

**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: 27		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		
4 DATE ORIGINAL REPORT FILED		Month	Day	Year	
		10	26	2020	
5 EXPLANATION OF CORRECTION A payment on October 2, 2020 to Paragon Solutions for \$225.00 was reported on both the 30th day before election report and the 8th day before election report. A payment on October 1, 2020 to Facebook for \$75.00 was reported on both the 30th day before election report and the 8th day before election report. Both should have only been reported on the 30th day report. These changes can be found on pages 23 and 26.					

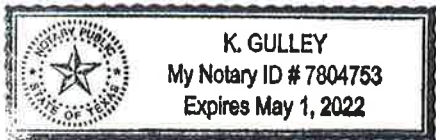
RECEIVED
 BOARD SERVICES
 DALLAS ISD

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. Gully
Signature of officer administering oath

K. Gully
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: 25
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Alex	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Enriquez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 463-4882		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jennifer	Date Received	
	NICKNAME LAST SUFFIX Dawkins	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5315 Vickery Blvd Dallas TX 75214	Receipt # Amount \$	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 684-8218	Date Processed	
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Imaged	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 25 / 2020 10 / 24 / 2020		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 3 / 2020 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas ISD Board	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>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.</i>		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

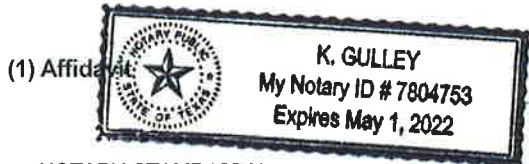
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,591.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,836.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,444.61
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 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 Enriquez
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 _____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,591.45
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,673.69
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 162.38
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	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 10/17/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kirsten Afklinteberg 6. Contributor address; City; State; ZIP Code 1087 Washington St Gloucester, MA 01930-1134	7. Amount of contribution (\$) \$33.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/12/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alexandra Allen 6. Contributor address; City; State; ZIP Code 2 A Brentwood Rd Exeter, NH 03833-1544	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alexandra Allen 6. Contributor address; City; State; ZIP Code 2 A Brentwood Rd Exeter, NH 03833-1544	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy Anderson 6. Contributor address; City; State; ZIP Code 6846 Chantilly Ln Dallas, TX 75214-2718	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brendan Bailes 6. Contributor address; City; State; ZIP Code 810 A St SE Washington, DC 20003-1340	7. Amount of contribution (\$) \$50.00
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 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Louise Bexley 6. Contributor address; City; State; ZIP Code 6016 Bryan Pkwy Dallas, TX 75206-8002	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kim Blumberg 6. Contributor address; City; State; ZIP Code 10641 W El Rancho Dr Sun City, AZ 85351-3835	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Frank Campagna 6. Contributor address; City; State; ZIP Code 23 Cloverdale Rd Newton Centre, MA 02459-2430	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Gurinder Cheema 6. Contributor address; City; State; ZIP Code 321 N 101st St Seattle, WA 98133-9113	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/13/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Audra Clark 6. Contributor address; City; State; ZIP Code 6417 W 100th St Overland Park, KS 66212-1612	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/05/2020	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 10/15/2020	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 (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/01/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Olivia Covey 6. Contributor address; City; State; ZIP Code 6147 La Vista Dr Dallas, TX 75214-4310	7. Amount of contribution (\$) \$516.45
8. Principal occupation / Job title (See Instructions) Speech Pathologist		9 Employer (See Instructions) Methodist Health System
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julie Davis 6. Contributor address; City; State; ZIP Code 6508 E 84th St Tulsa, OK 74133-4224	7. Amount of contribution (\$) \$60.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/03/2020	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 (\$) \$206.70
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Eplett Reilly 6. Contributor address; City; State; ZIP Code 2987 Reymond Ave Baton Rouge, LA 70808-1576	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Trustee and Co-founder		9 Employer (See Instructions) City Year, Inc
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Samuel Filler 6. Contributor address; City; State; ZIP Code 135 W 96th St Apt 11C New York, NY 10025-6437	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/12/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Laura Freeland 6. Contributor address; City; State; ZIP Code 6009 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 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Furrh 6. Contributor address; City; State; ZIP Code 6342 Chesley Ln Dallas, TX 75214-2119	7. Amount of contribution (\$) \$258.32
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/30/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Gallagher 6. Contributor address; City; State; ZIP Code 5630 Gaston Ave Dallas, TX 75214-4682	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Gallagher 6. Contributor address; City; State; ZIP Code 5630 Gaston Ave Dallas, TX 75214-4682	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Wayne Garcia 6. Contributor address; City; State; ZIP Code 5410 Goodwin Ave Dallas, TX 75206-6211	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cristina Gomez 6. Contributor address; City; State; ZIP Code 6810 Cruz St Apt B Austin, TX 78741-3524	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Deborah Hack 6. Contributor address; City; State; ZIP Code 582 Pierce St Birmingham, MI 48009-1752	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 10/13/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Meredith Hansen 6. Contributor address; City; State; ZIP Code 509 Linden St Glen Ellyn, IL 60137-4021	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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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 10/22/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Amy And Ben Harms 6. Contributor address; City; State; ZIP Code 5918 Worth St Dallas, TX 75214-4499	7. Amount of contribution (\$) \$206.70
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeffrey Hawkinson 6. Contributor address; City; State; ZIP Code 8901 N 18th Ave Phoenix, AZ 85021-4323	7. Amount of contribution (\$) \$83.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Matt Hendren 6. Contributor address; City; State; ZIP Code 2113 Falcon Hill Dr Austin, TX 78745-3521	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/13/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ John Herrmann 6. Contributor address; City; State; ZIP Code 697 Bergen St Apt 2 Brooklyn, NY 11238-6737	7. Amount of contribution (\$) \$83.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/30/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Devin Hibbard 6. Contributor address; City; State; ZIP Code 491 College St Boulder, CO 80302-8713	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/06/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Carey Hurst 6. Contributor address; City; State; ZIP Code 5417 Swiss Ave Dallas, TX 75214-4946	7. Amount of contribution (\$) <p style="text-align: right;">\$103.45</p>
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julie Ihrig 6. Contributor address; City; State; ZIP Code 5325 Vickery Blvd Dallas, TX 75206-6228	7. Amount of contribution (\$) <p style="text-align: right;">\$51.83</p>
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Cora Inez Outlaw 6. Contributor address; City; State; ZIP Code 11284 Brookhaven Ave Los Angeles, CA 90064-3915	7. Amount of contribution (\$) <p style="text-align: right;">\$20.00</p>
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margaret Karnowski 6. Contributor address; City; State; ZIP Code 5921 Worth St Dallas, TX 75214-4456	7. Amount of contribution (\$) <p style="text-align: right;">\$26.01</p>
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/19/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Alan Khazei 6. Contributor address; City; State; ZIP Code 48 Allerton St Brookline, MA 02445-7726	7. Amount of contribution (\$) <p style="text-align: right;">\$46.22</p>
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/11/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joshua Killian 6. Contributor address; City; State; ZIP Code 6003 Bryan Pkwy Dallas, TX 75206-8001	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Max Klau 6. Contributor address; City; State; ZIP Code 13 Shady Oak Ln Natick, MA 01760-3028	7. Amount of contribution (\$) \$8.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Max Klau 6. Contributor address; City; State; ZIP Code 13 Shady Oak Ln Natick, MA 01760-3028	7. Amount of contribution (\$) \$8.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/13/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeremy Kress 6. Contributor address; City; State; ZIP Code 2265 Highland Dr Ann Arbor, MI 48105-1087	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jeremy Kress 6. Contributor address; City; State; ZIP Code 2265 Highland Dr Ann Arbor, MI 48105-1087	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/23/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jada Lewis 6. Contributor address; City; State; ZIP Code PO Box 654 Baton Rouge, LA 70821-0654	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/05/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Eva Lloyd 6. Contributor address; City; State; ZIP Code 7302 Dominique Dr Dallas, TX 75214-2810	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sammy Mandell 6. Contributor address; City; State; ZIP Code 8646 Daytonia Ave Dallas, TX 75218-4106	7. Amount of contribution (\$) \$516.45
8. Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Seth Marbin 6. Contributor address; City; State; ZIP Code 1229 Pearl St Alameda, CA 94501-5317	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Seth Marbin 6. Contributor address; City; State; ZIP Code 1229 Pearl St Alameda, CA 94501-5317	7. Amount of contribution (\$) \$100.00
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 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sean McDevitt McDevitt 6. Contributor address; City; State; ZIP Code 43 Terrace Pl Tuckahoe, NY 10707-4146	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Sean McGlynn 6. Contributor address; City; State; ZIP Code 4713 Wyaconda Rd Rockville, MD 20852-2439	7. Amount of contribution (\$) \$309.95
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/30/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jordan Michel 6. Contributor address; City; State; ZIP Code 5917 Reiger Ave Dallas, TX 75214-4724	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jordan Michel 6. Contributor address; City; State; ZIP Code 5917 Reiger Ave Dallas, TX 75214-4724	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/20/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pia Micoli 6. Contributor address; City; State; ZIP Code 254 Park Pl Apt 3C Brooklyn, NY 11238-4357	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Danielle Mooney 6. Contributor address; City; State; ZIP Code 1029 High St Bridgewater, MA 02324-1917	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Marc Morgan 6. Contributor address; City; State; ZIP Code 4238 S Pitkin St Aurora, CO 80013-3214	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Joshua Murphy 6. Contributor address; City; State; ZIP Code 123 Linden Blvd Apt 12C Brooklyn, NY 11226-9708	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julia Newman 6. Contributor address; City; State; ZIP Code 6822 Vivian Ave Dallas, TX 75223-1148	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pawn Nitichan 6. Contributor address; City; State; ZIP Code 12 Hamilton St Dover, NH 03820-3915	7. Amount of contribution (\$) \$40.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Martha Norton 6. Contributor address; City; State; ZIP Code 7220 Tokalon Dr Dallas, TX 75214-3560	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/05/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Larry Offutt 6. Contributor address; City; State; ZIP Code 6038 Bryan Pkwy Dallas, TX 75206-8002	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Greg Payne 6. Contributor address; City; State; ZIP Code 20791 Quiet Brook Pl Sterling, VA 20165-5865	7. Amount of contribution (\$) \$21.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Erin Peavey 6. Contributor address; City; State; ZIP Code 5519 Richard Ave Dallas, TX 75206-6715	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Diane Podhrasky 6. Contributor address; City; State; ZIP Code 5322 Vickery Blvd Dallas, TX 75206-6229	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Greg Propper 6. Contributor address; City; State; ZIP Code 6380 Wilshire Blvd Fl 14 Los Angeles, CA 90048-5003	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/19/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Ella Rawls 6. Contributor address; City; State; ZIP Code 17673 S Vermillion Sunset Dr Vail, AZ 85641-2734	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Luke Rice 6. Contributor address; City; State; ZIP Code 5407 Richard Ave Dallas, TX 75206-6713	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mary Alice Riemer 6. Contributor address; City; State; ZIP Code 723 Parkmont St Dallas, TX 75214-4925	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/13/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charlie Rose 6. Contributor address; City; State; ZIP Code 113 Poplar St Roslindale, MA 02131-3636	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Charlie Rose 6. Contributor address; City; State; ZIP Code 113 Poplar St Roslindale, MA 02131-3636	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jennifer Saucedo 6. Contributor address; City; State; ZIP Code 6578 Kingsbury Dr Dallas, TX 75231-8158	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stacy Schusterman 6. Contributor address; City; State; ZIP Code 110 W 7th St Tulsa, OK 74119-1031	7. Amount of contribution (\$) \$333.33
8. Principal occupation / Job title (See Instructions) Chair		9 Employer (See Instructions) CLSFF
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stacy Schusterman 6. Contributor address; City; State; ZIP Code 110 W 7th St Tulsa, OK 74119-1031	7. Amount of contribution (\$) \$666.67
8. Principal occupation / Job title (See Instructions) Chair		9 Employer (See Instructions) CLSFF
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karen Shatin 6. Contributor address; City; State; ZIP Code 2900 Main Line Blvd Apt 248 Alexandria, VA 22301-2905	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/14/2020	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 10/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Slater 6. Contributor address; City; State; ZIP Code 5565 N Linda Rd Tucson, AZ 85704-2639	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Stefanie Vestal 6. Contributor address; City; State; ZIP Code 2300 Washington Pl NE Apt 409 Washington, DC 20018-1060	7. Amount of contribution (\$) \$16.67
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kristin Walega 6. Contributor address; City; State; ZIP Code 45 Sutton Sq SW Unit 1104 Washington, DC 20024-3487	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Heather Weaver 6. Contributor address; City; State; ZIP Code 510 Valencia St Dallas, TX 75223-1321	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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 10/08/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tom Wilkie 6. Contributor address; City; State; ZIP Code 3834 Peter Pan Dr Dallas, TX 75229-3908	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 10/16/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tim Zimmermann 6. Contributor address; City; State; ZIP Code 2946 University Ter NW Washington, DC 20016-3461	7. Amount of contribution (\$) \$33.33
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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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/Deverage 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 09/29/2020	5 Payee name Advocate Publishing	
6 Amount \$2,000.00	7 Payee address; City; State: Zip Code 6301 Gaston Ave Ste 820 Dallas, TX 75214-6291	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	<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 10/15/2020	5 Payee name Advocate Publishing	
6 Amount \$1,000.00	7 Payee address; City; State: Zip Code 6301 Gaston Ave Ste 820 Dallas, TX 75214-6291	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	<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 10/19/2020	5 Payee name Advocate Publishing	
6 Amount \$1,729.00	7 Payee address; City; State: Zip Code 6301 Gaston Ave Ste 820 Dallas, TX 75214-6291	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	<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	

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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)
X		
4 Date 10/01/2020	5 Payee name Facebook	
6 Amount \$75.00	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) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
X		
4 Date 10/13/2020	5 Payee name Facebook	
6 Amount \$75.00	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) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
X		
4 Date 10/15/2020	5 Payee name Facebook	
6 Amount \$75.00	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) Advertising Expense	
	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

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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 10/19/2020	5 Payee name Facebook	
6 Amount \$22.62	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) 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 10/19/2020	5 Payee name Facebook	
6 Amount \$125.00	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) 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 10/19/2020	5 Payee name Facebook	
6 Amount \$175.00	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) 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

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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 10/21/2020	5 Payee name Facebook	
6 Amount \$250.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
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 10/23/2020	5 Payee name Facebook	
6 Amount \$400.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
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 10/20/2020	5 Payee name Edison McGarry	
6 Amount \$700.00	7 Payee address; City; State: Zip Code ----- Cary, NC 27513	
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

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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 Filore)
10/02/2022	5 Payee name Paragon Solution	
6 Amount \$225.00	7 Payee address; City; State; Zip Code 2141 E Broadway Ave Ste 202 Tempe, AZ 85282-1895	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories at top of this page) Fees	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, on-call consulting expense	
9 Complete ONLY if not a benefit C/OH	Candidate/Officeholder name	Office sought

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule G:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 10/01/2020	5 Payee name NGP Van Inc.	
6 Amount \$162.38 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1101 15th St NW Ste 500 Washington, DC 20005-5006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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