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Lisa Alpe		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date 6 Full name of contributor out-of-state PAC (ID#:)  Ryan Carney 7 Contributor address; City; State; Zip Code 12315 Broken Bough Houston, TX 77024		8 Amount of Contribution \$   9 In-kind contribution   description   750.00   Printing, supplies, food, beverage		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	r	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor  out-of-state PAC (ID#:)  Spring Branch Families PAC  Contributor address; City; State; Zip Code		Amount of Contribution \$ In-kind contribution description  9,166.00   Voter Outreach		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ			Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	ULE AS NEEDED	

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

## SCHEDULE F1

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

EXPENDITURE	CATEGORIES FOR BOX 8(a)
nt Expense	Loan Repayment/Reimburseme
3	Office Overhead/Rental Evnen

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services S	rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	The Instruction Guide explains h	low to complete this form.	3 Filer ID (Ethics Commission Filers)
5	Lisa Alpe		
Date	5 Payee name		
03/30/2022	Sprint 2 Print		
Amount (\$)	7 Payee address;	City;	State; Zip Code
838.94	8748 Clay Road, Ste 300 Houst	ton, TX 77080	
	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Signs	
	(C) Check if travel outside of Texas. Complete Sched	dule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/07/2022	Sprint 2 Print		
Amount (\$)	Payee address;	City;	State; Zip Code
1,082.50	8748 Clay Road, Ste 300 Hous	ton, TX 77080	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE	Advertising	Signs	
OF EXPENDITURE	, aremening	Olgris	
_,,,_,,,,			30.00
	Check if travel outside of Texas. Complete Sched	dule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/11/2022	Hotcards		
Amount (\$)	Payee address;	City;	State; Zip Code
372.56	2400 Superior Ave. East Clevel	and, OH 44114	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Advertising	Push cards	
	Check if travel outside of Texas. Complete Schee	duleT. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political	111	nting Expense laries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho		outer a salegory northstea abovey
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/11/2022	Fedex Kinkos		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
199.69	13155 Noel Road, Suite 1600 D	allas, TX 75240	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Push cards	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/14/2022	Spring Branch Families PAC		
Amount (\$)	Payee address;	City;	State; Zip Code
2,583.00	13623 Apple Tree Rd.		
	Category (See Categories listed at the top of this sched	ule) Description	1
PURPOSE OF EXPENDITURE	Donation	Voter Outread	ch
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/21/2022	Swoon Media		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	12335 Kingsride #147 Houston,	TX 77024	
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE	Advertising	Magazine	
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, 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 NE	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
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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/18/2022	Sprint 2 Print			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
947.19	8748 Clay Road, Ste 300 Houston, 7	TX 77080		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, 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			
04/22/2022	TnT Shirts			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,087.64	2400 Taft St. Houston, TX 77006			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Shirts		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/25/2022	Sprint 2 Print			
Amount (\$)	Payee address;	City;	State; Zip Code	
954.23	8748 Clay Road, Ste 300 Houston, 1	TX 77080		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### 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 Card Payment	Committee Legal Services Salaries/N  The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	**************************************		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04/27/2022	Raise the Money				
6 Amount (\$) 510.41	7 Payee address; P. O. Box 26466 Little Rock, AR 722	City; <b>21</b>	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Banking			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/27/2022	Colon & Company				
Amount (\$)	Payee address;	City;	State; Zip Code		
2,836.22	3311 Richmond Ave. Suite 319 Hous	ston, TX 77019			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Mailer			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/27/2022	Colon & Company				
Amount (\$)	Payee address;	City;	State; Zip Code		
2,307.34	3311 Richmond Ave. Suite 319 Hous	ston, TX 77019			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Mailer			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	•	/ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/27/2022	Colon & Company		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,586.35	3311 Richmond Ave. Suite 319 Hous	ston, TX 77019	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Mailer	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2022	Colon & Company		
Amount (\$)	Payee address;	City;	State; Zip Code
787.19	3311 Richmond Ave. Suite 319 Hous	ston, TX 77019	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Push cards	
OF EXPENDITURE	_		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2022	Colon & Company		
Amount (\$)	Payee address;	City;	State; Zip Code
1,064.44	3311 Richmond Ave. Suite 319 Hous	ston, TX 77019	
1000000	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Text fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED