

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER

MS / MRS / MR

MI

OFFICE USE ONLY

NAME

DATE RECEIVED

NICKNAME

SUFFIX

RECEIVED

JAN 17 2023

Board of Education

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Postmarked

(817)

296 7721

1-1

Receipt #
Date Processed

Amount \$

1-17-23

1-17-23

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

NICKNAME

SUFFIX

TREASURER
ADDRESS

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

296.772

9 REPORT TYPE

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

Expanded/Modified

☐

FILED - LAW ENFORCEMENT

CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2

TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5350.00

EXPENDITURE
TOTALS

3.

TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4.

TOTAL POLITICAL EXPENDITURES

\$

214,

CONTRIBUTION
BALANCE

5

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

33 4

OUTSTANDING
LOAN TOTALS

6

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

2 00.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is
required to be reported by me under Title 15, Election Code.

correct and includes all information

of Candidate or Officeholder

CHRISTIAN ALVARADO
MY COMMISSION EXPIRES
JULY 15 2025

complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

a Jackson

this the 17th

Subscribed to and subscribed before me by

20

to certify whi witness my hand and seal of

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is

, and my date of birth is

My address is

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

FORM C/OH
COVER SHEET PG 3

Elizavda (Folies Commission Ellore)

\$

\$

SUBTOTAL
AMOUNT

\$ 000.00

\$

214.

\$

\$

\$

49

[illegible]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1

2 FILER

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor	6 out-of-state PAC (ID#)	7 Amount of contribution (\$)
12/31/22	H J		
	6 Contributor address	City State; Zip Code	
	5733 M	FL TX 76112	

Instructions) 9

8 Principal occupation / title	9 out-of-state PAC (ID#)	10 Amount of contribution (\$)
12/31/22	R C21/2	
	600 Harold St	
	FL TX 76102	250.00

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

11 Date	12 Full name of contributor	13 Amount of contribution (\$)
12/31/22	Lea	

Contributor address; City; State; Zip Code out-of-state PAC (ID#)

14 Date	15 Job title (See Instructions)	16 City; Employer (See Instructions)	17 Amount of contribution (\$)
12/31/22	436	ST FL TX 76110	5,000.00

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

18 Date	19 Full name of contributor	20 Amount of contribution (\$)

Contributor address; State; Zip Code out-of-state PAC (ID#)

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

21 Date	22 Full name of contributor	23 Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not available, DO NOT include this expenditure in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)	
1	2
2 FILER NAME, <i>To Jackson</i>	
4 Date <i>12-31-20</i>	5 <i>CA</i>
6 Amount (\$) <i>214.55</i>	7 Payee address: <i>www.ecot.com</i> Zip Code
8	(b) Description
PURPOSE OF EXPENDITURE <i>Com donation vendor</i>	<i>accept online donation</i>
(c)	Check if Austin, TX, officeholder living expense
	Office sought Office held
	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
	Candidate / Officeholder name Office held
	City:
	Description
PURPOSE OF EXPENDITURE	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filer)

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#:

9 Loan Amount (\$)

8

re

ty;

State;

Zip Code

10 Interest rate

a financial
Institution?

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

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

none

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

The Instruction Guide

to complete this form.

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

4 TOTAL OF UNITEMIZED LOANS

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

6 Is lender
a financial
Institution?

Lender address;

City;

State;

Zip Code

Interest rate

☐ Y ☐ N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

15

Check if personal funds were deposited into political

GUARANTOR
INFORMATION

not applicable