

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: **24**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

MS Cathie MI

NICKNAME LAST SUFFIX

 Alexander

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

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mrs Jessica MI

NICKNAME LAST SUFFIX

 Bartnick

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 THROUGH Month Day Year

4 / 27 / 23 THROUGH 5 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

6 / 10 / 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.

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

JUN 02 2023

COLLIN COLLEGE
CHIEF OF STAFF

Date Hand-Delivered or Date Postmarked
2:53pm cgh

Receipt # Amount \$

Date Processed

Date Imaged

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)	\$ 14,219.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,188.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,615.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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

Cathie Alexander
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cathie Alexander this the 2nd day of June, 2023, to certify which, witness my hand and seal of office.

Cynthia Renee Pratt Cynthia Renee Pratt Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Cathie Alexander

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,399.25
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 7,188.68
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 4**

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Fred Moses

out-of-state PAC (ID#):

6 Contributor address;

City;

State;

Zip Code

4609 Huffman Ct Plano, TX 75093

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self

Date

05/24/2023

Full name of contributor

Lynn Little

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

3333 Landershire Ln Plano, TX 75023

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/24/2023

Full name of contributor

T Green Law PLLC

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

5465 Legacy Dr Ste 650, Plano, TX 75024

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

N/a

Employer (See Instructions)

N/a

Date

05/25/2023

Full name of contributor

Collin County Conservative Republicans

out-of-state PAC (ID#):

Contributor address;

City;

State;

Zip Code

PO BOX 250515 Plano, TX 75025

Amount of contribution (\$)

1,574.25

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

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 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Zach Barrett

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

7 Amount of contribution (\$)

30.00

6 Contributor address; City; State; Zip Code

5600 Hampshire Dr McKinney, TX 75070

8 Principal occupation / Job title (See Instructions)

Consulting

9 Employer (See Instructions)

Campaign Consulting

Date

05/19/2023

Full name of contributor

Plano Citizens PAC

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

Amount of contribution (\$)

1,100.00

Contributor address; City; State; Zip Code

3012 Jomar Dr Plano, TX 75075

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

Date

05/08/2023

Full name of contributor

EE Acklin

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3612 Candelaria Dr Plano, TX 75023

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

05/24/2023

Full name of contributor

Robert Collins

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1150 CR 610 Farmersville, TX 75442

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Rickey & Tammy Williams

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

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

5605 Sandalwood Dr McKinney, TX 75070

8 Principal occupation / Job title (See Instructions)

Education

9 Employer (See Instructions)

Education Related

Date

05/23/2023

Full name of contributor

Terri Green

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

10800 Belle Chase Ln Frisco, TX 75035

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office

Date

05/24/2023

Full name of contributor

John Montes

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

701 Addie Ln McKinney, TX 75071

Principal occupation / Job title (See Instructions)

IT Management

Employer (See Instructions)

Firm

Date

05/24/2023

Full name of contributor

Gerrit & Joan Van Vliet

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

521 Bridle Ct Fairview, TX 75069

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: 4814
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 05/24/2023	5 Full name of contributor Michael & Darn Petrik out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 909 Shoal Creek Dr Fairview, TX 75069	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/a
Date 05/24/2023	Full name of contributor Maryjane Manning out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 900 eagle Ridge Ct McKinney, TX 75071	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/24/2023	Full name of contributor Nancy Madson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 517 Cedar Elm Ln Allen, TX 75002	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) N/a		Employer (See Instructions) N/A
Date 05/23/2023	Full name of contributor David Kemp & Dianna Biscan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7714 Elemeno Ave Plano, TX 75024	Amount of contribution (\$) 200.00
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 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/25/2023

5 Full name of contributor

Gregory Butler

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

603 Cattle Baron Dr Fairview, TX 75069

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

05/23/2023

Full name of contributor

Gary Frazier

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

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

1901 Cypress Point Dr McKinney, TX 75072

Principal occupation / Job title (See Instructions)

construction

Employer (See Instructions)

CORE Construction

Date

05/22/2023

Full name of contributor

Ellen Leyer

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3412 Townbluff Pl Plano, TX 75023

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/22/2023

Full name of contributor

John Miles

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

5125 Lakehill Blvd Frisco, TX 75034

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Harry Lessner

out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

5146 Pond View Ln Fairview, TX 75069

8 Principal occupation / Job title (See Instructions)

CFP

9 Employer (See Instructions)

Meridian Wealth Management LLC

Date

05/23/2023

Full name of contributor

Sue Reeves

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

870 Scenic Ranch Cir Fairview, TX 75069

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/23/2023

Full name of contributor

Albert Carnes

out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

1438 Cattle Baron Rd Fairview, TX 75069

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/24/2023

Full name of contributor

John Sullivan

out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3208 Desiderata Ct Plano, TX 75023

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/13/2023

5 Full name of contributor

Carol Sewell

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

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

1208 Serenade Cir Plano, TX 75075

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

05/29/2023

Full name of contributor

Matt Rostami

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

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2901 Ridgview Dr Apt 124 Plano, TX 75025

Principal occupation / Job title (See Instructions)

MD

Employer (See Instructions)

Lone Star Eye Specialists

Date

05/30/2023

Full name of contributor

Scott Sanford

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

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

215 Gadwell Ct McKinney, TX 75072

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

Cottonwood Creek Church

Date

05/25/2023

Full name of contributor

Marisa Williams

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

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

4020 Lands End Dr McKinney, TX 75071

Principal occupation / Job title (See Instructions)

SAHM

Employer (See instructions)

SAHM

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 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Gary Cary

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

5613 Champions Dr Plano, TX 75093

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

05/22/2023

Full name of contributor

Hayden Padgett

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2437 Bent Horn Dr Plano, TX 75025

Principal occupation / Job title (See Instructions)

Product Director

Employer (See Instructions)

TaxAct

Date

05/23/2023

Full name of contributor

Clayton Barns

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

607 Cattle Baron Fairview, TX 75069

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/23/2023

Full name of contributor

Geoffrey Abbott

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

907 Sycamore Ct Fairview, TX 75069

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:

9 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/24/2023

5 Full name of contributor

Terry Box

out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2709 Colonial Cir McKinney, TX 75072

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

05/23/2023

Full name of contributor

Donna Gill

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

348 Rio Bravo Dr Fairview, TX 75069

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

05/24/2023

Full name of contributor

Jessica Hulcy

out-of-state PAC (ID#:

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

05/24/2023

Full name of contributor

Sandra Halsey

out-of-state PAC (ID#:

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2600 Bengal Ln Plano, TX 75023

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 14
2 FILER NAME Cathie Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2023	5 Full name of contributor James Piki out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 505 Angleton Ct McKinney, TX 75071	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See instructions) Law Office
Date 05/16/2023	Full name of contributor Lynn & Jim McCoy out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5109 Coachman Ct Plano, TX 75023	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/15/2023	Full name of contributor Diane Hill out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 212 W Harvard Dr Garland, TX 75021	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 05/13/2023	Full name of contributor John Campbell out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 8604 Grand Haven Ln McKinney, TX 75071	Amount of contribution (\$) 100.00
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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule 1: 11 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/15/2023

5 Full name of contributor

Ushma Ferguson

out-of-state PAC (ID#:

7 Amount of contribution (\$)

5.00

6 Contributor address;

City;

State;

Zip Code

917 Palm Desert Garland, TX 75040

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

05/13/2023

Full name of contributor

Peggy Stodola

out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

2311 Heatherwoods Way Carrollton, TX 75007

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/24/2023

Full name of contributor

Jessica Hulcy

out-of-state PAC (ID#:

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

05/24/2023

Full name of contributor

Ben Brown

out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

717 Mustang Dr Fairview, TX 75069

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/15/2023

5 Full name of contributor

Paula Cheek

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

903 Glen Rose Dr Allen, TX 75013

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

retired

Date

05/16/2023

Full name of contributor

Allen & Linda Frost Clark

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

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

2120 Leon Dr Plano, TX 75074

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/15/2023

Full name of contributor

Margaret Whitt

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

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

316 Heaterbrook Dr Murphy, TX 75094

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

retired

Date

05/13/2023

Full name of contributor

Patricia Greer

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

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

3012 Jomar Dr Plano, TX 75075

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:

13 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/07/2023

5 Full name of contributor

Scott Linden

out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3905 Bandera Dr Plano, TX 75074

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

05/12/2023

Full name of contributor

Tracy Self

out-of-state PAC (ID#:

Amount of contribution (\$)

1,020.00

Contributor address;

City;

State;

Zip Code

7517 Eastwick Ave McKinney, TX 75071

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

05/17/2023

Full name of contributor

Jack & Nancy Harvard

out-of-state PAC (ID#:

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

6808 Dalmatia McKinney, TX 75071

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

NASH Group

Date

05/18/2023

Full name of contributor

Joan Konkell

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3101 Brewton Dr Plano, TX 75074

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:

14 of 14

2 FILER NAME

Cathie Alexander

3 Filer ID (Ethics Commission Filers)

4 Date

05/20/2023

5 Full name of contributor

Lana & Chuck Carpenter

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2109 Leon Dr Plano, TX 75074

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

HR Director

Date

05/19/2023

Full name of contributor

Tim Castelli

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

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2101 Leon Dr Plano, TX 75074

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

marketing

Date

05/03/2023

Full name of contributor

James Farley

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

Amount of contribution (\$)

75.00

Contributor address;

City;

State;

Zip Code

PO BOX 260687 Plano, TX 75026

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Collin County Republican Party

Date

05/17/2023

Full name of contributor

Dennis Botkin

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2406 Bluebonnet Dr Richardson, TX 75082

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired Quality Engineer

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:

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

Cathie Alexander

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

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?
 Y 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

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?
 Y 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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date 05/09/2023	5 Payee name Dirst Cheap Signs
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6 Amount (\$) 1,189.98	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
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Date 05/19/2023	Payee name The Home Depot
--------------------	------------------------------

Amount (\$) 48.04	Payee address; City; State; Zip Code 1224 N Central Expressway Plano, TX 75074
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Items for signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/11/2023	Payee name The Home Depot
--------------------	------------------------------

Amount (\$) 27.90	Payee address; City; State; Zip Code 1224 N Central Expressway Plano, TX 75074
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Items for signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 05/19/2023	5 Payee name First Graphic Services
-----------------------------	---

6 Amount (\$) 594.29	7 Payee address; 229 Garvon St Garland, TX 75040	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/16/2023	Payee name First Graphic Services
--------------------	--------------------------------------

Amount (\$) 594.30	Payee address; 229 Garvon St Garland, TX 75040	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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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Date 05/13/2023	Payee name JC Penny Portraits
--------------------	----------------------------------

Amount (\$) 129.89	Payee address; 2607 Preston Rd Frisco, TX 75034	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Headshots
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date 05/09/2023	5 Payee name Dollar Tree
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6 Amount (\$) 2.71	7 Payee address; 900 W 15th St Plano, TX 75075	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Paper
	(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 05/17/2023	Payee name Habitat From Humanity Store
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Amount (\$) 2.12	Payee address; 2060 W Spring Creek Pkwy Plano, TX 75023	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Item for 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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Date 05/17/2023	Payee name The Home Depot
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Amount (\$) 21.04	Payee address; 1224 N Central Expressway Plano, TX 75074	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Items for 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: 4 of 6	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
---	---	--

4 Date 05/27/2023	5 Payee name Office Depot
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6 Amount (\$) 41.14	7 Payee address; City; State; Zip Code 909 N Central Expressway Plano, TX 75075
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description flyers
	(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 05/27/2023	Payee name Office Depot
--------------------	----------------------------

Amount (\$) 8.76	Payee address; City; State; Zip Code 909 N Central Expressway Plano, TX 75075
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Print ink refill
	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 05/22/2023	Payee name FedEx
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Amount (\$) 94.71	Payee address; City; State; Zip Code 13155 Noel Rd Ste 1600 Dallas, TX 75240
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description flyers
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 6	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 05/22/2023	5 Payee name The Big Red
-----------------------------	------------------------------------

6 Amount (\$) 3,872.44	7 Payee address; 2300 Olympic Dr Unit 271192 Flower Mound, TX 75027	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Marketing
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/22/2023	Payee name Trudy's hallmark
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Amount (\$) 27.04	Payee address; 1001 W 15th St Plano, TX 75075	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Thank you cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/22/2023	Payee name FedEx
---------------------------	----------------------------

Amount (\$) 94.72	Payee address; 13155 Noel Rd Ste 1600 Dallas, TX 75240	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description flyers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>leaf 6</i>	2 FILER NAME Cathie Alexander	3 Filer ID (Ethics Commission Filers)
---	----------------------------------	---------------------------------------

4 Date 05/02/2023	5 Payee name trudys Hallmark
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6 Amount (\$) 14.60	7 Payee address; 1001 W 15th St Plano, TX 75075	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/25/2023	Payee name Jay Saad Campaign
--------------------	---------------------------------

Amount (\$) 125.00	Payee address; Undisclosed	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/Donation Made by Candidate	Description Contribution
	(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
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Date 05/23/2023	Payee name Justin Adcock
--------------------	-----------------------------

Amount (\$) 300.00	Payee address; Undisclosed	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Printing
	(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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED