# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  3 CANDIDATE/ OFFICEHOLDER NAME  4 CANDIDATE/ OFFICEHOLDER NICKNAWE  4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address  6 CAMPAIGN TREASURER NAME  7 CAMPAIGN TREASURER NAME  8 JASSIGB NICKNAWE  1 LAST Mrs JOSSIGB NICKNAWE  2 TOLIC PROCE  Date Hand-delivered or Date Pottena  Date Hand-del						
OFFICEHOLDER NAME  NOCHAME  ACANDIDATE / OFFICEHOLDER OFFICEHOLDER ADDRESS Change of Address AREA CODE PHONE NAMBER  ACADIDATE / OFFICEHOLDER PHONE AND STARS AND STARS AND STARS AND	The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	1 1	
NAME  NICKNAME  Alexander  Apt / Sutter (City: State: Zip code   Date   Pance	OFFICEHOLDER			MI	OFFICE	E USE ONLY
DEFICEHOLDER ADDRESS ADDRESS SCANDIDATE/ OFFICEHOLDER PHONE  AARA CODE PHONE NUMBER EXTENSION TREASURER NAME  MS / MRS / MR FIRST MI MS / MRS / MR FIRST MS Jessica NICKNAME LAST SUFFIX Date Processed Date Imaged	NAME		LAST	SUFFIX	Date Received	
5 CANDIDATE/ OFFICEHOLDER PHONE  (469 ) 573-3606  6 CAMPAIGN TREASURER NAME  Mrs	OFFICEHOLDER MAILING ADDRESS	2117 Leon E	Or	CITY; STATE; ZIP CODE		
OFFICEHOLDER PHONE  (469 ) 573-3606  6 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MIS JOSSICA NICKNAME  LAST SUFFIX  Date Processed  Date Pr		AREA CODE	DUONE MIMPEO	PYTEMPION		
TREASURER NAME  NICKNAME  TREASURER NAME  NICKNAME  LAST  Bartnick  TREASURER NICKNAME  TREASURER ADDRESS (Residence or Business)  Campaign TREASURER PHONE  TREASURER PHONE  10  PEPORT TYPE  January 15  July 16  Sth day before election  Runoff  Exceeded Modified Reporting Limit  Treasurer appointment (Officeholder Only)  Treasurer appointme	OFFICEHOLDER			EXTENSION		
NAME  NICKNAME	1 - 0,	1		MI	•	Amount \$
Bartnick  T CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  229-1811  9 REPORT TYPE  January 15  July 15  8th day before election  Month Day Year  1 26  23  THROUGH  3 31  23  11 ELECTION  ELECTION DATE Month Day Year  Special  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL LEXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPRINTING INFORMATION ONLY IF THEY RECEIVE HOTICE OF SUCH EXPENDITURE COMMITTEE (S)  Additional Pages  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE STA			• • • • • • • • • • • • • • • • • • • •	CHECK	Date Processed	
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  214 ) 229-1811  9 REPORT TYPE  January 15  Sth day before election  Runoff  Tessure appointment (Officeholder Ority)  July 15  Sth day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)  Nonth  Day  Year  1 26  23  THROUGH  3 31  23  11 ELECTION  ELECTION DATE  Month  Day  Year  Primary  Runoff  Other  Description  Special  12 OFFICE  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE  COMMITTEE (S)  Additional Pages  6009 W Parker Rd #149-940. Plano TX 75093  AREA CODE  PHONE NUMBER  EXTENSION  Runoff  Tessure appointment (Officeholder Ority)  Final Report (Attach C/OH - FR)  Final Report (Attach C/OH - FR)  Final Report (Attach C/OH - FR)  Final Reporting Limit  Final Report (Attach C/OH - FR)  Primary  Runoff  Other  Description  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 SUPPORTOMERS OF OFFICEROUSERS ** NONALPORT CONSENT. CANDIDATES OF OFFICEROUSERS ** NONALPORT COMMITTEE AND COMMITTEE A		NICKNAME		SUFFIA	Date Imaged	
AREA CODE PHONE NUMBER EXTENSION    STEPORT TYPE	TREASURER ADDRESS		•		STATE;	ZIP CODE
January 15  July 15  8th day before election  Exceeded Modified Reporting Limit  Month Day Year  1 26 23  THROUGH  Through  Through  Totin day ander ranguary reasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)  Month Day Year  THROUGH  THROUG	8 CAMPAIGN TREASURER	.044		EXTENSION		
10 PERIOD COVERED    Month   Day   Year   Month   Day   Year   Ye	9 REPORT TYPE	January 15	30th day before e	election Runoff	treasurer a	ppointment
THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEE (S)  Additional Pages  1 26 23 THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 31 23  THROUGH 3 51 24  FURTHER SPECIAL		July 15	8th day before ele	300011	Final Repo	rt (Attach C/OH - FR)
1 26 23 THROUGH 3 31 23  11 ELECTION  ELECTION DATE  Month Day Year Primary Runoff Other Description  5 6 23 General Special  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Collin College Trustee Place 3  14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES AND OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S RAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S RAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS		Month	Day Year		Ť	
Month Day Year Primary Runoff Other Description  5 6 23 General Special  12 OFFICE  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEE OF SUCH EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES  Additional Pages  Additional Pages  OUMMITTEE ADDRESS	COVERED	1	<b>/ 26 / 23</b>	тнкоидн 3	/ 31 / 23	
12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Collin College Trustee Place 3  14 NOTICE FROM POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES ON OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE OF SUCH EXPENDITURES.  Additional Pages  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Collin College Trustee Place 3  THIS BOX IS FOR NOTICE OF POLITICAL CONMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE ADDRESS	11 ELECTION	Month Day	Year Primary	Runoff Other Description		
14 NOTICE FROM POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES OF POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES OF POLITICAL COMMITTEES TO SUPPOLITICAL COMMITTEES OF POLITICAL COMMITTEES TO SUPPOLITICAL COMMI	12 OFFICE				•	
POLITICAL COMMITTEE(S)  THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS				Collin College I	rustee Plac	<u>се 3</u>
Additional Pages  COMMITTEE NAME  COMMITTEE NAME  COMMITTEE ADDRESS	POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
Additional Pages	OCIVIIVIT I LECO,	COMMITTEE TYPE	COMMITTEE NAME			
SDECIFIC COMMITTEE CAMPAIGN TREASURER NAME	Additional Pages	GENERAL	COMMITTEE ADDRESS			
SPECIFIC .		SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			COMMITTEE CAMPAIGN TRE	:ASURER ADDRESS		
GO TO PAGE 2			GO TO	 PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

97 (1011 7 (101					
15 C/OH NAME Cathie Alexander			16 Filer	ID (Et	nics 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 OF REPORTING PERIOD	DAY	\$	5,198.84
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	5,000.00
		affirm, under penalty of perjury, that the accompanying report is true are perfected by me under Title 15, Election Code.	and corr	ect an	d includes all information

Please complete either option below:

(1) Affidavit



CYNTHIA RENEE PRATT My Notary ID # 7450046 Expires April 9, 2026

NOTARY STAMP/SEAL

Swom to and subscribed before	me by <u>Cathie</u>	Alexander	t	his the 5+	h day of	April .
A 🔿	witness my hand and seal of				otany	
Signature of officer administering oath	Printed na	ame of officer administer	ng oath		Title of office	er administering oath
		OR			44.777	
(2) Unsworn Declaration		-				
My name is		, ar	nd 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/Of	ficeholder (Dec	larant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME athie Alexander	20 Filer ID (Ethics Com	nmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,444.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,162.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	5,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	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 FU	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale	exander		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Robert Canright		7 Amount of contribution (\$)
02/07/2023	6 Contributor address; City; 8621 Berwick Dr Plano	State; Zip Code , TX 75025	25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
01/30/2023	Contributor address; City; 3612 Candelaria Dr Plano, TX	State; Zip Code	500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Wade Hulcv		Amount of contribution (\$)
03/31/2023	Contributor address; City; 2106 Vintage Ct McKinney, TX	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/31/2023	Contributor address; City; 6869 Shadow Glen Dr Frisco,	State; Zip Code	10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P/Betsy Liberto	7 Amount of contribution (\$)	
03/25/2023	6 Contributor address; City; 3204 Charring Cross Plano, TX	State; Zip Code X 75025	50.00
8 Principal occu 1/a	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
03/25/2023	Contributor address; City; 816 Warwick Dr Plano,	State; Zip Code TX 75023	10.00
Principal occup Counselor	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/26/2023		State; Zip Code , TX 75075	350.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA  Janet Rawe	C (ID#:)	Amount of contribution (\$)
01/28/2023	Contributor address; City; 4000 Leon Dr Plano,	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

		<u> </u>
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Betty Baker	7 Amount of contribution (\$)
02/25/2023	6 Contributor address; City; State; Zip Code 4004 Panther Ridge Ln Plano, TX 75074	100.00
8 Principal occuretired	pation / Job title (See Instructions)  9	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Gerry Hudman	Amount of contribution (\$)
03/25/2023	Contributor address; City; State; Zip Code 3508 Diamondhead Dr Plano, TX 75075	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) n/a	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Michael Godfrey	Amount of contribution (\$)
03/25/2023	Contributor address; City; State; Zip Code 4108 Brookwood Dr Parker, TX 75002	200.00
Principal occup retired	pation / Job title (See Instructions)  Employer (See Instructions)  retired	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Isela Tautges	Amount of contribution (\$)
03/25/2023	Contributor address; City; State; Zip Code	40.00
Principal occup	1914 R Ave Plano, TX 75074  ation / Job title (See Instructions)  Employer (See Instructions)  n/a	itions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P/ Leslie Perkins	AC (ID#:)	7 Amount of contribution (\$)
01/30/2023	6 Contributor address; City; 101 N Greenville Ave Ste C 234 Alle	100.00	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	NC (ID#:)	Amount of contribution (\$)
03/25/2023	Contributor address; City; 3508 Diamondhead Dr Plano,	State; Zip Code	100.00
Principal occup n/a	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/25/2023	Martha Rimbey		Amount of contribution (\$)
00/20/2020	Contributor address; City: 3928 Leon Dr Plano,	State; Zip Code TX 75074	200.00
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/12/2023	Contributor address; City;	State; Zip Code	100.00
Principal occup	7010 Lattimore Dr Dalla	Employer (See Instruction/a	ons)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Debora Arrant		7 Amount of contribution (\$)
02/21/2023	6 Contributor address; City; 4316 Angelica Dr Plano	State; Zip Code , TX 75074	300.00
8 Principal occuretired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
02/21/2023	Jennifer Groysman  Contributor address; City; 6104 Brookhollow Dr Plano, T	State; Zip Code X 75093	18.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Maggie Whitt		Amount of contribution (\$)
02/21/2023	Contributor address; City; 316 Heatherbrook Murphy, TX	State; Zip Code	100.00
Principal occup etired	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/04/2023	Contributor address; City; 3901 Llano Dr Plano,	State; Zip Code TX 75074	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction n/a	ons)
	ATTACH ADDITIONAL COPIES		

SCHEDULE A1

The	Instruction Guide explains how to con	mplete this	form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME Cathie Ale	exander	· .	i	3 Filer ID (Ethics Commission Filers)
4 Date	John Montes		(ID#:)	7 Amount of contribution (\$)
03/30/2023			50.00	
8 Principal occu IT Manager	pation / Job title (See Instructions)	[ ]	9 Employer (See Instruct	cions)
Date 03/29/2023	Full name of contributor out	t-of-state PAC (	(ID#:)	Amount of contribution (\$)
03/29/2023	Contributor address; Ci 2216 Tamarisk Pl	lano,	State; Zip Code TX 75023	30.00
Principal occup	ation / Job title (See Instructions)	r	Employer (See Instruct etired	ions)
Date	Brandi Price			Amount of contribution (\$)
03/26/2023	Contributor address; Cit 110 E. Louisiana St., Apt. M3	ity;	State; Zip Code ey, TX 75069	30.00
Principal occup	ation / Job title (See Instructions)	N	Employer (See Instructi	ions)
Date	Full name of contributor out-	t-of-state PAC (	ID#:)	Amount of contribution (\$)
03/18/2023	Contributor address; City 110 E. Louisiana St., Apt. M3		State; Zip Code	10.00
Principal occup	ation / Job title (See Instructions)	N	Employer (See Instructi	ons)
	ATTACH ADDITIONAL		THIS SCHEDULE AS NE	

SCHEDULE A1

The	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale	_		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Shelia Patterson	e PAC (ID#:)	7 Amount of contribution (\$)
03/16/2023	6 Contributor address; City; 9912 derwent Drive Plano, T.	State; Zip Code	50.00
8 Principal occu Sales	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
03/15/2023	Contributor address; City: 7112 Chase Oaks Blvd, Apt 1115	State; Zip Code Plano, TX 75025	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 02/16/2023	Linda Block  Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	5806 Mapleshade Lane Dalla	Employer (See Instructive retired	iions)
Date 2/14/23	Full name of contributor  Cathle Alexander  Contributor address;  City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see Ins		

### SCHEDULE A1

	•••		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Ale			3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)  John Sullivan		7 Amount of contribution (\$)
03/25/2023	6 Contributor address; City; 3208 Desiderata Ct Plano, Tx	State; Zip Code	75.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Tothed		retired	
Date	Full name of contributor out-of-state PA  Lynda Hoffman	C (ID#:)	Amount of contribution (\$)
03/25/2023	Contributor address; City;	State; Zip Code	50.00
	4020 Leon Dr Plano,	· 1	30.00
Principal occup n/a	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
03/31/2023	Caroline Morgan	45.00	
	102 Estelle Lucas, TX	State; Zip Code 75002	45.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr		

### 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		
<sup>2</sup> FILER NAM Cathie A			3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		Contribution \$	9 In-kind contribution description	
03/30/2023	7 Contributor address; City; State; 4428 Wordsworth Dr Plano, TX 750	Zip Code	1,400.00	graphic design, website assistance, road sign materials and labor	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Check if travel outsi er (FOR NON-JUDICIA	ide of Texas. Complete Schedule T.  AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)		itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
03/01/2023	Contributor address; City; State; 7310 Summit Ridge Ln Sachse, TX	Zip Code 75048	1,600.00	use of posts	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T.  yer (FOR NON-JUDICIAL)(See Instructions)  ICK		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ributor'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.

## SCHEDULE A2

L					
The Instruction Guide explains how to complete this form.			1 Total pages Shedule 42		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
Cathie A	lexander		(241100 00		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
03/30/2023			165.00	labor and	
03/30/2023	7 Contributor address; City; State;	Zip Code		services rendered	
	102 E Estelle Lucas, TX 75002		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
retired	·	retired			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of		
Date	Allen Clark		Contribution \$	In-kind contribution description	
03/01/2023			137.00	labor and	
	Contributor address; City; State;	Zip Code		services rendered	
	2120 Leon Dr Plano, TX 750	3/4	Check if travel outside of Texas. Complete Schedule T.		
Principal occ retired	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe retired			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		· .			
ı	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			requirements.	

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
<sup>2</sup> FILER NAM Cathie A	<del>-</del>		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor	)	Contribution \$	9 In-kind contribution description	
03/01/2023	7 Contributor address; City; State; 3612 Candelaria Dr Plano, TX 7502	Zip Code	60.00  Check if travel outsi	labor and   services rendered       de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 03/01/2023	Janet Rawe  Contributor address; City; State; Zip Code  4000 Leon Dr Plano TX 75074			1 '	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe retired	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ŀ	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction			requirements.	

### SCHEDULE A2

	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:	
<sup>2</sup> FILER NAM Cathie A	<del></del>		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description	
03/01/2023	7 Contributor address; City; State;	Zip Code	300.00	labor and services rendered	
	3617 Blossom Trl Plano, TX 75074		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ retired	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	The second secon			In-kind contribution description	
	Contributor address; City; State;	Zip Code	     Check if travel outsing	le of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	over (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ı	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction			requirements.	

### **LOANS**

## SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
FILER NAME  Cathie Alexa	nder		3 Filer ID (Ethics Commission Filer	
TOTAL OF UN	NITEMIZED LOANS		\$ 5,000.00	
5 Date of loan 01/27/2023	Cathie Alexander	PAC (ID#:)	9 Loan Amount (\$) 5,000.00	
6 Is lender a financial Institution?  8 Lender address; City; State; Zip Code 2117 Leon Dr Plano, TX 75074			10 Interest rate 5.00  11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) retired	<u> </u>	
14 Description of Coll	ateral	Check if personal fun- account (See Instruct	nds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
YN			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	iteral		eck if personal funds were deposited into political ount (See Instructions)	
GUARANTOR INFORMATION	GUARANTOR Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
THE PARTY OF THE P				

### 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 Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Cathie Alexander 4 Date 5 Pavee name 01/30/2023 Trudy's Hallmark 6 Amount (\$) 7 Payee address; City; Zip Code State: 1001 W 15th St Plano, TX 75075 16.23 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising expense PURPOSE cards OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2023 Namecheap Amount (\$) Payee address: City: State: Zip Code 4600 E Washington St Ste 305, Phoenix, AZ 85034 19.52 Category (See Categories listed at the top of this schedule) Description Advertising Expense website **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 01/31/2023 **Best Name Badges** Amount (\$) Payee address: State; Zip Code 1700 NW 65th Ave Ste 4, Plantation, FL 33313 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Name badge Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
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 Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) dot Cathie Alexander 4 Date 5 Payee name 02/02/2023 First Graphics Services 6 Amount (\$) 7 Payee address; City; State: Zip Code 229 Garvon St Garland, TX 75040 1,154.49 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Advertising expense signs OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 01/26/2023 Office Depot Amount (\$) Payee address; City; State; Zip Code 909 Central Expressway Plano, TX 75075 58.49 Category (See Categories listed at the top of this schedule) Description Fundraising Expense Donation Stamp **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 02/07/2023 Office Depot Amount (\$) Payee address; City; State; Zip Code 909 Central Expressway Plano, TX 75075 2.41 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Name badge (temp) OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Cathie Alexander 4 Date 5 Payee name 02/10/2023 Vista Print 6 Amount (\$) 7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 117.44 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising expense **PURPOSE** postcards **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2023 Square Amount (\$) Payee address; City; State: Zip Code 1455 Market Street Ste 600 San Francisco, CA 94103 1.00 Category (See Categories listed at the top of this schedule) Description Other test **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2023 Vista Print Amount (\$) Payee address; Zip Code City; State; 275 Wyman St Waltham, MA 02451 340.89 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense push cards OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
02/21/2023	Target	7.24		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
19.25	120 W Parker Rd Plano, TX 75075			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	return labels		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/21/2023	Walmart			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.97	3513 E Park Blvd Plano, TX 75074			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Other	tape		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		<del></del>	-
02/21/2023	First Graphic			
Amount (\$)	Payee address;	City;	State;	Zip Code
577.25	229 Garvon St Garland, TX 75040			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	signs		
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

#### 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 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 Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

	The instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Cathie Alexander		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			·
02/21/2023	McKinney Values			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
64.95	McKinney, TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· .	
PURPOSE	Event expense	Event charge		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/23/2023	CCCR			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.00	PO BOX 250515 Plano, TX 75025			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event expense	event charge		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	O expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh		Onice sought		Office field
Date	Payee name			
02/24/2023	First Graphic			
Amount (\$)	Payee address;	City;	State;	Zip Code
577.24	229 Garvon St Garland, TX 75040			
	Category (See Categories listed at the top of this schedule)	Description		The state of the s
PURPOSE OF EXPENDITURE	Advertising Expense	signs		
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (notes a extension set listed shows)

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

### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee name			
03/01/2023	Leadership Institute			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
15.00	1101 N Highland St Arlington, VA 22	201		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	event expense	)	
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Charle if Assati	- TV - # - L - L - L - L - L	
			n, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee name			
03/01/2023	Leadership Institute			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.00	1101 N Highland St Arlington, VA 222	201		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	Event expense	)	
OF 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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			-
03/02/2023	RWGNT			
Amount (\$)	Payee address;	City;	State;	Zip Code
25.00	PO BOX 2353 Frisco, TX 75034			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Event expense		
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

#### 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
Accounting/Banking
Consuting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

orosi ostar tymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
03/14/2023	Kohls			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
56.76	3001 S Central Expressway McKinne	ey, TX 75070		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Hostess gifts		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/15/2023	Kohls			
Amount (\$)	Payee address;	City;	State;	Zip Code
19.45	3001 S Central Expressway McKinne	ey, TX 75070		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Gifts/Awards/Memorials Expense	Hostess gifts		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	/ 14 · 12 · 1	Office held
Date	Payee name			
03/14/2023	Dollar Tree			
Amount (\$)	Payee address;	City;	State;	Zip Code
13.53	900 W 15th St Plano, TX 75075			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense	hostess wrappin	g	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

#### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

order aymon	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/14/2023	Heritage Ranch		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25.30	406 Saddleback Dr Fairview, TX 750	69	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Event Expense	е
Smary polymers	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/23/2023	Rockfish		
Amount (\$)	Payee address;	City;	State; Zip Code
51.45	2780 S Central Expressway McKinne	y, TX 75070	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food and beve	erage
Baffer Ballows I G	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/24/2023	Dirt Cheap Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
295.26	6706 Lohman Ford Rd Lago Vista, TX	78645	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	

### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other Contract Contr

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 FILER NAME 3 Filer ID (Ethics Commission Filers) Cathie Alexander 4 Date 5 Payee name 03/24/2023 **CCCR** 6 Amount (\$) 7 Payee address; City; State; Zip Code PO BOX 250515 Plano, TX 75025 100.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Contributions/Donations Made by **PURPOSE** Candidate Contribution Candidate **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH