#### 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. MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ Alexandra **OFFICEHOLDER** NAME 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** Forest Stream Live Dak, TX MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** 331-1391 (210)PHONE Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Mrs NAME Date Imaged Goode ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CAMPAIGN Avery Rd Live Oak, TX 7633 78233 TREASURER ADDRESS (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 757-7104 (972)PHONE 15th day after campaign Runoff 9 REPORT TYPE 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 COVERED 05 THROUGH 2025 ELECTION DATE 11 ELECTION Primary Runoff Day General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Itv Counc 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 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

	N2.	1
15 C/OH NAME	ilexandra McPherson	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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	s 310 88
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	S S
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true as	nd correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
	L. Milhers	m
	Signature of Candi	date or Officeholder
	Please complete either option below:	
	,	
	and the same of th	
(4) Affidavit	- 10 SS(0)(1-7	
(1) Affidavit	Public State of Taxable ps-04-2028	
Nata'	Public 08-04-2028	
NOTARY STAMP/SEAL	stary to 134931083	. 7
William 7 CE C		274
Sworn to and subscribed	before me by	day of AAA
20 25 Accertify	which, witness my hand and seal of office.	
Tenil II	TSATAH WOAWITES	Malle
Signature of officer administer	Ing oath Printed name of officer administering oath	Title of officer administering oath
		The drames daministering dati
	OR OR	
(2) Unsworn Declaration	on .	
	, and my date of birth is	
My address is		
	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of, on the day of	, 20 (vear)
	(month)	(year)
	Signature of Candidate	Officeholder (Declarant)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

S FILER NAME ARXANDRA MCPHERSON  11 SCHEDULE SUBTOTALS NAME OF SCHEDULE	CLIDTOTAL
NAME OF SOLIE DEE	SUBTOTAL AMOUNT
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	\$
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 reques	ted information is not applicab	ne, bo nor me		•
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Alexandra	McPhen	rson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor U.S. Capade 6 Contributor address; 5906 firecrest	out-of-state PAC	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: ((D#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zlp Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
1	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ictions)
	ATTACH ADD	ITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED al reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

	ested information is not applicable, DO NOT include	e this page	in the report.
Th	e Instruction Guide explains how to complete this forπ	1.	1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		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.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)		ver (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)		outor's Job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spouse (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#  Contributor address; City; State;	Zip Code	Amount of Contribution \$\frac{1}{2}  \text{In-kind contribution description}  \text{Check if travel outside of Texas. Complete Schedule 1}
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)		butor's job title (FOR JUDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law fi	irm of contributor's spouse (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHE	for additional reporting requirements.
Farma penuidos	by Texas Ethics Commission www.ethics.sto		Revised 1/1/202

	Pledgor address;	City;	State;	Zip Code	i	
ľ					1	o Freiste Cabadulo T

#### 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 (\$) ut-of-state PAC (ID#:\_ 5 Date of loan 7 Name of lender ..... 10 Interest rate 6 Is lender City; State; Zip Code 8 Lender address; a financial 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 (\$) 16 GUARANTOR 17 Name of 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; ls lender Lender address: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Description of Collateral Check If personal funds were deposited into political 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)

Forms provided by Texas Ethics Commission

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

Takes Ethics Commission www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2025

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

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

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	Damon Fogley	City: State: Zip Code
6 Amount (\$)	7 Payee address;	Oily,
308 88	300 E. Basse Rd #20	02, San Antonio X 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, afficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
		City; State; Zip Code
Amount (\$)	Payee address;	Sity,
	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 <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Date		
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED
	ALIAGITADDITIONAL COLUET OF THE	

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

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	he Instruction Guide explains how to complete this form.			ages Schedule F	
2 FILER NAME		3	Filer ID	(Ethics Commis	ssion Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	y:		State;	Zip Code
	7 Description of Investment				
	8 Amount of Investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; Clt	y;		State;	Zip Code
	Description of investment			()	
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS	NEED	DED	

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

#### SCHEDULE F4

	EXPE	NDITURE CAT	EGORIES	FOR BOX 1	0(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Glft/Awards	age Expense Memorials Expense	Office Ov Polling E: Printing E Salaries/	Expense Wages/Contract	Expense Labor (	Solicitation/Fundraising Fransportation Equipme Fravel In District Fravel Out Of District Other (enter a category	nt & Related Expense
	Guide explains how to co	mplete this form.		USE A NEW I		ACH CREDIT CARD	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics (	commission Filers)
4 TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial instituti	on					
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Cre	edit Card Issue	r Pald	
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City	/, State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Descriptio	n		
Political Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	edit Card Issue	er Paid	
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ited at the top of this sche	dule)	(b) Description	ın		
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Cr	edit Card Issu	er Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	sted at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.		Check if Aus	itin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDUL	E AS NEEI	DED	

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	CODIEC	EOD DOM:		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	ado By relifical Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorals Expense Legal Services The Instruction Guide explain:	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ryment/Reimbursement rhead/Rental Expense sense pense ages/Contract Labor	Travel Out Of Diete	pment & Related Exper
1 Total pages Schedule	G: 2 FILER NA	MF	3 11047 110 (1	miplete this form.	_	
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4 Date	5 Payee nam	10				
6 Amount (\$)	7 Payee add	ress;				
Reimbursement from political contributions intended		:	4"	City;	State;	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the top of this sche	dule) (i	b) Description		
	(c) Ch	ack if travel outside of Texas, Complete Schedu	lo T			
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Date	Payee name					
Amount (\$)	Payon add					
Reimbursement from political contributions intended	Payee addre	ss;	į	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the top of this schedu	ile)	Description		
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Complete ONLY if direct	Candidate	Officeholder name		e sought	X, officeholder living exp	
expenditure to benefit C/O	H 				O	fice held
Date	Payee name					
Amount (\$)	Payee address					
Reimbursement from political contributions intended				City;	State;	Zip Code
PURPOSE OF XPENDITURE	Category (See (	alegories listed at the top of this schedule;	0	Pescription		
	Checkif	ravel outside of Texas. Complete Schedule T.	Г	Check if Assale	-15	
elete <u>ONLY</u> if direct aditure to benefit C/OH	Candidate / (	Officeholder name	Office	sought	officeholder living expens	e held

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this pa

2000000000		EXPENDITURE CA	TEGORI	ES COD DO	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Pc Credit Card Payment	de By litical Co	Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Loan Office Pollin Printir Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wagess/Contract   e.e.	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District
1 Total pages Schedule H:		The Instruction Guide expl	ains how	to complete this fee-	Other (enter a category not listed above)
retail pages schedule H;	2	FILER NAME		Tompicto this form,	
4 Date	-				3 Filer ID (Ethics Commission File
T Date	5 6	Business name			
6 Amount (\$)	7 E	usiness address;			
				City;	State; Zip Code
8 PURPOSE OF	(a) C	ategory (See Categories listed at the top of this a	schedule)	(b) Description	
EXPENDITURE	_				
9 Complete ONLY if direct	(c)	Check if travel outside of Texas. Complete Sci	heaule T.	Check if Austin,	TX, officeholder living expense
expenditure to benefit C/O	1	Candidate / Officeholder name		Office sought	
				-3•	Office held
Date	Bu	siness name			*
Amount (\$)	Bus	siness address;	- 3		
		1330		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Cate	gory (See Categories listed at the top of this scho	edule)	Description	
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expenditure to benefit C/OH		ndidate / Officeholder name	O	ffice sought	Office held
Date	Busin	ess name			
Amount (\$)	D .				
	Dusin	ess address;		City;	
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- INDITORE		Check if travel outside of Texas. Complete Schedule			
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candi	date / Officeholder name			liceholder living expense
TO SO SOLIBITE CACH			Ome	e sought	Office held

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

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1 Total pages Schedule	e I: 2 FILER NAME	Tomplete this form.
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4 Date	5 Payee name	
1	35,000	<b>\</b>
6 Amount (\$)	7 Payee address;	
T .	and address,	City
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8	/B) Cota	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description in
EXPENDITURE		(b) Description (See instructions regarding type of information required.)
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	Payee address;	01
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OF	categories.)	Description (See instructions regarding type of information required.)
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		City State Zip Code
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OF	categories.)	Description (See instructions regarding type of information
PENDITURE		required.) regarding type of information
		1
	ATTACH ADDITIONAL COPIES OF THIS SO	

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

### SCHEDULE K

2 FILER	The Instruction Guide explains how to complete this form.  1 Total pages Sc	hedule K;
4 Date		ics Commission Filers)
	5 Name of person from whom amount is received  Damon Fogley 6 Address of person from whom amount is received; City: State: Zip Code  San Antonio, TX 7 Purpose for which amount is received Returning remaining balance Check if political contribution of Campung Contribution	8 Amount (\$)
Date	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Data	Purpose for which amount is received  Check if political contribution re	eturned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received  Check if political contribution retu	med to filer
te	Name of person from whom amount is received	
	Address of person from whom amount is received; City; State; Zip Code	Amount (\$)

#### 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) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F1 Schedule F4 Schedule G Schedule H 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, 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 F2 Schedule F1 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) 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	Schedule B-SS
	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)	
S provided by Tayan Falls	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
s provided by Texas Ethic	s Commission www.ethics.state.tx.us	Revised 1/1/20

### 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	Alexandra McPherson	2 Filer ID (Ethics Commission Filers)			
3	SIGNA					
	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					
4		ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••				
	A	CAMPAIGN FUNDS				
	Checl	Check only 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 filling 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.				
	B. ASSETS					
	Check only one:					
		I do not retain assets purchased with political contributions or interest or other income 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				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Si	gnature.of Officeholder			