# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	→ Complete only if "Report Type" on page 1 Is marked "Final Report" →					
1	C/OH N		2 Filer ID (Ethics Commission Filers)			
	- 1	Alexandra McPherson				
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder					
1		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Check	conly one:				
	X	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS				
	Check	only one:				
	X	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.			
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate					
5	OFFICI	EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who office. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	f, after filing the last required report as			
			ignature of Officeholder			

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Gulde explains how to complete this form. OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE / Alexandra **OFFICEHOLDER** NAME ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** Forest Stream Live Dak, TX MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** 331-1391 (210)PHONE Amount S Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged Goode ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CAMPAIGN Avery Rd Live Oak, TX TREASURER 78233 7633 ADDRESS (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 757-7104 (972)PHONE 15th day after campaign Runoff 9 REPORT TYPE January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 05/12/2025 THROUGH 2025 11 ELECTION Runoff Primary Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Ity 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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 A	lexandra McPherson	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 935				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	* 310 88				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
	uired to be reported by me under Title 15, Election Code.					
	(/ #1D)					
	L. Methers	SON				
	Signature of Car	ididate or Officeholder				
	•					
	Please complete either option below:					
	The state of the s					
(1) Affidavit						
Notary Public State of Texas Notary Public State of Texas Common Express 06:04-2028						
NOTARY STAMP/SEAL UNIT DIAGRAM						
1274						
Swom to and subscribed	before me by SAIAH PURHMOUTES this the	day of MAC.,				
20 to certify	which, witness my hand and seal of office.	11				
which the	LSATAH MITEAMOUTES	NOTALU				
Signature of officer administer	Ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR	THE RESERVE TO STREET				
(2) Unsworn Declaration	on					
,						
My name is	, and my date of birth is					
My address is	<u> </u>					
	(street) (city) (st	ate) (zip code) (country)				
Executed in	County, State of , on the day of	20				
	(month)	, 20 (year)				
	Signature of Candida	ite/Officeholder (Declarant)				

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

li li	
19 FILER NAME Alexandra McPherson 20 Filer ID (Ethics Con	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 935
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$310 8°

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, bothor motas time page in the requested information is not applicable, but in the requested information is not applicable, but in the requested information is not applicable.						
The Instruction Guide explains how to complete this form.						
2 FILER NAME	Alexandra	McPhen	son	3 Filer ID (Ethics Commission Filers)		
4 Date 04/21	5 Full name of contributor  L.S. Goode  6 Contributor address;	□ out-of-state PAC (ID#:)  City; State; Zip Code		7 Amount of contribution (\$)		
8 Principal occu	5900 firecrest	Dr. Garl	and, TX 75044  9 Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	stions)		
Date Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)				
	Contributor address; City; State; Zip Code					
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ctions)		
Date	Full name of contributor	out-of-state PA	c (lD#)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	RIBUTIONS  ested information is not applicable, DO NOT include	this page	in the report.
Th	ne Instruction Guide explains how to complete this form	ı.	1 Total pages Schedule A2:
FILER NAM	E		3 Filer ID (Ethics Commission Filers)
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of contributor  ut-of-state PAC (ID#:		)	8 Amount of 9 In-kind contribution Contribution \$   description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	_	er (FOR NON-JUDICIAL)(See Instructions)
! Contributor's	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description
Principal of	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	Check if travel outside of Texas. Complete Schedule yer (FOR NON-JUDICIAL)(See Instructions)
Contributor	r's principal occupation (FOR JUDICIAL)	Contri	outor's job title (FOR JUDICIAL)(See Instructions)
Contributor	r's employer/law firm (FOR JUDICIAL)	Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
If contribut	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEEDED for additional reporting requirements.
orms provide	d by Texas Ethics Commission www.ethics.sta		Revised 1/1/202

Pledgor address;	City;	State;	Zip Code	i	
				1	o Silvina Pahadula 1

#### SCHEDULE E **LOANS** 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:\_ 5 Date of loan 7 Name of lender 10 Interest rate 6 Is lender Clty; State; Zip Code 8 Lender address; Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#:\_\_\_\_ Date of loan Name of lender Interest rate State; Zip Code City; Is lender Lender address: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION State; Zip Code City; Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Alexandra McPhers	3 Filer ID (Ethics Commission Filers)		
4 Date 5/12/25	5 Payee name Damon Fogley			
6 Amount (\$)	/ Payee address;	City; State; Zip Code		
308 88	300 E. Basse Rd #201	02, San Artonioth 78209		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Refund	Campaign Retund - Remaining Balance of Campaign Funds		
EXPENDITURE				
	(c) Check if traveloutside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Allouit (9)	. 2,20 444,000,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OI	1			
Date	Payee name	<del></del>		
Amount (\$)	Payee address;	City; State; Zip Code		
,	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Toxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
		A COULDING A CHEEDED		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Gifl/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Zip Code 8 Payee address; City; State: 7 Amount (\$) TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Candidate / Officeholder name Pavee name Date Zip Code State; Amount (\$) Payee address; City: TYPE OF EXPENDITURE Non-Political Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 Na	ame of person from whom investment is purchased	
6 Ad	ddress of person from whom investment is purchased; Cit	
7 10	escription of investment	
8 A	amount of investment (\$)	
Date N	ame of person from whom investment is purchased	
A	ddress of person from whom investment is purchased; Cit	y; State; Zip Code
D	Description of investment	,i
А	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Award:	rage Expense s/Memorials Expense ices	Office Ov Polling E Printing B Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)  EACH CREDIT CARD ISSUER
	V				3 FILER ID (Ethics Commission Filers)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				
4 TOTAL OF UNITEMIZED EXPE					\$
S CREDIT CARD ISSUER	Name of financial institut				
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is:	suer Pald
	\$				
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code
8 PURPOSE OF	(a) Category (See Categories li	sted at the top of this sched	tule)	(b) Description	
EXPENDITURE					
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Au	stin, TX, afficeholder living expense
					Office Held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office Sought Office Held				
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Is	suer Paid
	\$				
PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code
TATE	,-,-				
PURPOSE OF	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description	
EXPENDITURE					
Political	(a) [	tside of Texas. Complet	e Schedule T	Check if A	ustin, TX, officeholder living expense
Non-Political	· · ·				Office Held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought	Office field
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit Card Is	suer Paid
	\$				
PAYEE	(a) Payee name	-	(b) Payee ad	dress;	City, State, Zip Code
PURPOSE OF	(a) Category (See Categories	isted at the top of this sche	dule)	(b) Description	
EXPENDITURE					
Political Non-Political	(c) Check if travel ou	itside of Texas. Comple	te Schedule T	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	пате	Of	fice Sought	Office Held
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED
	AT IMOR ADDI	HONAL OUT IL	IIII		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salarles/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Zip Code 6 Amount (\$) 7 Payee address; City; State: Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code Amount (\$) Payee address; City: State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date State; Zip Code Payee address; City: Amount (\$) Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Polltical Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office squaht 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Business name Zip Code State: Amount (\$) Business address: Clty; Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address:	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

in the requested information to not applicable, be the riminate time pega in the report.					
The	The Instruction Guide explains how to complete this form.  1 Total pages Sched				
2 FILER NAME	Alexandra McPherson	3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Name of person from whom amount is received  Dam On Fogley 6 Address of person from whom amount is received; City; Sta  San Antonio, TX	te; Zip Code	8 Amount (\$)		
	Returning remaining balance Check if of Campaign contribution	political contribution	returned to filer		
Date  Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip C			Amount (\$)		
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

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 T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation    11 Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, s	seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					