

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME: Alex Enriquez 15 Filer ID (Ethics Commission Filers)

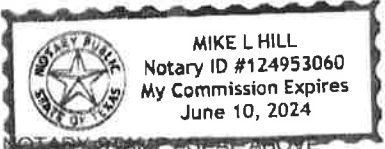
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

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

18 AFFIDAVIT



AFFIX NOTARY STAMP HERE ABOVE

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

Alexander Cary Enriquez
Signature of Candidate or Officeholder

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

Mike L Hill
Signature of officer administering oath

Mike L Hill
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

19. FILER NAME Alex Enriquez	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$828.24
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4. SCHEDULE E: LOANS	\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,277.77
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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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 10/28/2020	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 (\$) \$51.83
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/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Alex Enriquez	3. Filer ID (Ethics Commission Filers)
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4 Date 11/02/2020	5 Payee name Edison McGarry		
6 Amount \$1,200.00	7 Payee address; ----- Cary, NC 27513	City;	State: Zip Code

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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4 Date 11/02/2020	5 Payee name Edison McGarry		
6 Amount \$1,200.00	7 Payee address; ----- Cary, NC 27513	City;	State: Zip Code

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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4 Date 11/02/2020	5 Payee name Paragon Solution		
6 Amount \$191.96	7 Payee address; 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	City;	State: Zip Code

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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