

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 NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE	Date Received	
<input type="checkbox"/> Change of Address	1110 La Jova St.	CC	TX	78417		Date Filed 10/31/22	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Rebecca Huerta City Secretary			
	(832)	542	2547	Date Submitted	Amount \$	Marked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
		Maguire	G	Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		Peacock					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE),		APT / SUITE #,	CITY,	STATE,	ZIP CODE	
(Residence or Business)	7037 Spander Ave Way		CC	TX	78412		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	559	2850				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	10	11	22		10	31	22
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	08	22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				City Council District 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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Armon Alex</u>		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)	\$ <u>363.86</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>363.86</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>3,546.25</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,546.25</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,397.26</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>n/a</u>

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Armon Alex this the 31 day of October, 2022, to which, witness my hand and seal of office.

[Handwritten Signature] Mariah Mannino Notary public

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u> </u>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <u> </u>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u> </u>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u> </u>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u> </u>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u> </u>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u> </u>

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 NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robin Schneider	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2604 Sherwood Ln Austin TX 78704		
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Texas Campaign for the Environment
Date 10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eva Koehler	Amount of contribution (\$) \$4.00
Contributor address; City; State; Zip Code 600 Ocean Ave 5A Brooklyn NY 11226		
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Activato
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Goodlett	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 21907 42nd Ave. S. Unit 201 Kent WA 98032-2375		
Principal occupation / Job title (See Instructions) Graphics		Employer (See Instructions) TCC
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex Morrison	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1109 17th St. So Arlington VA 22202		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Lynn Street Partners
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Reilly	7 Amount of contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code 788 Park St. Ashland OR 97520-2506		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Murphy	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 23 W. Wheeler Dr. Astoria OR 97103		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Sontag	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 225 Oval Park Maple Hill NC 27517		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) →
Date 10/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alexandra Guskos	Amount of contribution (\$) \$2.28
Contributor address; City; State; Zip Code 1317 Macon Ave. Pittsburg PA 15218		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) →

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 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benjamin Maloney	7 Amount of contribution (\$) \$1.00
6 Contributor address: City: State: Zip Code 154 Vital Street Lafayette LA 70506		
8 Principal occupation / Job title (See Instructions) Not employed →		9 Employer (See Instructions)
Date 10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Robinson	Amount of contribution (\$) \$1.00
Contributor address: City: State: Zip Code PO Box 361 200 2nd St Ave. E Luck WI 54853		
Principal occupation / Job title (See Instructions) Not employed →		Employer (See Instructions)
Date 10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeanne Woods	Amount of contribution (\$) \$1.00
Contributor address: City: State: Zip Code 3404 Churchmen Valparaiso IN 46383		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) School
Date 10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carole Muhl	Amount of contribution (\$) \$2.28
Contributor address: City: State: Zip Code 206 Westover Kansas City MO 64113		
Principal occupation / Job title (See Instructions) Not employed →		Employer (See Instructions)
Date 10/21	Full name of contributor Susan Francis	
Contributor address: City: State: Zip Code PO Box 307 Hancock NH 03449		Amount of contribution (\$) \$1.00
Not employed		

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:
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lindsay Battenberg	7 Amount of contribution (\$) \$15.69
6 Contributor address; City; State; Zip Code 1200 4th Ave San Francisco CA 94122 Apt 102		
8 Principal occupation / Job title (See Instructions) Program Officer		9 Employer (See Instructions) Climate Imperative
Date 10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose Anderson-Giips	Amount of contribution (\$) \$2.28
Contributor address; City; State; Zip Code 617 River Rd Deerfield MA 01342		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayana Johnson	Amount of contribution (\$) \$22.73
Contributor address; City; State; Zip Code 539 Atlantic Ave. Brooklyn NY 11217 #1704100		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtney Kishbaugh	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 1841 W 50th St Cleveland OH 44102		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) 1841 W. 50th St Cleveland Innovation Project

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:
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 10/27	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Kelbrian	7 Amount of contribution (\$) \$1.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 8230 Birch Ave Bloomington MN		
8 Principal occupation / Job title (See Instructions) Janitor		9 Employer (See Instructions) Tasks
Date 10/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Odanaka	Amount of contribution (\$) \$5.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 2155 Mountain Laurel Ct 92651 View Dr. Beach CA		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) ---
Date 10/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manna Jorema	Amount of contribution (\$) \$10.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 2018 Pinecreek Rd San Ramon CA 94583		
Principal occupation / Job title (See Instructions) Care Coordinator		Employer (See Instructions) Muir Wood Teen Center
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 FILER NAME Armon Alex	3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/22	5 Payee name Gulf Coast Screen & Stitch		
6 Amount (\$) \$208.92	7 Payee address: Cap's Lake Island Dr Ste. 103A	City: Corpus Christi	State: TX Zip Code 78412
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising Lit.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/11/22	Payee name TAMUCC-Libr Makerspace		
Amount (\$) \$27.28	Payee address: 1300 Ocean Dr.	City: Corpus Christi	State: TX Zip Code 78412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing literature @ library	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/11	Payee name Facebook, meta		
Amount (\$) \$75.00	Payee address: Facebook MA 1 Hacker Way	City: Menlo Park	State: CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description FB Ads	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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 Overseas/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)	
4 Date 10/12		5 Payee name The Home Depot			
6 Amount (\$) \$103.66		7 Payee address: 4038 S. FOR AVE.		City: Corpus Christi	State: TX Zip Code: 78415
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Steel posts (to put up campaign signs)		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 10/13		Payee name meta			
Amount (\$) \$46.26		Payee address: FB HQ Hacker way		City: menlo park	State: CA Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad.		Description FB ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19		Payee name Meta			
Amount (\$) \$75.00		Payee address: FB HQ Hacker way		City: Menlo Park	State: CA Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad.		Description FB ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 Expenses	Transportation Equipment & Related Expenses
Consulting Expenses	Food/Beverage Expense	Printing Expenses	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expenses	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 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)	
4 Date 10/19		5 Payee name Linktree			
6 Amount (\$) \$9.00		7 Payee address: 671 Jarrington St. Collingwood, Victoria Australia 3066			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ads.		(b) Description MONTHLY SUB.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/19		Payee name The Home Depot			
Amount (\$) \$72.77		Payee address: 5041 S. Ryland Island CC TX 78411			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads.		Description Steel Posts (for putting up signs)		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/20		Payee name Gulf Coast Screen & Stitch			
Amount (\$) \$417.85		Payee address: 0901 SPID St. 1037 CC TX 78412			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads.		Description Ads. + Lit.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expenses	Transportation Equipment & Related Expenses
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 FILER NAME Armen Alex			3 Filer ID (Ethics Commission Filers)		
4 Date 10/20		5 Payee name CIRCLE K					
6 Amount (\$) \$18.02		7 Payee address: 2202 Holly Rd 2202 Holly Rd			City: CC	State: TX	Zip Code 78411
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) transportation		(b) Description Gas				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 10/20		Payee name HeartMedia					
Amount (\$) \$2,001.09		Payee address: 501 Tupper Ln			City: CC	State: TX	Zip Code 78717
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ads.		Description Radiotime				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
Date 10/24		Payee name CIRCLE K					
Amount (\$) \$41.00		Payee address: 2202 Holly Rd 2202 Holly Rd			City: CC	State: TX	Zip Code 78411
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) transportation		Description Gas				
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Firmen Alex	3 Filer ID (Ethics Commission Filers)
4 Date 10/25	5 Payee name meta	
6 Amount (\$) \$125.00	7 Payee address: FB HQ 1 Hackerway City: Menlo Park State: CA Zip Code: 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ads	(b) Description FB ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/25	Payee name CHECKOUT 57	
Amount (\$) \$39.00	Payee address: 5602 SPID City: CC State: TX Zip Code: 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) transportation	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/26	Payee name Circle K	
Amount (\$) \$10.00	Payee address: 5602 SPID 2208 Holly Rd City: CC State: TX Zip Code: 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) transportation	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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 FILER NAME <i>Armon Alex</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28</i>	5 Payee name <i>Meta</i>	
6 Amount (\$) <i>175.00</i>	7 Payee address: <i>FB HQ 1 Hackerway</i> City: <i>MENLO PARK</i> State: <i>CA</i> Zip Code: <i>94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ads.</i>	(b) Description <i>FB Ad</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED