

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: 21		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY Date Received		
	NICKNAME	LAST	SUFFIX			
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	Receipt #		Amount \$
		(214) 463-4882				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Date Processed		
	NICKNAME	LAST	SUFFIX	Date Imaged		
		Jennifer				
		Dawkins				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT/SUITE #	CITY	STATE:	ZIP CODE
	5315 Vickery Blvd			Dallas	TX	75206
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
		(214) 684-8218				
9 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- COH-FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/16/2020		THROUGH		10/05/2020
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		11/3/2020		<input checked="" 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						

RECEIVED
 BOARD SERVICES
 DALLAS ISD
 22 OCT -5 PM 3:29

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

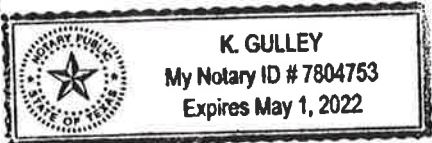
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	Alexander Enriquez	15 Filer ID (Ethics Commission Filers)
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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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0.00	
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,548.42	
	EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$0.00
		4	TOTAL POLITICAL EXPENDITURES	\$6,719.06
	CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$2,663.05
	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 / SEAL ABOVE

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

Alex Enriquez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alex Enriquez, this the 5th day of October 2020 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

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

19. FILER NAME Alexander Enriquez	20. FILER ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$4,548.42
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	\$6,244.30
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	\$474.76
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 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

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 08/25/2020	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

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 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	7. Amount of contribution (\$) \$51.83
6. Contributor address; City; State; ZIP Code 6038 Bryan Pkwy Dallas, TX 75206-8002		
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	7. Amount of contribution (\$) \$51.83
6. Contributor address; City; State; ZIP Code 5519 Richard Ave Dallas, TX 75206-6715		
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	7. Amount of contribution (\$) \$103.45
6. Contributor address; City; State; ZIP Code 5407 Richard Ave Dallas, TX 75206-6713		
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	7. Amount of contribution (\$) \$103.45
6. Contributor address; City; State; ZIP Code 723 Parkmont St Dallas, TX 75214-4925		
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	7. Amount of contribution (\$) \$309.95
6. Contributor address; City; State; ZIP Code 1200 N Nash St Apt 1126 Arlington, VA 22209-3681		
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 09/25/2020	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)

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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 09/24/2020	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
4 Date 07/31/2020	5 Payee name Alexandra Brooks	
6 Amount \$600.00	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
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

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 Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4 Date 07/22/2020	5 Payee name Claire Cahoon	
6 Amount \$1,500.00	7 Payee address; City: State: Zip Code 1800 N Hall St Apt 515 Dallas, TX 75204-4170	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) Consulting Expense	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 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	
PURPOSE OF EXPENDITURE	8 (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	
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	

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 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

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 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	
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 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	
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 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	
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 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	
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 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	
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 10/01/2020	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 <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 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 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 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 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 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

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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	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Consulting Expense	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 07/16/2020	5 Payee name Nathaniel Ogren	
6 Amount \$156.00	7 Payee address; City; State; Zip Code 2536 W 10th St Dallas, TX 75211-2652	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Consulting Expense	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 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	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

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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	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 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	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Fees	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
4 Date 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	
PURPOSE OF EXPENDITURE	8 (a) Category (See categories listed at the top of this schedule) (b) Description Advertising Expense	
	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

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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 08/14/2020	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
4 Date 09/14/2020	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
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	
	(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 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 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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