

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

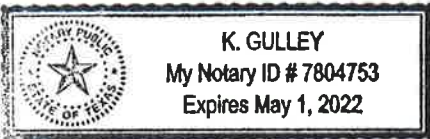
**FORM COR-DAILY-C C/OH**

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 26		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST		
		Alex			2021 SEP 20 PM 2:07 RECEIVED BOARD SERVICES DALLAS ISD
		NICKNAME	LAST	SUFFIX	
4 DATE ORIGINAL REPORT FILED		Month	Day	Year	Date Hand-delivered or Date Postmarked
		10	5	2020	
5 EXPLANATION OF CORRECTION				Receipt #	Amount \$
Please see page 3, "Explanation of Correction"				Date Processed	
				Date Imaged	

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 28<sup>th</sup> day of September, 2021, to certify which, witness my hand and seal of office.

*K. Gulley*                      K. Gulley                      Notary  
Signature of officer administering oath      Printed name of officer administering oath      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.

### Explanation of Correction

Three expenditures listed as "Political Expenditures From Political Contributions" should have been reported as "Political Expenditures Made From Personal Funds". These expenses were incurred on my personal credit card dating from July 2020 to September 2020. Each is to SquareSpace and is an expense of \$28.15.

A payment to Alexandra Brooks for \$600.00 was reported on both the July 15, 2020 Report and the 30th day before election report. The check to Ms. Brooks was written on July 8, 2020 and counted in the July 15, 2020 report. It was deposited by Ms. Brooks on July 31, 2020 and was errantly counted again on the 30th day before election report.

A payment to Claire Cahoon for \$1,500.00 was reported on both the July 15, 2020 report and the 30th day before election report. The check to Ms. Cahoon was written on July 8, 2020 and counted in the July 15, 2020 report. It was deposited by Ms. Cahoon on July 22, 2020 and errantly counted again on the 30th day before election report.

A payment to Nathaniel Ogren for \$156.00 was reported on both the July 15, 2020 report and the 30th day before election report. The check to Mr. Ogren was written on July 8, 2020 and counted in the July 15, 2020 report. It was deposited by Mr. Ogren on July 16, 2020 and errantly counted again on the 30th day before election report.

A payment to Nathaniel Ogren was not disclosed. Mr. Ogren was paid \$125.00 on August 15, 2020, and this payment was not disclosed on the 30th day before election report.

These corrections can be found on pages 14, 15, 20, 21, 22, 23, and 26.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>23</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Alex</b>	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX <b>Enriquez</b>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5118 Worth Street      Dallas      TX      75214</b>		
<input type="checkbox"/> Change of Address			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 214 )      463-4882</b>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Jennifer</b>		
	NICKNAME LAST SUFFIX <b>Dawkins</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5315 Vickery Blvd      Dallas      TX      75206</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 214 )      684-8218</b>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>07 / 16 / 2020      THROUGH      10 / 05 / 2020</b>		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>11 / 3 / 2020      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</b>		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Dallas ISD Board</b>	
<b>14</b> 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

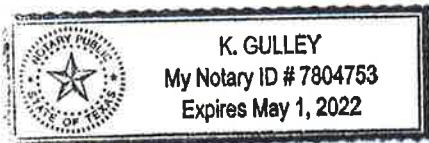
<b>15 C/OH NAME</b> Alex Enriquez		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,548.42
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,588.06
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,526.85
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Alex Enriquez*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alex Enriquez this the 28<sup>th</sup> 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**

<b>19 FILER NAME</b> <b>Alex Enriquez</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,548.42
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	\$ 4,028.85
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	\$ 559.21
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 Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 08/27/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Elizabeth Blackburn 6. Contributor address; City; State; ZIP Code 6840 Coronado Ave Dallas, TX 75214-4014	7. Amount of contribution (\$) \$26.01
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 08/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Julie Broberg 6. Contributor address; City; State; ZIP Code 6945 Tokalon Dr Dallas, TX 75214-3829	7. Amount of contribution (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) SBDM Chair, Woodrow Wilson High School
4. Date 09/22/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Erin Clark 6. Contributor address; City; State; ZIP Code 5922 Belmont Ave Dallas, TX 75206-6806	7. Amount of contribution (\$) \$103.45
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/10/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Darrell Conner 6. Contributor address; City; State; ZIP Code 3105 Wynford Dr Fairfax, VA 22031-2825	7. Amount of contribution (\$) \$258.32
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

**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

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 08/25/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Jenn Dawkins 6. Contributor address; City; State; ZIP Code 5315 Vickery Blvd Dallas, TX 75206-6228	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/08/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Monika Ehrman 6. Contributor address; City; State; ZIP Code PO Box 140967 Dallas, TX 75214-0967	7. Amount of contribution (\$) \$51.83
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)
4. Date 09/23/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lisa Fleury 6. Contributor address; City; State; ZIP Code 5806 Marquita Ave Dallas, TX 75206-6114	7. Amount of contribution (\$) \$26.01
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)

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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 Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
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)
4. Date 09/23/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Brooke Gibbs 6. Contributor address; City; State; ZIP Code 6135 Vanderbilt Ave Dallas, TX 75214-3333	7. Amount of contribution (\$)  \$258.32
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/09/2020	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 (\$)  \$103.45
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)
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 (\$)  \$51.83
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
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 10/02/2020	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 09/11/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Scott Nelson 6. Contributor address; City; State; ZIP Code 408 E Capitol St NE Washington, DC 20003-3811	7. Amount of contribution (\$)  \$206.70
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 09/24/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Diana Oconnor 6. Contributor address; City; State; ZIP Code 718 W Colorado Blvd Dallas, TX 75208-2503	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 Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 09/23/2020	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 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 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 09/09/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Emanuel Rouvelas 6. Contributor address; City; State; ZIP Code 1200 N Nash St Apt 1126 Arlington, VA 22209-3681	7. Amount of contribution (\$) \$309.95
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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 Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
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 09/22/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kimberly Turbes 6. Contributor address; City; State; ZIP Code 6302 Palo Pinto Ave Dallas, TX 75214-3618	7. Amount of contribution (\$) \$258.32
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/05/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tiffany Valona 6. Contributor address; City; State; ZIP Code 6112 Anita St Dallas, TX 75214-2611	7. Amount of contribution (\$) \$51.83
8. Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4. Date 09/21/2020	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)
4. Date 08/01/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Karl Wirsing 6. Contributor address; City; State; ZIP Code 2122 41st Ave SW Seattle, WA 98116-2024	7. Amount of contribution (\$) \$103.45
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

<b>The instruction Guide explains how to complete this form.</b>		1. Total pages Schedule A1: not available
2. FILER NAME Alexander Enriquez		3. Filer ID (Ethics Commission Filers)
4. Date 09/24/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Lydia Wright 6. Contributor address; City; State; ZIP Code 5347 Miller Ave Dallas, TX 75206-6422	7. Amount of contribution (\$)  \$103.45
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 Alexander 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	
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
<del>4 Date 07/31/2020</del>	<del>5 Payee name Alexandra Brooks</del>	
<del>6 Amount \$600.00</del>	<del>7 Payee address; City; State: Zip Code --- Dallas, TX</del>	
<del>8 PURPOSE OF EXPENDITURE</del>	<del>(a) Category (See categories listed at the top of this schedule) Consulting Expense</del>	<del>(b) Description</del>
	<del> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T                 <input type="checkbox"/> Check if Austin, TX, officeholder living expense             </del>	
<del>9 Complete ONLY if direct expenditure to benefit C/OH</del>	<del>Candidate/Officeholder name</del>	<del>Office sought Office held</del>
4 Date 08/24/2020	5 Payee name Alexandra Brooks	
6 Amount \$225.00	7 Payee address; City; State: Zip Code --- Dallas, TX 75228	
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

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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
<del>07/22/20</del>	5 Payee name Claire Cahoon	
6 Amount \$1,500.00	7 Payee address; City; State; 1800 N Harwood St Dallas, TX 75204-4170	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 08/11/2020	5 Payee name Call Time AI	
6 Amount \$175.00	7 Payee address; City; State; Zip Code 2627 E College Ave Visalia, CA 93292-3205	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising 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 08/11/2020	5 Payee name Canva	
6 Amount \$12.95	7 Payee address; City; State; Zip Code 2/2 Lacey Street Surry Hills, NSW 2-010	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 09/11/2020	5 Payee name Canva	
6 Amount \$12.95	7 Payee address; City; State: Zip Code 2/2 Lacey Street Surry Hills, NSW 2-010	
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 07/16/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
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 07/17/2020	5 Payee name Facebook	
6 Amount \$5.10	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
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

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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 08/03/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 08/17/2020	5 Payee name Facebook	
6 Amount \$4.91	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 08/17/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 09/17/2020	5 Payee name Facebook	
6 Amount \$69.25	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 10/01/2020	5 Payee name Facebook	
6 Amount \$75.00	7 Payee address; City; State: Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 08/03/2020	5 Payee name Google G Suite	
6 Amount \$41.87	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 09/01/2020	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 <b>PURPOSE OF EXPENDITURE</b>	(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 10/02/2020	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 <b>PURPOSE OF EXPENDITURE</b>	(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

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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	5 Payee name Edison McGarry	
6 Amount \$600.00	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
<del>4 Date 07/16/2020</del>	<del>5 Payee name Nathaniel Ogren</del>	
<del>6 Amount \$156.00</del>	<del>7 Payee address; City; State; Zip Code 2536 W 10th Street, TX 75211-2652</del>	
<del>8 PURPOSE OF EXPENDITURE</del>	<del>(a) Category (See categories listed at the top of this schedule) Consulting Expense</del>	<del>(b) Description</del>
	<del> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T                     <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </del>	
<del>9 Complete ONLY if direct expenditure to benefit C/OH</del>	<del>Candidate/Officeholder name</del>	<del>Office sought Office held</del>
4 Date 08/03/2020	5 Payee name Paragon Solution	
6 Amount \$45.97	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 PURPOSE OF EXPENDITURE	(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

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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Paragon Solution	
6 Amount \$9.31	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 PURPOSE OF EXPENDITURE	(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
4 Date 10/02/2020	5 Payee name Paragon Solution	
6 Amount \$225.00	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8 PURPOSE OF EXPENDITURE	(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
4 Date 07/16/2020	5 Payee name SquareSpace	
6 Amount \$28.15	7 Payee address; City; State; Zip Code 225 Varick St New York, NY 10014-4304	
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

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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
<del>08/14/2020</del>	<del>5 Payee name SquareSpace</del>	
<del>6 Amount \$28.15</del>	<del>7 Payee address; City; State: 225 Varick St New York, NY 10014-4304</del>	
<del>8 PURPOSE OF EXPENDITURE</del>	<del>(a) Category (See categories listed at the top of this schedule) Advertising Expense <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</del>	
<del>9 Complete ONLY if direct expenditure to benefit C/OH</del>	<del>Candidate/Officeholder name Office sought Office held</del>	
<del>Date 08/14/2020</del>	<del>5 Payee name SquareSpace</del>	
<del>6 Amount \$28.15</del>	<del>7 Payee address; City; State: 225 Varick St New York, NY 10014-4304</del>	
<del>8 PURPOSE OF EXPENDITURE</del>	<del>(a) Category (See categories listed at the top of this schedule) Advertising Expense <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense</del>	
<del>9 Complete ONLY if direct expenditure to benefit C/OH</del>	<del>Candidate/Officeholder name Office sought Office held</del>	
4 Date 07/22/2020	5 Payee name UPS Store	
6 Amount \$12.00	7 Payee address; City; State; Zip Code 6060 Cornerstone Ct W San Diego, CA 92121-3712	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental 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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Alex Enriquez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 08/15/2020	<b>5</b> Payee name Nathaniel Ogren
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<b>6</b> Amount (\$)  125.00	<b>7</b> Payee address; City; State; Zip Code  2536 W 10th St Dallas, TX 75211
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 08/01/2020	5 Payee name NGP Van Inc.	
6 Amount \$150.00 <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
4 Date 09/01/2020	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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# 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 Alexander 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 <b>PURPOSE OF EXPENDITURE</b>	(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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Alex Enriquez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/16/2020	<b>5</b> Payee name SquareSpace	
<b>6</b> Amount (\$) 28.15 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/14/2020	Payee name SquareSpace	
Amount (\$) 28.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/14/2020	Payee name SquareSpace	
Amount (\$) 28.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 Varick St New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, 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 NEEDED**