CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		W. 12 W	la 5000 H		D. Total name	Slad:	
The C/OH Instruction	Guide explains how	to complete this fo	(Ethics Com) mission Filers)	2. Total pages	Tilea;	
3 CANDIDATE/	MS/MRS/MR	FIRST		MI	OFFICE L	JSE ONLY	
OFFICEHOLDER		Alexander			Date Received	3 8	
NAME	NICKNAME	LAST		SUFFIX		≥3	
		Enriquez			1	ப் தஓ	
4 CANDIDATE!	ADDRESS /PO BOX:		CITY STATE	E: ZIP CODE	1	P 05	
4 CANDIDATE/ OFFICEHOLDER							
MAILING	5118 Worth Street	Dalla	as TX	75214	Date Hand-delivered	or Date Postmarked ቖ	
ADDRESS					1	9	
Change of Address	ADEA CODE	PHONE NUMBER	EXTENS	HON	Receipt #	Amount \$	
5 CANDIDATE/		·	EXTENS	ION	Troope	Allouit	
OFFICEHOLDER PHONE	(214) 46	53-4882					
6 CAMPAIGN	MS/MRS/MR	FIRST		MI	Date Processed		
TREASURER		Jennifer					
NAME	NICKNAME	LAST		SUFFIX	Date Imaged		
		Dawkins			Lanca weathern and		
7 CAMPAIGN	STREET ADDRESS (NO Po	D BOX PLEASE): APT/SI	UITE# CITY	STATE:	ZIP CODE		
TREASURER	5315 Vickery Blvd		Dallas	TX	75206		
ADDRESS (Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION			
TREASURER PHONE	(214) 68	34-8218					
9 REPORT TYPE	r-1,	Manu Lutata		D #	15th day aft	er campaign tresurer	
9 KLPOKI III L	January 15 July 15	✓ 30th day before 8th day before		Runoff Exceeded Modified	appointmena	t (officeholder only) (Attach- COH-FR)	
		Year		Reporting limit Month	Day Yea		
10 PERIOD	Month Day 07/16/2020		THROUGH	MONUT	10/05/2020	"	
COVERED			THROUGH		10/03/2020		
11 ELECTION	ELECTION DAT		CTION TYPE	Runoff 🔲	Other		
	11/3/202	, 1 =	General	Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGH	HT (if known)		
12 01 1 10 L					e: Dallas ISD Board		
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		15 Filer ID (Ethics Commission Filers)				
Alexander Enriquez		15 Filer ID (Ethics Commission Filers)				
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					
GENERAL						
SPECIFIC	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
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) \$4,548.4					
3 TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$0.00				
4 TOTAL POLITICAL	EXPENDITURES	\$6,719.06				
		\$2,663.05				
		\$0.00				
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 Delection code. 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 Delection code. Signature of Candidate or Officeholder						
	alex Enriques	, this the				
1 0 0		and on the second of the seco				
ninistering oath Pri	K. Gulley nted name of officer administering oath Title	of officer admiristering oath				
	THIS BOX IS FOR NOTICE OF POSUPPORT THE CANDIDATE / OF KNOWLEDGE OR CONSENT. CA OF SUCH EXPENDITURES. COMMITTEE TYPE GENERAL SPECIFIC 1 TOTAL UNITEMIZE OR GUARANTEES 2 TOTAL POLITICAL (OTHER THAN PLE 3 TOTAL UNITEMIZE 4 TOTAL POLITICAL OF REPORTING PE 6 TOTAL PRINCIPAL LAST DAY OF THE K. GULLEY My Notary ID # 780 Expires May 1, 20 STAMP / SEAL ABOVE ibed before me, by the said	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE JOFFICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WITHOK KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOAN OR GUARANTEES OF LOANS) OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) 2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3 TOTAL UNITEMIZED POLITICAL EXPENDITURES 4 TOTAL POLITICAL EXPENDITURES 5 TOTAL POLITICAL EXPENDITURES 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I Swear, or affirm, under penalty of pe is true and correct and includes all in me under Title 19 Election Code. K. GULLEY My Notary ID # 7804753 Expires May 1, 2022 STAMP / SEAL ABOVE ibed before me, by the said LOAD OF CERTIFY WHICH, witness my hand and seal of office. C. GULLEY TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS TOTAL POLITICAL EXPENDITURES 1 Swear, or affirm, under penalty of pe is true and correct and includes all in me under Title 19 Election Code. Signature of Candidates Signature of Candidates C. GULLEY The political EXPENDITURES SIGNATURES THE CANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19.	FILER NAME Alexander Enriquez	20. FILER ID (E	thics 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 CONTRIBUTION:	s	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00	
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$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 FUN	NDS	\$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 CONTRIBUT TO FILER	IONS RETURNED	\$0.00

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available		
FILER NAME Alexander Enrice	quez				3. Filer ID (Ethics Commission File	rs)
4. Date	5. Full name of contributor	out-of-state P/	4C		7. Amount of contribution (\$)	
08/27/2020	Elizabeth Blackburn					\$26.01
	6. Contributor address;	City; Sta	te; Zi	P Code		
	6840 Coronado Ave Dallas, TX 7	75214-4014				
8. Principal occu	pation / Job title (See Instruction	ns)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state P/	vc		7. Amount of contribution (\$)	
08/15/2020	Julie Broberg					\$500.00
	6. Contributor address;	City; Sta	ite; Zi	IP Code		
	6945 Tokalon Dr Dallas, TX 752	14-3829				
8. Principal occu Homemaker	pation / Job title (See Instruction	is)			yer (See Instructions) BDM Chair, Woodrow Wilson High Sch	nool
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of contribution (\$)	
09/22/2020	Erin Clark					\$103.45
	6. Contributor address;	City; Sta	ite; Zi	IP Code		
	5922 Belmont Ave Dallas, TX 75	206-6806				
8. Principal occu	pation / Job title (See Instruction	is)		9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state Pa	AC		7. Amount of contribution (\$)	
09/10/2020	Darrell Conner					\$258.32
	6. Contributor address;	City; Sta	ite; Zi	IP Code		
	3105 Wynford Dr Fairfax, VA 22	2031-2825				
8. Principal occu	pation / Job title (See Instruction	ns)		9 Emplo	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state P	AC		7. Amount of contribution (\$)	
10/01/2020	Olivia Covey					\$516.45
	6. Contributor address;	City; Sta	ite; Z	IP Code		
	6147 La Vista Dr Dallas, TX 752	14-4310				
	pation / Job title (See Instruction	ıs)			yer (See Instructions)	
Speech Patho	ologist			_ N	fethodist Health System	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available			
2. FILER NAME Alexander Enri	quez				3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state f	PAC _		7. Amount of contribution (\$)	
08/25/2020	Jenn Dawkins				\$10	00.00
	6. Contributor address;	City; St	ate;	ZIP Code		
	5315 Vickery Blvd Dallas, TX 73	5206-6228				
8. Principal occu	pation / Job title (See Instruction	18)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	
09/08/2020	Monika Ehrman				\$:	51.83
	6. Contributor address;	City; St	ate;	ZIP Code		
	PO Box 140967 Dallas, TX 7521	4-0967				
8. Principal occu	pation / Job title (See Instruction	ıs)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state i	PAC _		7. Amount of contribution (\$)	
10/03/2020	Shannon Enriquez				\$20	06.70
	6. Contributor address;	City; St	ate;	ZIP Code		
	9731 Tralee Dr Dallas, TX 75218	3-2839				
8. Principal occu	pation / Job title (See Instruction	is)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state I	PAC _		7. Amount of contribution (\$)	
09/23/2020	Lisa Fleury				\$.	26.01
	6. Contributor address;	City; St	ate;	ZIP Code		
	5806 Marquita Ave Dallas, TX 7	5206-6114				
8. Principal occu	pation / Job title (See Instruction	ns)		9 Employ	yer (See Instructions)	
4. Date	5. Full name of contributor	out-of-state l	PAC _		7. Amount of contribution (\$)	
09/25/2020	Elizabeth Furrh				\$2:	58.32
	6. Contributor address;	City; St	ate;	ZIP Code		
	6342 Chesley Ln Dallas, TX 752	.14-2119	-31-1-11-11-11-11-11-11-11-11-11-11-11-1			
8. Principal occu	pation / Job title (See Instruction	ns)		9 Emplo	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available			
2. FILER NAME Alexander Em					3. Filer ID (Ethics Commission Filers)	
4. Date	5. Full name of contributor	out-of-state i	PAC _		7. Amount of contribution (\$)	
09/30/2020	Elizabeth Gallagher				\$26.0	1
	6. Contributor address;	City; St	tate;	ZIP Code		
	5630 Gaston Ave Dallas, TX 752	:14-4682				
8. Principal occ	cupation / Job title (See Instruction	ıs)		9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state I	PAC _		7. Amount of contribution (\$)	
09/23/2020	Brooke Gibbs				\$258.3	2
	6. Contributor address;	City; St	tate;	ZIP Code		
	6135 Vanderbilt Ave Dallas, TX	75214-3333				
8. Principal occ	cupation / Job title (See Instruction	ıs)		9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	
09/09/2020	Deborah Hack				\$103.4	5
	6. Contributor address;	City; St	tate;	ZIP Code		
	582 Pierce St Birmingham, MI 48	8009-1752				
8. Principal occ	cupation / Job title (See Instruction	ıs)		9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state	PAC _		7. Amount of contribution (\$)	.,
09/30/2020	Devin Hibbard				\$51.8	3
	6. Contributor address;	City; S	tate;	ZIP Code		
	491 College St Boulder, CO 8030	02-8713				
8. Principal occ	cupation / Job title (See Instruction	18)		9 Employ	ver (See Instructions)	
4. Date	5. Full name of contributor	out-of-state	PAC		7. Amount of contribution (\$)	
09/25/2020	Julie Ihrig				\$51.8	3
	6. Contributor address;	City; Si	tate;	ZIP Code		
	5325 Vickery Blvd Dallas, TX 75	5206-6228				
8. Principal occ	cupation / Job title (See Instruction	15)		9 Employ	yer (See Instructions)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages Schedule A1: not available			
2. FILER NAME Alexander Enriq	juez		3. Filer ID (Ethics Commission Filers)			
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)			
10/05/2020	Eva Lloyd		\$200.00			
	6. Contributor address; City; State;	ZIP Code				
	7302 Dominique Dr Dallas, TX 75214-2810					
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)			
10/02/2020	Sean McGlynn		\$309.95			
	6. Contributor address; City; State;	ZIP Code				
	4713 Wyaconda Rd Rockville, MD 20852-2439					
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)			
09/30/2020	Jordan Michel		\$26.01			
	6. Contributor address; City; State;	ZIP Code				
	5917 Reiger Ave Dallas, TX 75214-4724					
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)			
09/11/2020	Scott Nelson		\$206.70			
	6. Contributor address; City; State;	ZIP Code				
	408 E Capitol St NE Washington, DC 20003-3811					
8. Principal occup	pation / Job title (See Instructions)	9 Employ	yer (See Instructions)			
4. Date	5. Full name of contributorout-of-state PAC		7. Amount of contribution (\$)			
09/24/2020	Diana Oconnor		\$26.01			
	6. Contributor address; City; State;	ZIP Code				
	718 W Colorado Blvd Dallas, TX 75208-2503					
8. Principal occup	. Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					

SCHEDULE A1

The Instruction Guide explains how to complete this form.	Total pages Schedule A1: not available
2. FILER NAME Alexander Enriquez	3. Filer ID (Ethics Commission Filers)
4. Date 5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/23/2020 Larry Offutt	\$51.83
6. Contributor address; City; State; ZIP Code	
6038 Bryan Pkwy Dallas, TX 75206-8002	
8. Principal occupation / Job title (See Instructions) 9 Employ	ver (See Instructions)
4. Date 5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/25/2020 Erin Peavey	\$51.83
6. Contributor address; City; State; ZIP Code	
5519 Richard Ave Dallas, TX 75206-6715	
8. Principal occupation / Job title (See Instructions) 9 Employ	/er (See Instructions)
4. Date 5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/25/2020 Luke Rice	\$103.45
6. Contributor address; City; State; ZIP Code	
5407 Richard Ave Dallas, TX 75206-6713	
8. Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
4. Date 5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/25/2020 Mary Alice Riemer	\$103.45
6. Contributor address; City; State; ZIP Code	
723 Parkmont St Dallas, TX 75214-4925	
8. Principal occupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
4. Date 5. Full name of contributorout-of-state PAC	7. Amount of contribution (\$)
09/09/2020 Emanuel Rouvelas	\$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 Employ	yer (See Instructions)

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available		
2. FILER NAM Alexander Er		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		3. Filer ID (Ethics Commission Filers)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
09/25/2020	Jennifer Saucedo			\$51.83		
	6. Contributor address;	City; State;	ZIP Code			
	6578 Kingsbury Dr Dallas, TX 75	5231-8158				
8. Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
09/22/2020	Kimberly Turbes			\$258.32		
	6. Contributor address;	City; State;	ZIP Code			
	6302 Palo Pinto Ave Dallas, TX 7	75214-3618				
8. Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
09/05/2020	Tiffany Valona			\$51.83		
	6. Contributor address;	City; State;	ZIP Code	i i		
	6112 Anita St Dallas, TX 75214-2	2611				
8. Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
09/21/2020	Heather Weaver			\$51.83		
	6. Contributor address;	City; State;	ZIP Code			
	510 Valencia St Dallas, TX 75223	3-1321				
8. Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)		
4. Date	5. Full name of contributor	out-of-state PAC		7. Amount of contribution (\$)		
08/01/2020	Karl Wirsing			\$103.45		
	6. Contributor address;	City; State;	ZIP Code			
	2122 41st Ave SW Seattle, WA 9	8116-2024				
8. Principal oc	cupation / Job title (See Instruction	s)	9 Emplo	yer (See Instructions)		

SCHEDULE A1

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: not available		
2. FILER NAME Alexander Enriquez			3. Filer ID (Ethics Commission Filers)			
4. Date	5. Full name of contributor	out-of-	state PAC		7. Amount of contribution (\$)	
09/24/2020	Lydia Wright				\$103.45	
	6. Contributor address;	City;	State;	ZIP Code		
	5347 Miller Ave Dallas, TX 7520	6-6422				
8. Principal occu	pation / Job title (See Instruction	3)		9 Emplo	yer (See Instructions)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Gui	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contract de explains how to con		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) form.		
1. Total pages Schedule F1:	2. FILER NAME		3. Fil	er ID (Ethics Commission Filers)		
	Alexander Enriquez					
4 Date	5 Payee name					
09/29/2020	Advocate Publishing					
6 Amount \$2,000.00	7 Payee address;	City;	State:	Zip Code		
	6301 Gaston Ave Ste 820 Dalla	as, TX 75214-6291				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
PURPOSE	Advertising Expense		ļ			
EXPENDITURE						
	Check if travel outside of Texas, co			ak If Austin, TX, afficeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office nera		
4 Date	5 Payee name					
07/31/2020	Alexandra Brooks					
6 Amount \$600.00	7 Payee address;	City;	State:	Zip Code		
•	Dallas, TX 75228					
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption		
PURPOSE	Consulting Expense		Į.			
EXPENDITURE		HOPE IN THE BOOK TO SHE				
	Check if travel outside of Texas, co			k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held		
4 Date	5 Payee name					
08/24/2020	Alexandra Brooks			Au company		
6 Amount \$225.00	7 Payee address;	City;	State:	Zip Code		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dallas, TX 75228					
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descr	iption		
PURPOSE	Consulting Expense					
EXPENDITURE						
	Check if travel outside of Texas, or			ck if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	ht Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS SCH	EDULE AS	S NEEDED		

The transfer of the same of th	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	t Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)		
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)		
, , , , , , , , , , , , , , , , , , , ,	Alexander Enriquez					
4 Date	5 Payee name			- Control Such and Administration of the Control of		
07/22/2020	Claire Cahoon					
6 Amount \$1,500.00	7 Payee address; 1800 N Hall St Apt 515 Dallas,	City; TX 75204-4170	State:	Zip Code		
8	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	otion		
PURPOSE	Consulting Expense	,				
OF EXPENDITURE						
	Check if travel outside of Texas, con			k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held		
4 Date	5 Payee name					
08/11/2020	Call Time AI					
6 Amount \$175.00	7 Payee address; 2627 E College Ave Visalia, CA	City; A 93292-3205	State:	Zip Code		
8	(a) Category (See categories listed a	at the ton of this schedule)	(b) Descrip	otion		
PURPOSE	Solicitation/Fundraising Expense	at the top of this solicular	(.,,			
OF EXPENDITURE	Softchanoly Fundraising Expense			and the second s		
EXPENDITORE	Check if travel outside of Texas, con	nplete Schedule T	Check	k if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	(Office sough	t Office held		
4 Date	5 Payee name					
08/11/2020	Canva					
6 Amount \$12.95	7 Payee address;	City;	State:	Zíp Code		
	2/2 Lacey Street Surry Hills, N	3 W 2-010				
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption		
PURPOSE OF	Advertising Expense					
EXPENDITURE				L S A LANGE TV - FF - A Land - Dain - currence		
O. Commission Chill Middleset	Check if travel outside of Texas, con		Office sough	k if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name			n Onice neid		
New Control of the Co	ATTACH ADDITIONAL COP	PIES OF THIS SCHE	DULE AS	NEEDED		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	ertising Expense				
1. Total pages Schedule F1;	2. FILER NAME Alexander Enriquez		3. File	r ID (Ethics Commission Filers)	
A Date		×			
4 Date 09/11/2020	5 Payee name Canva				
6 Amount	7 Payee address;	City;	State;	Zip Code	
\$12.95	2/2 Lacey Street Surry Hills, N				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	tion	
PURPOSE	Advertising Expense		1		
EXPENDITURE	Check if travel outside of Texas, cor	nplete Schedule T	Check	If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		
4 Date	5 Payee name				
07/16/2020	Facebook				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$75.00	1 Hacker Way Menlo Park, CA	94025-1456			
8 PURPOSE	(a) Category (See categories listed a	at the top of this schedule)	(b) Descrip	tion	
OF EXPENDITURE	Check if travel outside of Texas, cor	molete Schedule T	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name		Office sought	a contract the second s	
expenditure to benefit C/OH					
4 Date	5 Payee name				
07/17/2020	Facebook				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$5.10	1 Hacker Way Menlo Park, CA	94025-1456			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	tion	
OF	Advertising Expense			The state of the s	
EXPENDITURE	Check if travel outside of Texas, cor	mplete Schedule T	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 COP	PIES OF THIS SCHI	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	bunting/Banking Fees Polling Expense Transportation Equipment & Related Expense Expense Printing Expense Expen				
Total pages Schedule F1:	2. FILER NAME Alexander Enriquez		3. Fi	er ID (Ethics Commission Filers)	
4 Date 08/03/2020	5 Payee name Facebook				
6 Amount \$75.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 94025-1456	State:	Zip Code	
PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descri	ption	
EXPENDITURE	Check if travel outside of Texas, col	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
4 Date	5 Payee name				
08/17/2020	Facebook			Zip Code	
6 Amount \$4.91	7 Payee address; 1 Hacker Way Menlo Park, CA	Gity; 94025-1456	State:	2.p 000e	
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descri	ption	
EXPENDITURE	Check if travel outside of Texas, co	nplete Schedule T	Chec	ok If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sougl	nt Office held	
4 Date 08/17/2020	5 Payee name Facebook				
6 Amount \$75.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 94025-1456	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descri	ption	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS SCHE	EDULE AS	S NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)	
	Alexander Enriquez				
4 Date	5 Payee name				
09/02/2020	Facebook				
6 Amount \$75.00	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 94025-1456	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE	Advertising Expense	at the top of this scriptule;	(, ,		
OF EXPENDITURE	Advertising Expense				
EXPENDITORE	Check if travel outside of Texas, cor	nplete Schedule T	Chec	k If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
09/17/2020	Facebook				
6 Amount \$69.25	7 Payee address; 1 Hacker Way Menlo Park, CA	City; 94025-1456	State:	Zip Code	
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE OF	Advertising Expense		ļ		
EXPENDITURE	<u> </u>		[-].		
	Check if travel outside of Texas, cor			k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
10/01/2020	Facebook				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$75.00	1 Hacker Way Menlo Park, CA	94025-1456			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE OF	Advertising Expense				
EXPENDITURE					
	Check if travel outside of Texas, cor			k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
Name of the second seco	ATTACH ADDITIONAL COF	PIES OF THIS SCHE	DULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	ounting/Banking Fees Polling Expense Transportation Equipment & Related sulting Expense Food/Beverage Expense Printing Expense Expense Expense tributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Inditee Travel In District Travel In District Travel Out of District Other (enter a category not listed above)				
Total pages Schedule F1:	FILER NAME Alexander Enriquez		3. Fil	er ID (Ethics Commission Filers)	
4 Date 08/03/2020	5 Payee name Google G Suite			uce and the control of the control o	
6 Amount \$41.87	7 Payee address; 1600 Amphitheatre Pkwy Mour	City; ntain View, CA 94043-1	State : 351	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri	ption	
9 Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas, co		Chec	k if Austin, TX, officeholder living expense office held	
4 Date 09/01/2020	5 Payee name Google G Suite				
6 Amount \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou	City; ntain View, CA 94043-1	State: 351	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri	ption	
9 Complete ONLY if direct	Check If travel outside of Texas, co		Chec	k if Austin, TX, officeholder living expense nt Office held	
expenditure to benefit C/OH 4 Date	5 Payee name				
10/02/2020	Google G Suite	City;	State:	Zip Code	
6 Amount \$44.77	7 Payee address; 1600 Amphitheatre Pkwy Mou			Zip Gode	
8 PURPOSE OF	(a) Category (See categories listed Office Overhead/Rental Expense	at the top of this schedule)	(b) Descri	ption	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Chec	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL COI	PIES OF THIS SCH	DULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	t Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)	
	Alexander Enriquez				
4 Date	5 Payee name				
08/24/2020	Edison McGarry				
6 Amount \$600.00	7 Payee address;	City;	State:	Zlp Code	
	Cary, NC 27513				
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE OF	Consulting Expense				
EXPENDITURE					
	Check if travel outside of Texas, cor			x if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
07/16/2020	Nathaniel Ogren				
6 Amount \$156.00	7 Payee address;	City;	State:	Zip Code	
	2536 W 10th St Dallas, TX 752	11-2652			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	ption	
PURPOSE	Consulting Expense				
EXPENDITURE	_				
	Check if travel outside of Texas, con			k if Austin, TX, officeholder living expense	
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
08/03/2020	Paragon Solution				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$45.97					
,	2141 E Broadway Rd Ste 202 T	Tempe, AZ 85282-1895			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descri	ption	
PURPOSE	Fees				
OF EXPENDITURE					
271 2712	Check if travel outside of Texas, co			k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	nt Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS SCH	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Office Overhead/Rental Solicitation/Fundraising Accounting/Banking Fees Polling Expense Transportation Equipme Consulting Expense Food/Beverage Expense Printing Expense Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Salarles/Wages/Contract Labor Travel In District Travel Out of District Other (enter a category Credit Card Payment The Instruction Guide explains how to complete this form.					
1. Total pages Schedule F1:	2. FILER NAME		3. File	er ID (Ethics Commission Filers)	
	Alexander Enriquez				
4 Date	5 Payee name				
09/02/2020	Paragon Solution				
6 Amount \$9.31	7 Payee address;	City;	State:	Zip Code	
	2141 E Broadway Rd Ste 202 T	empe, AZ 85282-1895			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Descrip	otion	
PURPOSE	Fees				
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	r if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
10/02/2020	Paragon Solution				
6 Amount \$225.00	7 Payee address; 2141 E Broadway Rd Ste 202 T	City; Cempe, AZ 85282-1895	State:	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed Fees	at the top of this schedule)	(b) Descrip	otion	
EXI ENDITORE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
4 Date	5 Payee name				
07/16/2020	SquareSpace				
6 Amount \$28.15	7 Payee address; 225 Varick St New York, NY 1	City;	State:	Zip Code	
8 PURPOSE OF	(a) Category (See categories listed Advertising Expense	at the top of this schedule)	(b) Descrip	ption	
EXPENDITURE	Check if travel outside of Texas, co	mplete Schedule T	Check	k if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sough	t Office held	
	ATTACH ADDITIONAL COR	PIES OF THIS SCH	EDULE AS	NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	ng/Banking Fees Polling Expense Transportation Equipment & Related ng Expense Food/Beverage Expense Printing Expense Expense Expense tions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor te/Officeholder/Political Legal Services Polling Expense Expense Expense Expense Expense Travel In District Travel Out of District Other (enter a category not listed above)				
Total pages Schedule F1:	2. FILER NAME			Filer ID (Ethics Commission Filers)	
Total pages solloud 11	Alexander Enriquez			101 15 (241100 001111111111111111111111111111111	
4 Date	5 Payee name				
08/14/2020	SquareSpace				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$28.15	225 Varick St New York, NY 1	0014-4304			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription	
PURPOSE	Advertising Expense				
EXPENDITURE					
	Check if travel outside of Texas, co			eck if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght Office held	
4 Date	5 Payee name				
09/14/2020	SquareSpace				
6 Amount	7 Payee address;	City;	State:	Zip Code	
\$28.15	225 Varick St New York, NY 1	0014-4304			
8 PURPOSE	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription	
PURPOSE OF	Advertising Expense				
EXPENDITURE			<u> </u>	-#1-00-11	
	Check if travel outside of Texas, con			eck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght Office held	
4 Date	5 Payee name			NAMES OF THE PARTY	
07/22/2020	UPS Store				
6 Amount	7 Payee address;	Clty;	State:	Zip Code	
\$12.00	•				
	6060 Cornerstone Ct W San Di	ego, CA 92121-3712			
8	(a) Category (See categories listed	at the top of this schedule)	(b) Desc	ription	
PURPOSE	Office Overhead/Rental Expense	20 mio 12p or 2mo 000,022,0,	1887		
OF EXPENDITURE	Office Overfloats Rolling Expense		J		
EXTENSIONE	Check if travel outside of Texas, con	mplete Schedule T	Che	eck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office soug	ght Office held	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHI	EDULE A	S NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Candidate/Officeholder/Political

Committee Credit Card Payment **Event Expense**

Fees Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

Legal Services

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense

Salaries/Wages/Contract Labor

Transportation Equipment & Related

Expense

Travel In District Travel Out of District

Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

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.	
CONTRACTOR OF THE STATE OF THE		Otal Tip Ondo
6 Amount	7 Payee address; City;	State; Zip Code
\$150.00	1101 15th St NW Ste 500 Washington, DC 20005-500	6
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description
	(C) Check if travel outside of Texas, complete Schedule T	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	5 Payee name	
09/01/2020	NGP Van Inc.	
6 Amount	7 Payee address; City;	State; Zip Code
\$162.38		
	1101 15th St NW Ste 500 Washington, DC 20005-500	6
Reimbursement from political contributions intended		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description
OF	Fees	
EXPENDITURE		
	Check if travel outside of Texas, complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political

Committee

Credit Card Payment

Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Transportation Equipment & Related

Expense

Travel In District Travel Out of District

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 (E	thics Commission Filers)
4	Date 10/01/2000	5 Payee name			
	10/01/2020	NGP Van Inc.			
6	Amount	7 Payee address;	City;	State;	Zip Code
	\$162.38 Reimbursement from political contributions intended	1101 15th St NW Ste 5	00 Washington, DC 20005-500	06	
8	PURPOSE OF EXPENDITURE	(a) Category (See category Fees	ries listed at the top of this schedule)	(b) Description	
		(C) Check if travel outside of	of Texas, complete Schedule T	Check if Austin, T	K, officeholder living expense
	omplete ONLY if direct spenditure to benefit C/OH	Candidate/Officeholder	name	Office sought	Office held