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:

3 CANDIDATE / OFFICEHOLDER NAME — MS / MRS / MR — MI — SUFFIX — NICKNAME

OFFICE USE ONLY

Date Received

RECEIVED
JAN 17 2023
Board of Education

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS — ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE (817) — PHONE NUMBER 296 7721 — EXTENSION

1-1 Date Postmarked

Receipt # Date Processed 1-17-23

Amount $ 1-17-23

6 CAMPAIGN TREASURER NAME — MS / MRS / MR — NICKNAME — SUFFIX

[redacted]

TREASURER ADDRESS
(Residence or Business)

45

8 CAMPAIGN TREASURER PHONE — AREA CODE (817) — PHONE NUMBER 296.772 — EXTENSION

9 REPORT TYPE

January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ ☐ ☐ Expanded/Modified ☐ Final Report (Attach C/OH-ER)

[redacted]

CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5 350.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 214.
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 33 4
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2 00.00

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

of Candidate or Officeholder

CHRISTIAN ALVARADO
MY COMMISSION EXPIRES
ULY 15 2025

complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

o Jackson this the 17th

Sworn to and subscribed before me by [redacted]

20 to certify whi witness my hand and seal of

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 , , ________, __________,

(city) (state) (zip code) (country)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

[redacted]

[redacted] $ 350.00

2 $

3 $

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE — SUBTOTAL AMOUNT

4. $ 000.00

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS $ 214.

6. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS $

SCHEDULE B: PLEDGED CONTRIBUTIONS $

SCHEDULE E: LOANS $

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS $

10. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS $

7 11 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

[redacted]

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 FILER

3 Filer ID (Ethics Commission Filers)

4 Date | 5 Full name of contributor | out-of-state PAC (ID#:) | 7 Amount of contribution ($)

12/31/22 | H J | J | 100.00

6 Contributor ad | City | State; | Zip Code

5733 Mo | Fw | Tx | 76112

Instructions) 9

out-of-state PAC (

R Catala

8 Principal occupation / title | E r (See Instructions) | 250.00

600 Harold St Fw Tx 76107

Date | Full name of contributor | Amount of contribution ($)

Lea

Contributor address; | City; | State; | Zip Code

out-of-state PAC

12/31/22 | / Job title (See Instructions) | City; | Employer (See Instructions) | 5,000.00

436 | St Fw Tx 7610

Date | Full name of contributor | Amount of contribution ($)

Contributor address; | State; | Zip Code

out-of-state PAC (ID#:)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date | Full name of contributor | Amount of contribution ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the uested information is not icable, **DO NOT include this e in the**

EXPENDITURE CATEGORIES FOR BOX 8(a)

[redacted] Repayment/Reimbursement Solicitation/Fundraising Expense

2 FILER NAME, To Jackson

4 Date 12 31 22

5 Co

6 Amount ($) 214.55

7 Payee address: www.edf.com Zip Code

8 PURPOSE OF EXPENDITURE Cm donation vendor Accepts online donations

(b) Description

(c) Check if Austin, TX, officeholder living expense

Office sought Office held

City: State: Zip Code

Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE

Candidate / Officeholder name Office held

City:

Description

OF EXPENDITURE

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

[redacted] information is not applicable. **DO NOT include this page in the report.**

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

$

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:)

9 Loan Amount ($)

8 re ty; State; Zip Code

10 Interest rate

a financial Institution?

11 Maturity date

☐ N

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

Check if personal funds were deposited into political account (See Instructions)

none

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed ($)

The Instruction Guide to complete this form.

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

4 TOTAL OF UNITEMIZED LOANS

Date of loan

Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount ($)

Is lender a financial Institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

☐ Y ☐ N

Y

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

Check if personal funds were deposited into political

15

GUARANTOR INFORMATION

not applicable