

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 File#)	2 Total pages filed 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX	APT / SUITE #, CITY, STATE, ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #, CITY, STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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		Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

Date Received
Date Filed 10/11/2022

Rebecca Huerta
City Secretary

Receipt # Amount \$
Date Processed
Date Imaged

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

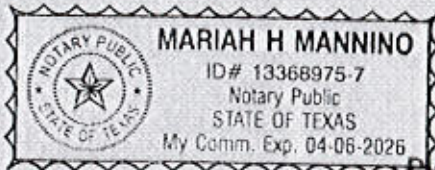
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Armon Alex		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)	\$ 7,816.42
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,091.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 3,263.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,263.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,091.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

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 11 day of October

20 22 to certify 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 Armon Alex		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,091.42
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ _____
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ _____
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ _____
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,203.17
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ _____
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ _____
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ _____
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ _____
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ _____
11. <input type="checkbox"/> SCHEDULE J: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ _____
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 112
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armon Alex	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 1010 La Joya Corpus Christi TX 78417		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 8/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alma Martinez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 10958 Moonlit Canyon San Antonio TX 78252		
Principal occupation / Job title (See Instructions) Exec Admin		Employer (See Instructions) University Health System
Date 8/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A Rance and G. Heike	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code PO Box 5 Chapman Ranch TX 78347		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 8/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tasmine Saravia	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 812 N. Palmetto St. San Antonio TX 78202		
Principal occupation / Job title (See Instructions) Digital Marketing		Employer (See Instructions) University Health System

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: 2/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/22	5 Full name of contributor Jill Bevelo <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 438 Howland Lane Los Angeles CA 90091		
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) Self
Date 8/31/22	Full name of contributor Guillermo Gallegos <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 7621 Cedar Brook Dr. Corpus Christi TX 78413		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED
Date 9/01/22	Full name of contributor Isha Sangani <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 11008 SE 47th St Bellevue WA 98006		
Principal occupation / Job title (See Instructions) Intern		Employer (See Instructions) National Ocean Protection Coalition
Date 9/01/22	Full name of contributor Brittini J. Young <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3725 La Paz Pr. Corpus Christi TX 78415		
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Idaho National Laboratory

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 3112
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 9/06/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Perez	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 6910 Ridgeline Ct. Corpus Christi TX 78413		
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Law Office of Joel Gonzalez
Date 9/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bretchen Schmid	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 114 Saint Marks Pl, New York NY 10009 Apt #4		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Harper Collins
Date 9/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benjamin Wessel	Amount of contribution (\$) \$2.57
Contributor address; City; State; Zip Code 200 Irving St, 4 San Francisco CA 94122		
Principal occupation / Job title (See Instructions) Campaigner		Employer (See Instructions) NextGen Climate
Date 9/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saman Seadat	Amount of contribution (\$) \$2.57
Contributor address; City; State; Zip Code 19681 Junipero Saratoga CA 95070 Way		
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Earth Justice

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: 4/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Fiers)
4 Date 9/8/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrie Firestone	7 Amount of contribution (\$) \$2.57
6 Contributor address; City; State; Zip Code 326 Cambridge Crossing Avon CT 06001		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 9/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eli Dickinson	Amount of contribution (\$) \$6.42
Contributor address; City; State; Zip Code 4118 Garrison St NW Washington DC 20016		
Principal occupation / Job title (See Instructions) cto		Employer (See Instructions) industry div
Date 9/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Murke	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 319 Rosebud Ave. Corpus Christi TX 78404		
Principal occupation / Job title (See Instructions) Coastal Bend Regional Coordinator		Employer (See Instructions) Texas Campaign for the Environment
Date 9/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armon Alex	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 11010 La Joya St. Corpus Christi TX 78417		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/22	5 Full name of contributor Griffin Teed <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code 661 Lafayette Ave Brooklyn NY 11216 #2		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self-Employed
Date 9/12/22	Full name of contributor Sally C Farris <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13043 Hunters Breeze St. San Antonio TX 78320		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 9/12/22	Full name of contributor Maggie Sealock <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7037 Islanderway Unit 2406 Corpus Christi TX 78412		
Principal occupation / Job title (See Instructions) Advocacy Field Organizer		Employer (See Instructions) Texas Rising
Date 9/13/22	Full name of contributor William Pilkins <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 1340 SE 187th Ave #506 Portland OR 97216-3216		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1112
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nathan Kane	7 Amount of contribution (\$) \$1.29
6 Contributor address; City; State; Zip Code Apt. 145B W. Marietta St. New Atlantic GA 30318		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Draper
Date 9/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dona Loy	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1 Venturers Field Rd Northampton MA 01066		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 9/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Wilburn	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4314 Cottage St Corpus Christi TX 78415		
Principal occupation / Job title (See Instructions) Jewelry Designer		Employer (See Instructions) Self
Date 9/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christina Gustavsson	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 222D Martha's Rd Alexandria VA 22307		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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: 712
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John O'Farrell	7 Amount of contribution (\$) \$192.31
6 Contributor address; City; State; Zip Code 320 Fletcher Dr. Atherton CA 94027		
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) AM Capital Management
Date 9/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathy Cunn	Amount of contribution (\$) \$38.46
Contributor address; City; State; Zip Code 991 Ute Avenue Aspen CO 81611		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 9/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Newman	Amount of contribution (\$) \$708.33
Contributor address; City; State; Zip Code 20 Bow Way Portola Valley CA 94028		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) SentinelOne
Date 9/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Newman	Amount of contribution (\$) \$708.33
Contributor address; City; State; Zip Code 20 Bow Way Portola Valley CA 94028		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) SentinelOne

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction guide explains how to complete this form.		1 Total page Schedule A1. 8/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Felicia Kisper Contributor address: City: State: Zip Code 4117 Ashwood Mesquite TX 75150 Drive	7 Amount of contribution (\$) \$25.00
6 Principal occupation / Job title (See instructions) Salon Owner		9 Employer (See instructions) Split Wigs Hair Studio
Date 9/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Aracely Martinez Contributor address: City: State: Zip Code 740 COUNTY RD 51 Corpus Christi TX 78415	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See instructions) Self-employed		Employer (See instructions) Aracely's Brown Shaping
Date 9/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Paola Esler Contributor address: City: State: Zip Code 5 MANTONWAY East Hampton NY 11937 #117	Amount of contribution (\$) \$2.39
Principal occupation / Job title (See instructions) Not employed		Employer (See instructions) Not employed
Date 9/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Marina Jurcma Contributor address: City: State: Zip Code 2818 Pine Valley San Roman CA 94583 Road	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See instructions) Case Coordinator		Employer (See instructions) Muir Wood Teen Center

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission File)
4 Date 10/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) Theresa Preston-Werner 6 Contributor address; City; State; Zip Code 325 Upper Town Dr, Ross CA 94457	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See instructions) Co-Founder		9 Employer (See instructions) Preston-Werner Ventures, LLC
Date 10/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) Kenny Myers Contributor address; City; State; Zip Code 122 W St Apt B Washington DC 20001	Amount of contribution (\$) \$1.00
Principal occupation / Job title (See instructions) Nonprofit		Employer (See instructions) Alliance for Youth Organizing
Date 10/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) Jordan Haeckler Contributor address; City; State; Zip Code 427 Kearny St, Washington DC 20017	Amount of contribution (\$) \$2.28
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Self
Date 10/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) Maura Conley Contributor address; City; State; Zip Code 121-1 Thomas St NW Washington DC 20001	Amount of contribution (\$) \$2.28
Principal occupation / Job title (See instructions) Consulting		Employer (See instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 10/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filer)
4 Date 10/4/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Schaefer	7 Amount of contribution (\$) \$1.14
8 Contributor address; City; State; Zip Code 75 Irving Ave Providence RI 02906		
6 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not employed
Date 10/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Vernon	Amount of contribution (\$) \$7.09
Contributor address; City; State; Zip Code 229 S Fillmore Denver CO 80216		
Principal occupation / Job title (See instructions) NGO		Employer (See instructions) One Tree Fund
Date 10/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicholas Josefowitz	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 2512 Pacific Ave San Francisco CA 94115		
Principal occupation / Job title (See instructions) Executive		Employer (See instructions) SPUR
Date 10/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian Flores	Amount of contribution (\$) \$1.00
Contributor address; City; State; Zip Code 709 15th St Union City NJ 07087		
Principal occupation / Job title (See instructions) Research		Employer (See instructions) NY Fed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 11/12
2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission File)
4 Date 10/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OS) _____ NICK BROOKS	7 Amount of contribution (\$) \$1.14
8 Contributor address: _____ 1094 11th St. Apt. A Oakland CA 94607		City: _____ State: _____ Zip Code _____
6 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Chegg
Date 10/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OS) _____ ROBERTA BARNETT	Amount of contribution (\$) \$2.28
Contributor address: _____ 370 W 30th St. Apt. 123 New York NY 10001		City: _____ State: _____ Zip Code _____
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) World Wide Technology
Date 10/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OS) _____ ANTHONY TORRES	Amount of contribution (\$) \$1.00
Contributor address: _____ 780 Saint Marks Ave. Brooklyn NY 11213		City: _____ State: _____ Zip Code _____
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ASO COMMUNICATIONS
Date 10/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (OS) _____ ADAM HASZ	Amount of contribution (\$) \$11.37
Contributor address: _____ 338 4th St SE Washington DC 20003		City: _____ State: _____ Zip Code _____
Principal occupation / Job title (See Instructions) Project Management		Employer (See Instructions) U.S. Department of Energy

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. <i>1 of 12</i>
2 FILER NAME <i>Armon Alex</i>		3 Filer ID (Ethics Commission Fiers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Teller Deposit - check</i>	7 Amount of contribution (\$) <i>\$150.00</i>
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# _____) <i>Teller Deposit - check</i>	Amount of contribution (\$) <i>\$100.00</i>
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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Expense | Food/Beverage Expense | Printing Expenses | 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: 1/11		2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filers)	
4 Date 8/22/22		5 Payee name Linktree			
6 Amount (\$) \$9.00		7 Payee address; City; State; Zip Code 371511ngton St Collingwood, Victoria 3066 Australia			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	(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 8/24/22		Payee name The Print Shop			
Amount (\$) \$231.00		Payee address; City; State; Zip Code 3906 S Jackson Rd Edinburg TX 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description down payment for yard 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 8/29/22		Payee name The Print Shop			
Amount (\$) \$231.00		Payee address; City; State; Zip Code 3906 S Jackson Rd Edinburg TX 78539			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description yard 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	

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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
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officer/holder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
GM/Auxiliary/Famously Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses
Printing Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8/11		2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Filer)	
4 Date 9/09/22		5 Payee name The Print Shop			
6 Amount (\$) \$270.03		7 Payee address: 3906 S. JACKSON Rd Edinburg		City: TX	State: Zip Code 78539
8 PURPOSE OF EXPENDITURE	8(a) Category (See Categories listed at the top of this schedule) Advertising Expense		8(b) Description Push Cards		
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, off/holder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/12/22		Payee name Gulf Coast Screen & Stitch			
Amount (\$) \$65.00		Payee address: 6901 Spadre Island Dr STE 103A		City: CORPUS CHRISTI	State: Zip Code TX 78412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, off/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/15/22		Payee name Gulf Coast Screen & Stitch			
Amount (\$) \$44.90		Payee address: 6901 Spadre Island Dr STE 103A		City: CORPUS CHRISTI	State: Zip Code TX 78412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign literature		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, off/holder 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 | Soluition/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expenses | Transportation Equipment & Related Expense |
| Consulting Expenses | 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 3/11		2 FILER NAME ARMON ALEX		3 Filer ID (Ethics Commission Filers)	
4 Date 9/15/22		5 Payee name Meta			
6 Amount (\$) \$2.00		7 Payee address: Facebook Headquarters 1 Hacker Way		City: Menlo Park	State: CA
				Zip Code: 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads		
	<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 COH		Candidate / Officeholder name		Office sought	Office held
Date 9/19/22		Payee name Milestones			
Amount (\$) \$49.96		Payee address: 1526 S Staples		City: Corpus Christi	State: TX
				Zip Code: 78404	
PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule) Advertising Expense		Description stickers		
	<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 COH		Candidate / Officeholder name		Office sought	Office held
Date 9/19/22		Payee name meta			
Amount (\$) \$2.00		Payee address: Facebook HQ 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 Expense		Description Facebook 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 COH		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Partial Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Substation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 4/11		2 FILER NAME Armon Alex		3 Filer ID (Ethics Commission Firms)	
4 Date 9/19/22		5 Payee name linktree			
6 Amount (\$) \$9.00		7 Payee address: City: State: Zip Code 37 Wlington St Collingwood Victoria 3006 Australia			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	<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 9/19/22		Payee name Meta			
Amount (\$) \$2.00		Payee address: City: State: Zip Code Facebook HQ Menlo Park CA 94025 Hacker way			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook 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 9/21/22		Payee name Meta			
Amount (\$) \$3.00		Payee address: City: State: Zip Code Facebook HQ Menlo Park CA 94025 Hacker way			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Facebook 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/holder/Political Committee
Credit Card Payment

Event Expense
Food
Food/Beverage Expense
Gifts/Wards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Partial Expense
Printing Expense
Printing Expense
Salaries/Wages/Contract Labor

Substantiation/Training Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 5/11	2 FILER NAME Armon Alex	3 Filer ID (Ethics Commission Filers)
4 Date 9/22/22	5 Payee name EWT Coast Mailing Services & Printing Services	
6 Amount (\$) \$86.00	7 Payee address 6605 Moore Island Dr Ste 103A	8 City, State, Zip Code Corpus Christi TX 78412
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Buttons, Campaign literature
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officer/holder name	Office sought	Office held
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Date 9/22/22	Payee name Meta	
Amount (\$) \$3.00	7 Payee address: Facebook HQ 1 Hacker Way	8 City, State, Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officer/holder name	Office sought	Office held
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Date 9/22/22	Payee name HEB PLUS	
Amount (\$) \$76.03	7 Payee address: 5313 Saratoga	8 City, State, Zip Code Corpus Christi TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fruit trays
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, off/holder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officer/holder 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 | Substantive/Fundraising Expenses |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officer/holder/Political Committee | Gift/Award/Memorable Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 011	2 FILER NAME ARMON ALEX	3 Filer ID (Ethics Commission Firms)
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4 Date 9/23/22	5 Payee name Meta
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6 Amount (\$) \$7.00	7 Payee address: Facebook HQ 1 Hacker Way	City: MENLO PARK	State: CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date 9/26/22	Payee name Meta
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Amount (\$) \$10.00	Payee address: Facebook HQ Hacker way	City: MENLO PARK	State: CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date 9/26/22	Payee name Meta
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Amount (\$) \$15.00	Payee address: Facebook HQ Hacker way	City: MENLO PARK	State: CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder 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 6(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/114	2 FILER NAME Armon Alex	3 Filer ID (Ethics Commission Filer)
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4 Date 9/27/22	5 Payee name Gulf Coast Screen & Print
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6 Amount (\$) \$208.93	7 Payee address: 19015 Lake Island Dr	City: Corpus Christi	State: TX	Zip Code 78412
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Makeup and Order of t-shirts
	(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 COH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/22	Payee name Gulf Coast Mailing Services
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Amount (\$) \$119.08	Payee address: PO BOX 9312	City: Corpus Christi	State: TX	Zip Code 78414
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing Services
	<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 COH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/22	Payee name Meta
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Amount (\$) \$15.00	Payee address: Facebook MA Hackerway	City: Menlo Park	State: CA	Zip Code 94402
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook 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 COH	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 | Solarization/Functionalizing Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidates/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: 3/11	2 FILER NAME Armon Alex	3 Filer ID (Ethics Commission Form)
4 Date 9/29/22	5 Payee name Meta	
6 Amount (\$) \$105.00	7 Payee address: FACEBOOK HQ 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditures to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/22	Payee name EMUP West Mailing Services		
Amount (\$) \$784.81	Payee address: PO Box 9312 City: Corpus Christi State: TX Zip Code: 78469		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Printing Services, yard signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditures to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/22	Payee name Meta		
Amount (\$) \$3500	Payee address: FACEBOOK HQ 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 Expense	Description Facebook Ads	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditures to benefit COH	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	Stationery/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expenses	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officer/holder/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 9/11	2 FILER NAME Armon Alex	3 Filer ID (Ethics Commission Filer)
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4 Date 10/05/22	5 Payee name Meta
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6 Amount (\$) \$50.00	7 Payee address: Facebook HQ 1 Hacker Way City: ALAMO PARK State: CA Zip Code: 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Facebook Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/06/22	Payee name The Print Shop Digital
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Amount (\$) \$487.13	Payee address: 3901 S. JACKSON RD City: EDINBURG State: TX Zip Code: 78539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: Campaign lit; yard signs, posters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 10/07/22	Payee name The Home Depot
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Amount (\$) \$72.52	Payee address: 5041 S PARKWAY DR City: CARPENTERSVILLE State: TX Zip Code: 78411
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expenses	Description: Adhesive poster strips, poles to hang campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit COH	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 Expenses	Event Expense	Loan Repayment/Reimbursement	Substantiation/Fundraising Expense
Accounting/Banking Fees	Fees	Office Overhead/Postal Expenses	Transportation Equipment & Related Expenses
Consulting Expenses	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officer/holder/Political Committee	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 10/11	2 FILER NAME ARMON ALEX	3 Filer ID (Ethics Commission Filers)
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4 Date 10/07/22	5 Payee name PARTY CITY
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6 Amount (\$) \$35.18	7 Payee address: 5425 Spive Island Dr Ste 133-A Corpus Christi TX 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSES	(b) Description RAINBOW GLASSES, BANDANAS FOR PRIDE EVENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date 10/07/22	Payee name TRAVEE MAKERSPACE CORPUS
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Amount (\$) \$27.28	Payee address: 4015 DEAN DR. Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN BANNERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date 10/17/22	Payee name PINK COAST SOUVENIR CORPUS
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Amount (\$) \$208.92	Payee address: 4015 Spive Island Dr Ste 103-A Corpus Christi TX 78412
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description CAMPAIGN LITERATURE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder 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 | Not a valid Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expenses | Transportation Equipment & Related Expenses |
| Consulting Expense | Food/Beverage Expense | Printing Expenses | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorabilia Expense | Printing Expenses | Travel Out Of District |
| Candidate/Officer/holder/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 11/11		2 FILER NAME ARMON ALEX		3 Filer ID (Ethics Commission Firms)	
4 Date 10/22		5 Payee name Meta			
6 Amount (\$) \$75.00		7 Payee address: FACEBOOK HQ 1 Hacker Way		City: MENLO PARK	State: CA Zip Code: 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FACEBOOK ADS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense		
9 Complete ONLY if direct expenditures to benefit COH		Candidate / Officer/holder name		Office sought / Office held	
Date 10/10/22		Payee name WEBX PRINTING @ FAMEL Digital			
Amount (\$) \$2.20		Payee address: 1805 Melvin Perry		City: Durham	State: NC Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		Description PRINTING CAMPAIGN LITERATURE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense		
Complete ONLY if direct expenditures to benefit COH		Candidate / Officer/holder name		Office sought / Office held	
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, officer/holder living expense		
Complete ONLY if direct expenditures to benefit COH		Candidate / Officer/holder name		Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED