

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: 26		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	MS	Cathie			
NICKNAME	LAST	SUFFIX	Date Received		
	Alexander				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	2117 Leon Dr Plano, TX 75074				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked
	(469)	573-3606			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		Receipt #
	Mrs	Jessica			Amount \$
NICKNAME	LAST	SUFFIX	Date Processed		
	Bartnick		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	6009 W Parker Rd #149-940. Plano TX 75093				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	229-1811			
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 C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	Month	
	1	26	23	3	
		THROUGH			
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	Primary	
			Runoff		
			Other Description		
			<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Collin College Trustee Place 3		
14 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			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS			
Additional Pages					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

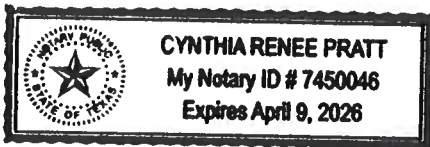
15 C/OH NAME Cathie Alexander		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 180.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,606.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,624.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,198.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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

Cathie Alexander
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cathie Alexander this the 5th day of April,

23, to certify which, witness my hand and seal of office.

Cynthia Renee Pratt Cynthia Renee Pratt notary
Signature of officer administering oath Printed name of officer administering oath 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 Cathie Alexander	20 Filer ID (Ethics Commission Filers)
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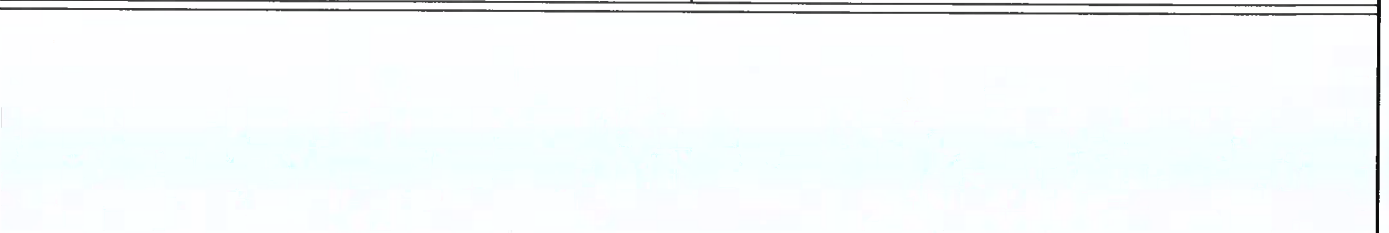
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,444.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,162.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,624.50
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: <i>1 of 8</i>
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Canright 6 Contributor address; City; State; Zip Code 8621 Berwick Dr Plano, TX 75025	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Myrna Acklin Contributor address; City; State; Zip Code 3612 Candelaria Dr Plano, TX 75023	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Wade Hulcy Contributor address; City; State; Zip Code 2106 Vintage Ct McKinney, TX 75072	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Muniraj Janagarajan Contributor address; City; State; Zip Code 6869 Shadow Glen Dr Frisco, TX 75035	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) IT



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 of 8

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

03/25/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Betsy Liberto

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

3204 Charring Cross Plano, TX 75025

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

03/25/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Nena Semko

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

816 Warwick Dr Plano, TX 75023

Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

Counnselor

Date

01/26/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Pat Greer

Amount of contribution (\$)

350.00

Contributor address;

City;

State;

Zip Code

3012 Jomar Dr Plano, TX 75075

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

01/28/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Janet Rawe

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

4000 Leon Dr Plano, TX 75074

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

3 of 8

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

02/25/2023

5 Full name of contributor

Betty Baker

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

4004 Panther Ridge Ln Plano, TX 75074

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

03/25/2023

Full name of contributor

Gerry Hudman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3508 Diamondhead Dr Plano, TX 75075

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Date

03/25/2023

Full name of contributor

Michael Godfrey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

4108 Brookwood Dr Parker, TX 75002

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

03/25/2023

Full name of contributor

Isela Tautges

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

40.00

Contributor address; City; State; Zip Code

1914 R Ave Plano, TX 75074

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

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: 4 of 8
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Leslie Perkins	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 101 N Greenville Ave Ste C 234 Allen, TX 75002		
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Gerry Hudman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3508 Diamondhead Dr Plano, TX 75075		
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Martha Rimbey	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3928 Leon Dr Plano, TX 75074		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/12/2023	Full name of contributor out-of-state PAC (ID#: _____) James Adams	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7010 Lattimore Dr Dallas, TX 75252		
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

5 of 8

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

02/21/2023

5 Full name of contributor

Debora Arrant

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

4316 Angelica Dr Plano, TX 75074

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

02/21/2023

Full name of contributor

Jennifer Groysman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

18.00

Contributor address;

City;

State;

Zip Code

6104 Brookhollow Dr Plano, TX 75093

Principal occupation / Job title (See Instructions)

Housewife

Employer (See Instructions)

n/a

Date

02/21/2023

Full name of contributor

Maggie Whitt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

316 Heatherbrook Murphy, TX 75094

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

03/04/2023

Full name of contributor

Donna Clancy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

3901 Llano Dr Plano, TX 75074

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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:

6 of 8

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/2023

5 Full name of contributor

John Montes

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

701 ADDIE LN, McKinney, TX 75071

8 Principal occupation / Job title (See Instructions)

IT Manager

9 Employer (See Instructions)

CBRE

Date

03/29/2023

Full name of contributor

Sharon Duarte

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

2216 Tamarisk Plano, TX 75023

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

03/26/2023

Full name of contributor

Brandi Price

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

110 E. Louisiana St., Apt. M3 McKinney, TX 75069

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

03/18/2023

Full name of contributor

Brandi Price

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

110 E. Louisiana St., Apt. M3 McKinney, TX 75069

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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:
7 of 8

2 FILER NAME
Cathie Alexander 3 Filer ID (Ethics Commission Filers)

4 Date 03/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Shelia Patterson	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 9912 derwent Drive Plano, TX 75025	

8 Principal occupation / Job title (See Instructions) Sales	9 Employer (See Instructions) Pattent Inc
---	---

Date 03/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Judith Neal	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 7112 Chase Oaks Blvd, Apt 1115 Plano, TX 75025	

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
---	---

Date 02/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Linda Block	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 5806 Mapleshade Lane Dallas, TX 75252	

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
---	---

Date 2/14/23	Full name of contributor out-of-state PAC (ID#: _____) Cathie Alexander	Amount of contribution (\$) 1.00
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
---	---

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:

8 of 8

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

03/25/2023

5 Full name of contributor

John Sullivan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

75.00

6 Contributor address;

City;

State;

Zip Code

3208 Desiderata Ct Plano, Tx 75023

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

03/25/2023

Full name of contributor

Lynda Hoffman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

4020 Leon Dr Plano, TX 75074

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

Date

03/31/2023

Full name of contributor

Caroline Morgan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

45.00

Contributor address;

City;

State;

Zip Code

102 Estelle Lucas, TX 75002

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

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 10 of 4	
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Adcock	8 Amount of Contribution \$ 1,400.00	9 In-kind contribution description graphic design, website assistance, road sign materials and labor
	7 Contributor address; City; State; Zip Code 4428 Wordsworth Dr Plano, TX 75093	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) n/a		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
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 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Grigg	Amount of Contribution \$ 1,600.00	In-kind contribution description use of posts
	Contributor address; City; State; Zip Code 7310 Summit Ridge Ln Sachse, TX 75048	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) legal clerk		Employer (FOR NON-JUDICIAL)(See Instructions) legal clerk	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 <u>2 of 2</u> Schedule A2	
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Morgan	8 Amount of Contribution \$ 165.00	9 In-kind contribution description labor and services rendered
7 Contributor address; City; State; Zip Code 102 E Estelle Lucas, TX 75002		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) retired	
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 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Clark	Amount of Contribution \$ 137.00	In-kind contribution description labor and services rendered
Contributor address; City; State; Zip Code 2120 Leon Dr Plano, TX 75074		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired		Employer (FOR NON-JUDICIAL)(See Instructions) retired	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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: 30F4	
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Acklin	8 Amount of Contribution \$ 60.00	9 In-kind contribution description labor and services rendered
7 Contributor address; City; State; Zip Code 3612 Candelaria Dr Plano, TX 75023		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) retired	
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 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Rawe	Amount of Contribution \$ 500.00	In-kind contribution description labor
Contributor address; City; State; Zip Code 4000 Leon Dr Plano, TX 75074		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) retired		Employer (FOR NON-JUDICIAL)(See Instructions) retired	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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: 4 of 4	
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Nasser	8 Amount of Contribution \$ 300.00	9 In-kind contribution description labor and services rendered
7 Contributor address; City; State; Zip Code 3617 Blossom Trl Plano, TX 75074		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) retired	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000.00
5 Date of loan 01/27/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathie Alexander	9 Loan Amount (\$) 5,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2117 Leon Dr Plano, TX 75074	10 Interest rate 5.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) retired		13 Employer (See Instructions) retired
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: <i>1 of 10</i>	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2023	5 Payee name Trudy's Hallmark	
6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 1001 W 15th St Plano, TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/30/2023	Payee name Namecheap	
Amount (\$) 19.52	Payee address; City; State; Zip Code 4600 E Washington St Ste 305, Phoenix, AZ 85034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/31/2023	Payee name Best Name Badges	
Amount (\$) 27.79	Payee address; City; State; Zip Code 1700 NW 65th Ave Ste 4, Plantation, FL 33313	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name badge
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2023	5 Payee name First Graphics Services	
6 Amount (\$) 1,154.49	7 Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description signs
	(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	Candidate / Officeholder name	Office sought Office held
Date 01/26/2023	Payee name Office Depot	
Amount (\$) 58.49	Payee address; City; State; Zip Code 909 Central Expressway Plano, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Donation Stamp
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/07/2023	Payee name Office Depot	
Amount (\$) 2.41	Payee address; City; State; Zip Code 909 Central Expressway Plano, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name badge (temp)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM 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 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 02/10/2023	5 Payee name Vista Print
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6 Amount (\$) 117.44	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description postcards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/14/2023	Payee name Square
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Amount (\$) 1.00	Payee address; City; State; Zip Code 1455 Market Street Ste 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description test
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/16/2023	Payee name Vista Print
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Amount (\$) 340.89	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description push cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: 4 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/2023	5 Payee name Target
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6 Amount (\$) 19.25	7 Payee address; City; State; Zip Code 120 W Parker Rd Plano, TX 75075
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description return labels
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/21/2023	Payee name Walmart
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Amount (\$) 6.97	Payee address; City; State; Zip Code 3513 E Park Blvd Plano, TX 75074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description tape
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/21/2023	Payee name First Graphic
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Amount (\$) 577.25	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM 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: 5 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Payee name McKinney Values	
6 Amount (\$) 64.95	7 Payee address; City; State; Zip Code McKinney, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Event charge
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/23/2023	Payee name CCCR	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO BOX 250515 Plano, TX 75025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description event charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/24/2023	Payee name First Graphic	
Amount (\$) 577.24	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>6 of 10</i>	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2023	5 Payee name Dirt Cheap Signs	
6 Amount (\$) 270.19	7 Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/27/2023	Payee name Gibraltar	
Amount (\$) 100.00	Payee address; City; State; Zip Code 14860 Montfort Dr Ste 206 Dallas, TX 75254	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Background check
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/28/2023	Payee name Office Depot	
Amount (\$) 0.65	Payee address; City; State; Zip Code 909 N Central Expressway Plano, TX 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description labels
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>7 of 10</i>	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2023	5 Payee name Leadership Institute	
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 1101 N Highland St Arlington, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description event expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Leadership Institute	
Amount (\$) 15.00	Payee address; City; State; Zip Code 1101 N Highland St Arlington, VA 22201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/02/2023	Payee name RWGNT	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO BOX 2353 Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 8 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 03/14/2023	5 Payee name Kohls
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6 Amount (\$) 56.76	7 Payee address; City; State; Zip Code 3001 S Central Expressway McKinney, TX 75070
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Hostess gifts
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/15/2023	Payee name Kohls
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Amount (\$) 19.45	Payee address; City; State; Zip Code 3001 S Central Expressway McKinney, TX 75070
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Hostess gifts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/14/2023	Payee name Dollar Tree
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Amount (\$) 13.53	Payee address; City; State; Zip Code 900 W 15th St Plano, TX 75075
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description hostess wrapping
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: 9 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 03/14/2023	5 Payee name Heritage Ranch
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6 Amount (\$) 25.30	7 Payee address; City; State; Zip Code 406 Saddleback Dr Fairview, TX 75069
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Expense
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/23/2023	Payee name Rockfish
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Amount (\$) 51.45	Payee address; City; State; Zip Code 2780 S Central Expressway McKinney, TX 75070
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food and beverage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/24/2023	Payee name Dirt Cheap Signs
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Amount (\$) 295.26	Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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: 10 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 03/24/2023	5 Payee name CCCR
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 250515 Plano, TX 75025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by Candidate	(b) Description Candidate Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED