CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY OFFICEHOLDER Cathie MS NAME NICKNAME LAST SUFFIX Alexander ADDRESS / PO BOX; 4 CANDIDATE / APT / SUITE #; CITY STATE: ZIP CODE **OFFICEHOLDER** 2117 Leon Dr MAILING Plano, TX 75074 COLLIN COLLEGE **ADDRESS** CHIEF OF STAFF Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date **OFFICEHOLDER** (469)573-3606 email PHONE MS / MRS / MR FIRST Μť **CAMPAIGN** TREASURER Jessica Mrs Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Bartnick STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER 6009 W Parker Rd #149-940, Plano TX 75093 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (214 229-1811 9 REPORT TYPE 15th day after campaign 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED / 23 1 / 26 / 23 3 31 **THROUGH** ELECTION TYPE **FLECTION DATE** 11 ELECTION Primary Runoff Other Description Day Year General Special 23 13 OFFICE SOUGHT (If known) OFFICE HELD (if any) 12 OFFICE Collin College Trustee Place 3 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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		1	6 Filer	ID (Et	hics 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 I LAST DAY OF THE REPORTING PERIOD	THE	\$	5,000.00

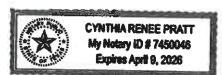
18 SIGNATURE

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 <u>Cathie</u>	Alexande	ا ا	his the <u>5+</u>	h day of 1	<u>April</u> .
20 23, to certify which,	Pratt Cyr	ofoffice. Hia Renee	Pratt	n	otany	
Signature of officer administering oat	h Printed :	name of officer administe	ring oath		Title of office	r administering oath
	A THE	(60)		البراثات	-11TW Tu	NE EXPLANA
(2) Unsworn Declaration						
My name is		ε	and my date of	birth is		
My address is				<u> </u>		
	(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 N	Alexander		20 Filer ID (Ethics Co	mmiss	sion Filers)
		JLE SUBTOTALS F SCHEDULE				SUBTOTAL AMOUNT
1.	8	SCHEDULE A1	I: MONETARY POLITICAL CONTRIBUTIONS		\$	3,444.00
2.	101	SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	1	\$	4,162.00
з.		SCHEDULE 8:	PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE'E: LOANS				5,000.00
5.	8	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	3,624.50
6.		SCHEDULE F2	: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F	3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$	
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$	-
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11.		SCHEDULE I: N	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$	
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	

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 PARObert Canright	AC (ID#:)	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 n/a	upation / Job title (See instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Myrna Acklin	AC (ID#:	Amount of contribution (\$)
01/30/2023	Contributor address; City; State; Zip Code 3612 Candelaria Dr Plano, TX 75023		500.00
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Wade Hulcy	AC (ID#:	Amount of contribution (\$)
03/31/2023	Contributor address; City; 2106 Vintage Ct McKinney, TX	State; Zip Code X 75072	100.00
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Muniraj Janagarajan	AC (ID#:)	Amount of contribution (\$)
03/31/2023	Contributor address; City; 6869 Shadow Glen Dr Frisco,	State; Zip Code TX 75035	10.00
Principal occus	pation / Job title (See Instructions)	Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES if contributor is out-of-state PAC, please see Inst	and the second s	

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#:	7 Amount of contribution (\$)
03/25/2023	6 Contributor address; City; State; Zip C 3204 Charring Cross Plano, TX 75025	50.00
8 Principal occu 1/a	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/25/2023	Contributor address; City; State; Zip C 816 Warwick Dr Plano, TX 7502	10.00
Principal occur Counselor	cation / Job title (See Instructions) Employer (S Counnselor	See Instructions)
Date	Full name of contributor out-or-state PAC (ID#:	Amount of contribution (\$)
01/26/2023	Contributor address; City; State; Zip City; State; Zip City; TX 750	
Principal occup etired	eation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/28/2023	Contributor address; City; State; 2tp Co	
Principal occup		See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cathie Alo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	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 Employer (See Instructions) retired	ctions)
Date	Full name of contributor out-of-state PAC (ID#:	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 Instru 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 1914 R Ave Plano, TX 75074	40.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions) n/a	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see instruction guide for additional	

The	Instruction Guide explains how to complete this	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 out-of-state	(ID#:	7 Amount of contribution (\$)
01/30/2023	6 Contributor address; City; 101 N Greenville Ave Ste C 234 Aller	State; Zip Code	100.00
Principal occu /a	· ·	9 Employer (See Instruction)	ns)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
3/25/2023	Contributor address; City; 3508 Diamondhead Dr Plano, T.	State; Zip Code X 75075	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction)/a	ns)
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
33/23/2023	Contributor address; City; 3928 Leon Dr Plano, T	State: Zip Code X 75074	200.00
Principal occup etired	nation / Job title (See Instructions)	Employer (See Instructio etired	ne)
Date	Full name of contributor out-of-state PAC (iD#:	Amount of contribution (\$)
)2/12/2023	Contributor address: City; 7010 Lattimore Dr Dallas	State: Zip Code TX 75252	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction/a	ns)

(See Instructions) of contributor Groysman address; ookhollow Dr (See Instructions) of contributor Whitt	out-of-state PA	State; Zip Code 7, TX 75074 9 Employer (See Instruct retired CC (ID#:	Amount of contribution (\$) 18.00
rant address; angelica D (See Instructions) of contributor Groysman address; ookhollow Dr (See Instructions)	City; r Plano out-of-state PA City; Plano, TX	State; Zip Code 7, TX 75074 9 Employer (See Instruct retired CC (ID#:	7 Amount of contribution (\$) 300.00 ions) Amount of contribution (\$) 18.00
rant address; angelica D (See Instructions) of contributor Groysman address; ookhollow Dr (See Instructions)	City; r Plano out-of-state PA City; Plano, TX	State; Zip Code 7, TX 75074 9 Employer (See Instruct retired CC (ID#:	300.00 dons) Amount of contribution (\$) 18.00
(See Instructions) of contributor Groysman address; ookhollow Dr (See Instructions)	out-of-state PA	9 Employer (See Instruct retired CC (ID#:	Amount of contribution (\$) 18.00
(See Instructions) of contributor Groysman address; ookhollow Dr (See Instructions) of contributor Whitt	out-of-state PA City: Plano, T	9 Employer (See Instruct retired CC (ID#:) State; Zip Code X 75093 Employer (See Instruct n/a	Amount of contribution (\$) 18.00 ions)
Groysman address; ookhollow Dr (See Instructions) of contributor Whitt	City: Plano, TX	State; Zip Code X 75093 Employer (See Instruct n/a	18.00
eddress; Ookhollow Dr (See Instructions) of contributor Whitt	Plano, T	X 75093 Employer (See Instruct	ions)
of contributor Whitt	out-of-state PA	n/a	
Whitt	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
maketan and		***************************************	100 00
address; therbrook Mu	city: Irphy, TX	State; Zip Code 75094	100.00
(See instructions)		Employer (See Instructinetired	ions)
	out-of-state PA	vc (tD#:)	Amount of contribution (\$)
	сну: Plano.	State; Zip Code TX 75074	200.00
	,	Employer (See Instructi	ions)
	(See instructions) of contributor ancy r address;	(See instructions) of contributor out-of-state Prancy r address; City: Llano Dr Plano,	(See instructions) Employer (See Instruct retired of contributor out-of-state PAC (ID#:

ii ine reque	sted information is not applicable, DO NOT Inch	nge this bage in the i	eport.			
The	instruction Guide explains how to complete this fo	orm.	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 (II John Montes	DE	7 Amount of contribution (\$)			
03/30/2023	6 Contributor address; City; 701 ADDIE LN, McKinney, TX 75	State; Zip Code	50.00			
8 Principal occu IT Manager						
Date	Full name of contributor out-of-state PAC (III Sharon Duarte	ж)	Amount of contribution (\$)			
03/29/2023	Contributor address; City;	State; Zip Code	30.00			
	2216 Tamarisk Plano,		30.00			
Principal occup retired	eation / Job title (See Instructions)	Employer (See Instruction Etired	ons)			
Date	Full name of contributor out-of-state PAC (II	.	Amount of contribution (\$)			
03/26/2023	Brandi Price Contributor address; City; State; Zip Code		20.00			
00/20/2020			30.00			
	110 E. Louisiana St., Apt. M3 McKinne	y, TX 75069				
Principal occup NA	nation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	Full name of contributor out-of-state PAC (II	»#:	Amount of contribution (\$)			
00/40/0000	Brandi Price		40.00			
03/18/2023	Contributor address; City;	State; Zip Code	10.00			
	110 E. Louisiana St., Apt. M3 McKinne	y, TX 75069				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions) NA					
	ATTACH ADDITIONAL COPIES OF					
	if contributor is out-of-state PAC, please see instruct	ion guide for additional re	porting requirements.			

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule 1:
2 FILER NAME Cathie Ale	exander		3 Filer ID (Ethics Commission Filers)
03/16/2023	Shelia Patterson 6 Contributor address; City; 9912 derwent Drive Plano, TX	State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu Sales	pation / Job title (See Instructions)	9 Employer (See Instruct Pattent Inc	ions)
Date 03/15/2023	Full name of contributor out-ot-state PA Judith Neal Contributor address; City; 7112 Chase Oaks Blvd, Apt 1115 P	State; Zip Code	Amount of contribution (\$) 25.00
Principal occup retired	ation / Job title (See Instructions)	Employer (See Instructine Tetired	ions)
Date 02/16/2023	Full name of contributor out-of-state PA Linda Block Contributor address: City; 5806 Mapleshade Lane Dallas	State; Zip Code , TX 75252	Amount of contribution (\$) 200.00
Principal occup retired	ation / Job title (See Instructions)	Employer (See Instructive Tetired	ions)
2/14/23	Full name of contributor apt-of-state PA Cathle Alexander Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
	iautoi ia vat-vi-otato FAV, piense see Ilisu	acron Anias tot additious: L	pering requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schudule A1:
2 FILER NAME Cathie Ale	exander		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2023	5 Full name of contributor out-of-state Pi John Sullivan 6 Contributor address; City; 3208 Desiderata Ct Plano, Tx	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructive Control of Contr	tions)
Date 03/25/2023	Full name of contributor out-of-state Principles Lynda Hoffman Contributor address; City; 4020 Leon Dr Plano,	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup N/a	pation / Job title (See Instructions)	Employer (See Instruction/2)	tions)
Date 03/31/2023	Caroline Morgan Contributor address; City; 102 Estelle Lucas, T	State; Zip Code	Amount of contribution (\$) 45.00
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state P/ Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional r	eporting requirements.

SCHEDULE A2

Th	ne instruction Guide explains how to complete this form	n.	1 Total pages Sched	F 4
² FILER NAMI Cathie Al			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#: Justin Adcock 7 Contributor address; City; State; Zip Code 4428 Wordsworth Dr Plano, TX 75093			9 In-kind contribution description graphic design, website assistance, road sign
00/00/2020				I materials and labor ide of Texas. Complete Schedule
10 Principal occ n/a	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	r (FOR NON-JUDICE	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ise (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		Amount of Contribution \$	I In-kind contribution description use of posts
	7310 Summit Ridge Ln Sachse, TX	75048		 - ide of Texas, Complete Schedule 1
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe legal cle		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (If any) (FOR JUDICIAL)
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED	

SCHEDULE A2

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

TI	he instruction Guide explains how to complete this for	n.	1 Total pages a hedute 43			
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)		
Cathie Al	lexander					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor			9 In-kind contribution description		
03/30/2023	7 Contributor address; City; State; 102 E Estelle Lucas, TX 75002	Zip Code	165.00 Check if travel outs	labor and services rendered to the services rendered to the services. Complete Schedule T.		
10 Principal occ retired	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 JL	IDICIAL) (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	Date Full name of contributor out-of-state PAC (IDII:			In-kind contribution description		
03/01/2023	Contributor address; City; State;	Zip Code	137.00	services rendered		
	2120 Leon Dr Plano, TX 750	374	Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occ retired	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	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 JUDICIAŁ)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	H				

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

Υ	he instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
² FILER NAM Cathie A	lexander		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	Date 6 Full name of contributor			9 In-kind contribution description	
03/01/2023				labor and services rendered - de of Texas. Complete Schedule T	
10 Principal occ retired	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employs	r (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)		tor's job title (FOR JL	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution \$	In-kind contribution description	
03/01/2023	Contributor address; City; State; 4000 Leon Dr Plano, TX 750			 de of Texas. Complete Schedule T	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe retired	ver (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

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

Т	he instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAM	-		3 Filer ID (Ethics Commission Filers)		
Cathie A	lexander				
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	Date 6 Full name of contributor			9 In-kind contribution description	
03/01/2023				labor and services rendered	
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)			ide of Texas. Complete Schedule T. AL)(See Instructions)	
retired 12 Contributor's	s principal occupation (FOR JUDICIAL)	retired 13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$ Check if travel outsi	in-kind contribution description i i i i i i i i i i i i i i i i i i	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACK ADDITIONAL CODIES OF T	NIE SCHEDI	H E AR 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. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cathie Alexander 4 TOTAL OF UNITEMIZED LOANS \$ 5,000.00 5 Date of loan 7 Name of lender out-of-state PAC (ID#:__ 9 Loan Amount (\$) 01/27/2023 Cathie Alexander 5,000.00 10 Interest rate 6 is lender 8 Lender address; State; Zip Code a financial 2117 Leon Dr Institution? 11 Maturity date Plano, TX 75074 Y M N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) retired retired 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address; City; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender Out-of-state PAC (ID#:_ Interest rate ls lender Lender address: City: State; Zip Code a financial Institution?

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

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

GUARANTOR
INFORMATION

Amount Guaranteed (\$)

Guaranter 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.

not applicable

SCHEDULE F1

ii alo loquottos iiii	OTTIONOTI IC	Thot applicable, Se tre 1		mo pago m tato r	oporti.		
		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Satarles/Wages/Contract Labor ins how to complete this form.		Solicitation/Fundraleing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		_{AME} llexander			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
01/30/2023		Hallmark					
16.23	7 Payee address; City; State; Zip Code 1001 W 15th St Plano, TX 75075						
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this Sing expense	schedule)	(b) Description cards			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living	д ехрепse	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
01/30/2023	Namech	eap					
Amount (\$) 19.52	Payee ac 4600 E \	^{Idress:} Washington St Ste 30	5, Phoe	city: nix, AZ 85034	State;	Zip Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s sing Expense	chedule)	Description Website			
	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		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
01/31/2023	Best Na	me Badges					
Amount (\$) 27.79	Payee ad 1700 NW	dress: / 65th Ave Ste 4, Plan	tation, I	city; FL 33313	State;	Zip Code	
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 So	thedule T.	Check If Austi	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT1	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEI	:DED		

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidata/Officeholden/Politica Credit Card Payment		Loan Repsyment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)		
4 Date 02/02/2023	5 Payee name First Graphics Services				
6 Amount (\$)	7 Payee address:	City;	State; Zip Code		
1,154.49	229 Garvon St Garland, TX 750)40			
8	(a) Category (See Categories listed at the top of this so	hedute) (b) Description			
PURPOSE OF EXPENDITURE	Advertising expense	signs			
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if A	ustin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/26/2023	Office Depot				
Amount (\$)	Payse address;	City;	State; Zip Code		
58.49	909 Central Expressway Plano	TX 75075			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this soft Fundraising Expense	Description Donation Sta	amp		
	Check if travel outside of Texas. Complete Sch	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/07/2023	Office Depot				
Amount (\$) 2.41	909 Central Everessway Plane TY 75075				
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Name badge	(temp)		
	Check if travel outside of Texas. Complete Schr	dule T. Check if A	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED		

SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wooss/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/ The instruction Guide explains how to	Weges/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2023	5 Payee name Vista Print		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
117.44	275 Wyman St Waltham, MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	postcards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	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		
02/14/2023	Square		
Amount (\$)	Payee address;	City;	State; Zip Code
1.00	1455 Market Street Ste 600 San Fra	ncisco, CA 9410	03
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Other	Description test	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/16/2023	Vista Print		
Amount (\$) 340.89	Payee address; 275 Wyman St Waltham, MA 02451	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	push cards	
	Check if travel outside of Texas. Complete Schadule T.	Check if Austi	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	EDED

SCHEDULE F1

		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverege Expense Polling Expense Legal Services Sataries/Veges/Contract Labor			Solicitation/Fundraising Expensa Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.			
1 Total pages Schedule F1:		_{AME} lexander			3 Filer ID (Ethica	s Commission Filers)	
4 Date	5 Payee na	me					
02/21/2023	Target				-5.		
19.25	7 Payee at 120 W F	^{ldress:} Parker Rd Plano, TX 7	75075	City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of thi	a schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertis	sing expense		return labels			
	(c)	Check if travel outside of Taxas, Complete	Schedule T.	Check If Aust	in, TX. officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
02/21/2023	Walmari						
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
6.97	3513 E I	Park Blvd Plano, TX 7	75074				
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Oute			tape			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ıme					
02/21/2023	First Gra	phic					
Amount (\$)	Payee ac			City;	State;	Zip Code	
577.25	229 Gan	on St Garland, TX 7	5040				
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	ing Expense		signs			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austli	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	AT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED		

SCHEDULE F1

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		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)			
Advertising Expense , Accounting/Barriding Consulting Expense Contributions/Donations Made By Candidata/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salariee/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		_{аме} llexander			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ime		1			
02/21/2023	McKinne	ey Values					
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code	
64.95	McKinne	ey, TX					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event e	xpense		Event charge			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	a, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
02/23/2023	CCCR						
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
25.00	РО ВОХ	250515 Plano, TX 75	5025				
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Event e	expense		event charge			
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
02/24/2023	First Gra	phic					
Amount (\$)	Payee ad			City;	State;	Zip Code	
577.24	229 Garv	on St Garland, TX 75	040				
	Category	(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	ing Expense		signs			
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	, TX, afficeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Over Polling Exp Printing Ex Sataries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	_{AME} llexander			3 Filer ID (Ethica	Commission Filers)
4 Date 01/30/2023	5 Payee na Dirt Che	eap Signs				
6 Amount (\$) 270.19	ount (\$) 7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of thi Sing Expense	s schedule)	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aust			in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 02/27/2023	Payee na Gibralta					
Amount (\$) 100.00	Payee at 14860 M	dress; Iontfort Dr Ste 206 Da	allas, TX	City; 3. 75254	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Other	(See Categories listed at the top of this	schedule)	Description Background cl	heck	
	Check if travel outside of Texas. Complete Schedule T. Check if Aust				n, TX, officeholder living	ехрепве
Complete ONLY If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 02/28/2023	Payee no					
Amount (\$) 0.65	Payee ad 909 N Ce	^{idress} : entral Expressway Pl	ano, TX	City; 75075	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this: Expense		Description labels		
		Check if travel outside of Texas. Complete 8	Schedule T.	Check If August	n, TX, officeholder living	expanse
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Constrictions/Constions Made E Candidate/Officeholder/Politici Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explais	Office Over Politing Ex Printing Ex Salaries/M	rpense /ages/Contract Labor	Travel in District Travel Out Of District	ipment & Related Expense
1 Total pages Schedule F1:			·		3 Filer ID (Ethi	cs Commission Filers)
4 Date 03/01/2023	5 Payeens	_{ame} ship Institute				
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
15.00	1101 N	Highland St Arlington,	VA 222	201		
8	(a) Categor	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Event Expense event expense					
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	те				
03/01/2023	Leaders	hip Institute				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
15.00	1101 N	Highland St Arlington,	VA 222	201		
	Category	/ (See Categories listed at the top of this a	chedule)	Description		
PURPOSE	Event E	Expense	Event expense	е		
OF EXPENDITURE	1					
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	д ехрепае
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/02/2023	RWGNT	•				
Amount (\$)	Payee ad			City;	State;	Zip Code
25.00	PO BOX	2353 Frisco, TX 7503	4			
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Event expense		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL CODIES	OF THIS	SCHEDIII E AS NEE	:DED	

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	can Repayment/Reimbursement Moe Overhead/Rental Expense offing Expense finting Expense startes/Wages/Contract Labor bw to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Cathie Alexander		3 Filler ID (Ethics Commission Filers)
4 Date 03/14/2023	5 Payee name Kohls		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
56.76	3001 S Central Expressway Mck	(inney, TX 75070	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense		
	(C) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/15/2023	Kohls		
Amount (\$)	Payee address;	City;	State; Zip Code
19.45	3001 S Central Expressway Mck	(inney, TX 75070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Gifts/Awards/Memorials Expens		
Ï	Check if travel outside of Texas, Complete Schede	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
03/14/2023	Dollar Tree		
Amount (\$) 13.53	Payee address; 900 W 15th St Plano, TX 75075	City;	State; ZIp Code
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense		ing
	Check if travel outside of Texas. Complete Schedu	le 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 CODIES OF	TUIQ QCUENIII E AO NES	nen

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Offic Food/Beverage Expense Clift/Awards/Memoriate Expense Legal Services Sala		syment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor	Transportation Equip Travel in District Travel Out Of Distric	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explain	is now to c	ompiete this form.				
1 Total pages Schedule F1:	2 FILER NA Cathie A			3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee na							
03/14/2023	Heritage Ranch							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
25.30	406 Saddleback Dr Fairview, TX 75069							
8	(a) Category (See Categories listed at the top of this schedule)			(b) Description				
PURPOSE OF EXPENDITURE	Event E	xpense		Event Expense				
	in, TX, officeholder living	expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
03/23/2023	Rockfish							
Amount (\$)	Payee address; City; State; Zip Code							
51.45	2780 S Central Expressway McKinney, TX 75070							
	Category (See Categories listed at the top of this achedule) Description							
PURPOSE OF EXPENDITURE	Food/Beverage Expense			Food and beverage				
	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	Candida	ite / Officeholder name		Office sought		Office held		
Date	Payee na	me						
03/24/2023	Dirt Cheap Signs							
Amount (\$)	Payee add	fress;		City;	State;	Zip Code		
295.26	6706 Lohman Ford Rd Lago Vista, TX 78645							
	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Advertisi	ng 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	Candida	te / Officeholder name		Office sought		Office held		
	ATT	ACH ADDITIONAL COPIES	OF THIS S	BCHEDULE AS NEE	DED	_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Cendidate/Officeholder/Politice Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense P		Repsyment/Reimbursement c Overhead/Rental Expense ig Expense ng Expense las/Wagss/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)						
4 Date 03/24/2023	5 Payee name CCCR								
6 Amount (\$)	7 Payee address; City; State; Zlp Code								
100.00	PO BOX 250515 Plano, TX 75025								
8	(a) Category (See Categories II	sted at the top of this schedule	e) (b) Description	(b) Description					
PURPOSE OF EXPENDITURE	Contributions/Dona Candidate	ations Made by	Candidate Cor	Candidate Contribution					
	(C) Check if travel outside	e of Texas, Complete Schedule 1	f. Check if Austi	Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held				
Date	Рауее пате								
Amount (\$)	Payee address;		City:	State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories list	led at the top of this schedule)	Description						
	Check if travel outside	of Texas. Complete Schedule T.	Check If Austic	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 lists	ed at the top of this schedule)	Description						
	Check if travel outside	of Texas. Complete Schedula T.	Check if Austin	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholds	er name	Office sought		Office held				
	ATTACH ADDITIO	NAL COPIES OF TH	IIS SCHEDULE AS NEE	:DED					