

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER
DAILY PRE-ELECTION REPORT**

FORM COR-DAILY-C C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 13		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 DATE ORIGINAL REPORT FILED	Month	Day	Year	Receipt #	Amount \$
	12	1	2020	Date Processed	Date Imaged
5 EXPLANATION OF CORRECTION The inclusion of form C/OH - FR on Page 13					

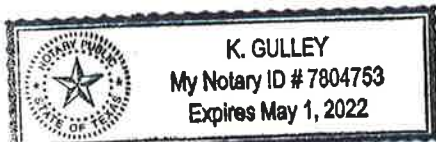
RECEIVED
 BOARD SERVICES
 DALLAS ISD
 2021 SEP 28 PM 2:30

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Alex Enriquez

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Alex Enriquez this the 28th day of September, 2021, to certify which, witness my hand and seal of office.

K. Gulley

Signature of officer administering oath

K. Gulley

Printed name of officer administering oath

Notary

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER SPECIAL PRE-ELECTION REPORT

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected special pre-election report filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties. A filer wishing to ask the Ethics Commission to consider waiving or reducing a late-filing penalty may do so by providing a basis of the request in the correction affidavit.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** You should have received from the Ethics Commission a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box.

- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.

- 4. Date Original Report Filed.** Enter the date the report you are correcting was filed. The year is important because filers sometimes correct reports years after filing the original.

- 5. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

- 6. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1. Filer ID (Ethics Commission Filers)	2. Total pages filed: 11				
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked: Receipt # Amount \$ Date Processed Date Imaged			
		Alex					
NICKNAME	LAST	SUFFIX					
	Enriquez						
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX:	APT/SUITE #	CITY	STATE:	ZIP CODE		
	5118 Worth Street		Dallas	TX	75214		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(214) 463-4882					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI				
		Jennifer					
	NICKNAME	LAST	SUFFIX				
		Dawkins					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #	CITY	STATE:	ZIP CODE	
	5315 Vickery Blvd			Dallas	TX	75206	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(214) 684-8218					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting limit <input checked="" type="checkbox"/> Final report (Attach- COH-FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			10/25/2020				11/24/2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
				<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Other Office: Dallas ISD Board			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Alex Enriquez	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1 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)	\$828.24
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
	4 TOTAL POLITICAL EXPENDITURES	\$4,277.77
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Alexander Cary Enriquez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alexander Cary Enriquez, this the 15th day of Dec., 2020 to certify which, witness my hand and seal of office.

Mark Z. Hill
Signature of officer administering oath

Mike L Hill
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Alex Enriquez	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$828.24
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,277.77
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Alex Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 10/29/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alexander Cotton 6. Contributor address; City; State; ZIP Code 270 San Carlos St San Francisco, CA 94110-1724	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/30/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kingsley And Beverly Cotton 6. Contributor address; City; State; ZIP Code 33640 Hillcrest Dr Farmington, MI 48335-3526	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Aliisa DuBose 6. Contributor address; City; State; ZIP Code 3620 Vintage Pl Dallas, TX 75214-3270	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Shannon Enriquez 6. Contributor address; City; State; ZIP Code 9731 Tralee Dr Dallas, TX 75218-2839	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julia Love 6. Contributor address; City; State; ZIP Code 848 Fenimore Rd Larchmont, NY 10538-1115	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Alex Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nick Nepveux 6. Contributor address; City; State; ZIP Code 718 Dumas St Dallas, TX 75214-4915	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ David O'Hara 6. Contributor address; City; State; ZIP Code 46028 Concord Dr Plymouth, MI 48170-3068	7. Amount of contribution (\$) \$206.70
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lora Owens 6. Contributor address; City; State; ZIP Code 5600 Victor St Dallas, TX 75214-4733	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lindsay Sims 6. Contributor address; City; State; ZIP Code 6005 Bryan Pkwy Dallas, TX 75206-8001	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/29/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Douglas Stanglin 6. Contributor address; City; State; ZIP Code 1600 N Oak St Apt 1225 Arlington, VA 22209-2767	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1 not available
2. FILER NAME Alex Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 10/28/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Lydia Wright	7. Amount of contribution (\$) \$51.83
6. Contributor address; City; State; ZIP Code 5347 Miller Ave Dallas, TX 75206-6422		
8. Principal occupation / Job title (See Instructions)		9 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.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 11/10/2020	5 Payee name Act Blue	
6 Amount \$85.83	7 Payee address; City; State: Zip Code PO Box 441146 West Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 11/12/2020	5 Payee name Canva	
6 Amount \$12.95	7 Payee address; City; State: Zip Code 2/2 Lacey Street Surry Hills, NSW 2-010	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Advertising Expense	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 10/30/2020	5 Payee name Facebook	
6 Amount \$600.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Advertising Expense	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 11/02/2020	5 Payee name Google G Suite	
6 Amount \$44.77	7 Payee address; City: State: Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 11/24/2020	5 Payee name Lipscomb Elementary PTA	
6 Amount \$16.75	7 Payee address; City: State: Zip Code 5801 Worth St Dallas, TX 75214-4645	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)	(b) Description Peace Pantry Donation
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 10/26/2020	5 Payee name Edison McGarry	
6 Amount \$500.00	7 Payee address; City: State: Zip Code ----- Cary, NC 27513	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)	
4 Date 11/02/2020	5 Payee name Edison McGarry		
6 Amount \$1,200.00	7 Payee address; ----- Cary, NC 27513	City;	State: Zip Code
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date 11/02/2020	5 Payee name Edison McGarry		
6 Amount \$1,200.00	7 Payee address; ----- Cary, NC 27513	City;	State: Zip Code
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
4 Date 11/02/2020	5 Payee name Paragon Solution		
6 Amount \$191.96	7 Payee address; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	City;	State: Zip Code
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Fees		(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 11/13/2020	5 Payee name Rewired LLC	
6 Amount \$139.33	7 Payee address; City: State: Zip Code PO Box 110971 Brooklyn, NY 11211-0971	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 11/13/2020	5 Payee name Rewired LLC	
6 Amount \$245.59	7 Payee address; City: State: Zip Code PO Box 110971 Brooklyn, NY 11211-0971	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 11/02/2020	5 Payee name Signage Systems Dallas	
6 Amount \$40.59	7 Payee address; City: State: Zip Code 7900 Ferguson Rd Dallas, TX 75228-6354	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

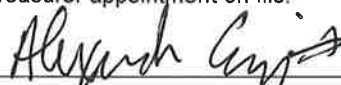
1 C/OH NAME

Alex Enriquez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

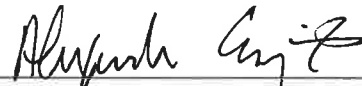
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder