CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Monica	MI R suffix	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box: 4126	eity; state; zip code		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 207 6762	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Matilda NICKNAME LAST Robles	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU P.O. Box 4126	JITE #; CITY; STATE; Dallas TX 75208	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before electrical Sth day before electrical States and the state of the stat		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 03 / 26 / 2019	THROUGH 04	Day Year 24 2019	
11 ELECTION	Month Day Year Primary 05 / 04 / 2019 X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known Council District 6		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)		
Monica R Alonzo					
16 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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OT S, LOANS, OR GUARANTEES OF LOANS), UNLES			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS) \$ 10350.00		
EXPENDITURE TOTALS	1 3 IOTAL POLITICAL EXPENDITIBLE OF \$100 OB LESS		\$ 984.06		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 20680.94		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF T ORTING PERIOD	HE LAST DAY \$ 72496.45		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LY OF THE REPORTING PERIOD	\$ AS OF THE \$ 0.00		
18 AFFIDAVIT			enalty of perjury, that the accompanying report is les all information required to be reported by me de.		
		ELECTRONIC	ALLY CERTIFIED		
		Signature	e of Candidate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, b	by the said Monica R Alonzo	, this the _26th		
day of <u>April</u>	, 20 <u>19</u> ,	to certify which, witness my hand and seal c			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Monica R Alonzo	20 Filer ID (Ethics Commission	Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		IBTOTAL MOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,3	350.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00	
4. SCHEDULE E: LOANS	\$ 0.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	STRIBUTIONS \$ 19,6	96.88
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS \$ 0.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$ 0.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ 0.00	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 0.00	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ONS \$ 0.00	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Monica R Alonzo			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/30/2019	Michael Uhrick		1000.00
00,00,2019	6 Contributor address; City; State;	Zip Code	1000100
	10228 Woodford Dallas,	TX 75229	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
04/09/2019	Neil Felder		500.00
	Contributor address; City; State;	Zip Code	
	P.O. Box 543033 Dallas,	TX 75354	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/11/2019	Neil Felder		500.00
	Contributor address; City; State; P.O. Box 543033 Dallas,	Zip Code TX 75354	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:	Amount of contribution (\$)
04/23/2019	Ann Billingsley	(15#)	500.00
	-	Zip Code TX 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 2 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Monica R Alonzo			
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/24/2019	Flora Hernandez		500.00
	6 Contributor address; City; State;	Zip Code	
	6042 Prestonshire Ln Dallas, 7	ΓX 75225	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/23/2019	Sam Schmaisani		1000.00
	Contributor address; City; State;	Zip Code	
	5608 Normandy Dr Colleyvi	ille, TX 76034	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/23/2019 Miriam Elhourani 1000.00			
	Contributor address; City; State; 5608 Normandy Dr Colleyvi	Zip Code ille, TX 76034	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
04/19/2019	Alan Walne		250.00
		Zip Code ΓX 75238	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Monica R Alonzo)		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/09/2019	Katherine S Rodriguez		500.00
	6 Contributor address; City; State;	Zip Code	
	5939 Meadow Crest Dallas,	TX 75230	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
• Timospar occa	salent too the (coo mondations)	3 Employor (Goo mondo)	ione,
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/04/2019	Ben Muro		300.00
04/04/2019	Contributor address; City; State;	Zip Code	300.00
		TX 75230	
	,		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (#)
	Tony Hinojosa	(15)	Amount of contribution (\$)
04/23/2019			50.00
	Contributor address; City; State;	•	
	2909 Garapan Dr Dallas,	TX 75224	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	,		,
Date		(ID#:)	Amount of contribution (\$)
04/22/2019	HARLAN CROW		1000.00
	Contributor address; City; State;	Zip Code	
	3819 MAPLE Dallas,	TX 75219	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Monica R Alonzo)		
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/22/2019	JAMES MARCHESANO		500.00
	6 Contributor address; City; State;	Zip Code	
	11916 S GRANITE AVE TULSA	, OK 74137	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
04/23/2019	Olegario Estrada		1000.00
	Contributor address; City; State;		
	5224 W. Jefferson Blvd Dallas, 7	TX 75211	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
03/31/2019	Lucio A DelToro		500.00
	Contributor address; City; State;	Zip Code	
	2860 Nolina Ln Round F	Rock, TX 78681	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
03/31/2019	Hector DelToro		250.00
	Contributor address; City; State; 8805 Caroline Rd Corpus		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 of 5
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Monica R Alonzo	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
04/23/2019 Jorge Villalobos	1000.00
6 Contributor address; City; State; Zip Code	
2728 McKinnon Dallas, TX 78201	
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
Fillicipal occupation / 300 title (See instructions)	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Ocharbator address, Oity, State, Zip oode	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Finicipal occupation / Job title (See instructions)	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Contributor addresses, City, Citate, Zip Code	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
,	
ATTACH ADDITIONAL CODIES OF THIS SCHEI	DIII E AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruc	tion Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Monica R Alonzo			3 Filer ID (Ethics Commission Filers)	
4 Date 04/08/2019	5 Payee name Gerardo DeLeon				
6 Amount (\$) 300.00	7 Payee address; 1835 Montclair	City; State; Zip Code Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Consulting Expense	listed at the top of this schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeho	lder name	Office sought	Office held	
Date 03/26/2019	Payee name Maria Muniz				
Amount (\$) 990.00	Payee address; 1836 1	City; State; Zip Code Dallas, TX 75223			
PURPOSE OF EXPENDITURE	Category (See Categories Consulting Expense	listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	lder name	Office sought	Office held	
Date 04/08/2019	Payee name Alicia Martinez				
Amount (\$) 528.00	Payee address; 1 1	City; State; Zip Code Dallas, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories Consulting Expense	listed at the top of this schedule)		ntside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	older name	Office sought	Office held	
	ATTACH ADDIT	TONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/	Wages/Contract Labor	Other (enter a category not listed	d above)
Credit Card Payment	The Instruction	Guide explains how to	complete this form.		
1 Total pages Schedule F1: 2 of 8	2 FILER NAME Monica R Alonzo			3 Filer ID (Ethics Commiss	sion Filers)
4 Date 04/08/2019	5 Payee name Valentine Direct				
6 Amount (\$) 3005.13		ty; State; Zip Code las, TX 75207			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Advertising Expense	at the top of this schedule)		utside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought	Office he	eld
Date 04/17/2019	Payee name Robert Hinguanzo				
Amount (\$) 100.00	_	ty; State; Zip Code las, TX 75212			
PURPOSE OF EXPENDITURE	Category (See Categories listed Contributions/Donations Ma Candidate/Officeholder/Poli	de By		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought	Office he	eld
Date 04/18/2019	Payee name Maria Torres				
Amount (\$) 1698.00		ty; State; Zip Code las, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed Consulting Expense	at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought	Office h	eld
	ATTACH ADDITION	IAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (actors a extension and listed above)

Credit Card Payment	The Instruction Guide explains how to (complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 8	2 FILER NAME Monica R Alonzo		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2019	5 Payee name CCW		
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1835 W. Davis St Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Comm		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/20/2019	Payee name Alicia Martinez		
Amount (\$) 540.00	Payee address; City; State; Zip Code 1835 Montclair Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/20/2019	Payee name Maria Muniz		
Amount (\$) 1078.00	Payee address; City; State; Zip Code 1836 1 Dallas, TX 75223		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		tside of Texas. Complete Schedule T. , 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 NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1: 4 of 8	2 FILER NAME Monica R Alonzo		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2019	5 Payee name Sonia Salas		
6 Amount (\$) 150.00	7 Payee address; City; State; Zi 1 1 Dallas, TX 75038	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 04/23/2019	Payee name Gerardo DeLeon		
Amount (\$) 180.00	Payee address; City; State; Zi 1 1 Dallas, TX 75208	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/23/2019	Payee name Valentine Direct		
Amount (\$) 5000.00	Payee address; City; State; Zi 2344 Farrington Dallas, TX 75207	p Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Advertising Expense	Check if travel o	utside of Texas. Complete Schedule T. n, 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 NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a dategory not noted above)
1 Total pages Schedule F1: 5 of 8	2 FILER NAME Monica R Alonzo		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2019	5 Payee name Wix		
6 Amount (\$) 174.00	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94102		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if Austin	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 04/01/2019	Payee name Tacos Mariachi		
Amount (\$) 75.14	Payee address; City; State; Zip Code 602 Singleton Blvd Dallas, CA 75212		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for volunteers	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/31/2019	Payee name Herreras		
Amount (\$) 64.94	Payee address; City; State; Zip Code 3311 Sylvan Ave Dallas, TX 75212		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. 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 NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District
Other (enter a setage)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1: 6 of 8	2 FILER NAME Monica R Alonzo		3 Filer ID (Ethics Commission Filers)		
4 Date 04/05/2019	5 Payee name West Dallas Chamber of Commerce				
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code 2060 Singleton Blvd Dallas, TX 75212				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/06/2019	Dulcet				
Amount (\$) 80.07	Payee address; City; State; Zip Code 320 Singleton Blvd Dallas, TX 75212				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 04/06/2019	Payee name Cabritos Los Cavazos				
Amount (\$) 145.37	Payee address; City; State; Zip Code 10240 N Walton Walker Bahkla s, TX 75220				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety hethological
1 Total pages Schedule F1: 7 of 8	·		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2019	5 Payee name Sprint		
6 Amount (\$) 680.35	7 Payee address; City; State; Zip Code P.O. Box 4475 Dallas, TX 75211		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 04/18/2019	Payee name Entercom		
Amount (\$) 950.00	Payee address; City; State; Zip Code P.O. Box 4440 Dallas, TX 75223		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/20/2019	Payee name Raul Restaurant		
Amount (\$) 175.88	Payee address; City; State; Zip Code 5336 Singleton Blvd Dallas, TX 75212		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 8 of 8	2 FILER NAME Monica R Alonzo	3	Filer ID (Ethics Commission Filers)		
4 Date 04/18/2019	5 Payee name Janie Reyna				
6 Amount (\$) 3642.00	7 Payee address; City; State; Zip Code P.O. Box 4126 Dallas, TX 75208				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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					