

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
MS Cathie
.....
NICKNAME LAST SUFFIX
Alexander

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**2117 Leon Dr
Plano, TX 75074**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 573-3606

Date Hand-delivered or Date Postmarked
email 12:38 pm

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs Jessica
.....
NICKNAME LAST SUFFIX
Bartnick

Date Processed

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

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 229-1811

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 26 / 23 THROUGH 3 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
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 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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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.


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

20 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

(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)****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: 1 of 8
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2023	5 Full name of contributor Robert Carright <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 8621 Berwick Dr Plano, TX 75025		
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 01/30/2023	Full name of contributor Myrna Acklin <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3612 Candelaria Dr Plano, TX 75023		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/31/2023	Full name of contributor Wade Hulcy <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2106 Vintage Ct McKinney, TX 75072		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/31/2023	Full name of contributor Muniraj Janagarajan <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 6869 Shadow Glen Dr Frisco, TX 75035		
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

Betsy Liberto

out-of-state PAC (ID#:

6 Contributor address;

City;

State;

Zip Code

3204 Charring Cross Plano, TX 75025

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

n/a

Date

03/25/2023

Full name of contributor

Nena Semko

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

816 Warwick Dr Plano, TX 75023

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Counselor

Employer (See Instructions)

Counselor

Date

01/26/2023

Full name of contributor

Pat Greer

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

3012 Jomar Dr Plano, TX 75075

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

01/28/2023

Full name of contributor

Janet Rawe

out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

4000 Leon Dr Plano, TX 75074

Amount of contribution (\$)

500.00

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: <i>3 of 8</i>
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#: _____) 6 Contributor address; City; State; Zip Code 4004 Panther Ridge Ln Plano, TX 75074	7 Amount of contribution (\$) 100.00
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#: _____) Contributor address; City; State; Zip Code 3508 Diamondhead Dr Plano, TX 75075	Amount of contribution (\$) 100.00
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#: _____) Contributor address; City; State; Zip Code 4108 Brookwood Dr Parker, TX 75002	Amount of contribution (\$) 200.00
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#: _____) Contributor address; City; State; Zip Code 1914 R Ave Plano, TX 75074	Amount of contribution (\$) 40.00
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 6 Contributor address; City; State; Zip Code 101 N Greenville Ave Ste C 234 Allen, TX 75002	7 Amount of contribution (\$) 100.00
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 Contributor address; City; State; Zip Code 3508 Diamondhead Dr Plano, TX 75075	Amount of contribution (\$) 100.00
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 Contributor address; City; State; Zip Code 3928 Leon Dr Plano, TX 75074	Amount of contribution (\$) 200.00
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 Contributor address; City; State; Zip Code 7010 Lattimore Dr Dallas, TX 75252	Amount of contribution (\$) 100.00
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: 5 of 8
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor out-of-state PAC (ID#: Debora Arrant	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 out-of-state PAC (ID#: Jennifer Groysman	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 out-of-state PAC (ID#: Maggie Whitt	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 out-of-state PAC (ID#: Donna Clancy	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 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:

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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#:

6 Contributor address;

City;

State;

Zip Code

701 ADDIE LN, McKinney, TX 75071

7 Amount of contribution (\$)

50.00

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#:

Contributor address;

City;

State;

Zip Code

2216 Tamarisk Plano, TX 75023

Amount of contribution (\$)

30.00

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#:

Contributor address;

City;

State;

Zip Code

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

Amount of contribution (\$)

30.00

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#:

Contributor address;

City;

State;

Zip Code

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

Amount of contribution (\$)

10.00

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

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1 Total pages Schedule A1:

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2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

03/16/2023

5 Full name of contributor

Shelia Patterson

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

6 Contributor address;

City;

State;

Zip Code

9912 derwent Drive Plano, TX 75025

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Pattent Inc

Date

03/15/2023

Full name of contributor

Judith Neal

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

Contributor address;

City;

State;

Zip Code

7112 Chase Oaks Blvd, Apt 1115 Plano, TX 75025

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

02/16/2023

Full name of contributor

Linda Block

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

Contributor address;

City;

State;

Zip Code

5806 Mapleshade Lane Dallas, TX 75252

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

2/14/23

Full name of contributor

Cathie alexander

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

1.00

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

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

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

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 9	
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 2 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#: 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)			
<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>			

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: 3 of 4	
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Acklin	8 Amount of Contribution \$	9 In-kind contribution description
03/01/2023	7 Contributor address; City; State; Zip Code 3612 Candelaria Dr Plano, TX 75023	60.00	labor and services rendered
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#: _____) Janet Rawe	Amount of Contribution \$	In-kind contribution description
03/01/2023	Contributor address; City; State; Zip Code 4000 Leon Dr Plano, TX 75074	500.00	labor
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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 Expenses	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: 1 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 01/30/2023	5 Payee name Trudy's Hallmark
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6 Amount (\$) 16.23	7 Payee address; City; State; Zip Code 1001 W 15th St 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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/30/2023	Payee name Namecheap
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Amount (\$) 19.52	Payee address; City; State; Zip Code 4600 E Washington St Ste 305, Phoenix, AZ 85034
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/31/2023	Payee name Best Name Badges
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Amount (\$) 27.79	Payee address; City; State; Zip Code 1700 NW 65th Ave Ste 4, Plantation, FL 33313
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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 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
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.

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) 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 01/26/2023	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
	(c) 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 02/07/2023	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)
	(c) 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: 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 ONLY 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 ONLY 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 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
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.

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 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 ONLY 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 ONLY 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 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: **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: **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 ONLY 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: **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 ONLY 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: **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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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
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.

1 Total pages Schedule F1: 6 of 10	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: 7 of 10	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 03/01/2023	5 Payee name Leadership Institute
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6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 1101 N Highland St Arlington, VA 22201
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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 03/01/2023	Payee name Leadership Institute
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Amount (\$) 15.00	Payee address; City; State; Zip Code 1101 N Highland St Arlington, VA 22201
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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. <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 03/02/2023	Payee name RWGNT
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Amount (\$) 25.00	Payee address; City; State; Zip Code PO BOX 2353 Frisco, TX 75034
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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. <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
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.

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
---------------------------	----------------------------

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)
4 Date 03/14/2023	5 Payee name Heritage Ranch	
6 Amount (\$) 25.30	7 Payee address; City; State; Zip Code 406 Saddleback Dr Fairview, TX 75069	
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
Date 03/23/2023	Payee name Rockfish	
Amount (\$) 51.45	Payee address; City; State; Zip Code 2780 S Central Expressway McKinney, TX 75070	
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
Date 03/24/2023	Payee name Dirt Cheap Signs	
Amount (\$) 295.26	Payee address; City; State; Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645	
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

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
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.

1 Total pages Schedule F1: <i>10 of 10</i>	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Payee name CCCR	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 250515 Plano, TX 75025	
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. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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