

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Diana Martinez Alexander</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,462.54</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,216.90</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>870.76</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

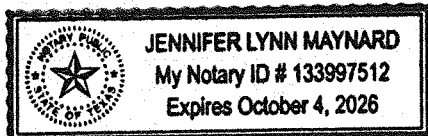
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate for Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Diana Martinez Alexander this the 15 day of July, 2025, to certify which, witness my hand and seal of office.

J Maynard Signature of officer administering oath Jennifer Maynard Printed name of officer administering oath notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Diana Martinez Alexander		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,260
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,202.54
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,216.90
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesley Briones	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 325 W. 18th St. Houston TX 77008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Darvishi	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1930 Springwell Houston TX. 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Woods	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 13030 Tall Forest Drive Cypress Tx. 77429		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kymerlie McGuire	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 12902 Figaro Drive Houston Tx. 77024		
Principal occupation / Job title (See Instructions)		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Kravetz	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 619 East 11 1/2 St. Houston Tx. 77008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Aquino	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 3920 Traskwood Circle Cincinnati OH. 45208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Jackson	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 5926 Pebble Springs Houston Tx. 77066		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver Jackson	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code 5926 Pebble Springs Dr. Houston Tx. 77066		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/19/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Cabrera	8 Amount of Contribution \$ \$1,202.54	9 In-kind contribution description
7 Contributor address; City; State; Zip Code 1407 Lynnview Houston Tx 77055		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **3** 2 FILER NAME: **Diana Martinez Alexander** 3 Filer ID (Ethics Commission Filers)

4 Date: **4/28/25** 5 Payee name: **Lowe's**

6 Amount (\$): **\$14.25** 7 Payee address; City; State; Zip Code:
9640 Katy Rd Houston TX 77055

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **other** (b) Description: **stakes**
 (c) Check if travel outside of Texas. Complete 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

Date: **5/5/25** Payee name: **H.E.B.**

Amount (\$): **\$49.98** Payee address; City; State; Zip Code:
10251 Kempwood Dr. Houston TX. 77043

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Food Beverage expense** Description: **cake**
 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

Date: **5/5/25** Payee name: **Casa de leon Mexican Restaurant**

Amount (\$): **\$84.26** Payee address; City; State; Zip Code:
9217 Long Point Rd Houston TX 77055

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Food/Beverage Expense** Description: **tacos**
 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Diana Martinez Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/25	5 Payee name Act Blue	
6 Amount (\$) \$42.78	7 Payee address; City; State; Zip Code P.O. Box 962017 Boston MA 02196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Act Blue Fees
	(c) <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
Date 5/30/25	Payee name Act Blue	
Amount (\$) \$29.56	Payee address; City; State; Zip Code P.O. Box 962017 Boston MA 02196	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Stripe Fees
	<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
Date 6/1/25	Payee name Act Blue	
Amount (\$) \$.60	Payee address; City; State; Zip Code P.O. Box 962017 Boston MA 02196	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Act Blue Fees
	<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Diana Martinez Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/25	5 Payee name Chavez Mexican Cafe	
6 Amount (\$) \$154.80	7 Payee address; 2557 Gessner Rd Houston, Tx	City; State; Zip Code Houston, Tx 77043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5/19/25	Candidate / Officeholder name Texting For Less	
Amount (\$) \$280.67	Payee address; 354 State St #104 Hackensack	City; State; Zip Code NJ 07601
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5/9/25	Candidate / Officeholder name Chase Bank	
Amount (\$) \$560.00	Payee address; 16015 Cairnway Drive	City; State; Zip Code Houston Tx 77084
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description payment for previous stamp expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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