

# 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:

16

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Monica		R		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	NICKNAME	LAST	SUFFIX	Date Received	
	Alonzo				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE
	PO Box: 4126		Dallas TX 75208		
<b>6</b> CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	( 214 )	207 6762			
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Matilda			Date Processed	
<b>8</b> CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged	
	Robles				
<b>9</b> REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	P.O. Box 4126 Dallas TX 75208				
<b>10</b> PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION				
	( )				
<b>11</b> ELECTION	<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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
	Month Day Year    Month Day Year 03 / 26 / 2019    THROUGH    04 / 24 / 2019				
<b>12</b> OFFICE	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05 / 04 / 2019		
<b>13</b> OFFICE SOUGHT (if known)	OFFICE HELD (if any)		OFFICE SOUGHT (if known)		
	NA		Council District 6		

**GO TO PAGE 2**

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

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Revised 9/8/2015

# 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

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,350.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,696.88
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
1 of 5

**2** FILER NAME

Monica R Alonzo

**3** Filer ID (Ethics Commission Filers)

**4** Date

03/30/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Uhrick

**6** Contributor address;

City; State; Zip Code

10228 Woodford

Dallas, TX 75229

**7** Amount of contribution (\$)

1000.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Neil Felder

Contributor address;

City; State; Zip Code

P.O. Box 543033

Dallas, TX 75354

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Neil Felder

Contributor address;

City; State; Zip Code

P.O. Box 543033

Dallas, TX 75354

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Billingsley

Contributor address;

City; State; Zip Code

1722 Routh

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
2 of 5

2 FILER NAME

Monica R Alonzo

3 Filer ID (Ethics Commission Filers)

4 Date

04/24/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Flora Hernandez

6 Contributor address;

City; State; Zip Code

6042 Prestonshire Ln

Dallas, TX 75225

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sam Schmaisani

Contributor address;

City; State; Zip Code

5608 Normandy Dr

Colleyville, TX 76034

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Miriam Elhourani

Contributor address;

City; State; Zip Code

5608 Normandy Dr

Colleyville, TX 76034

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alan Walne

Contributor address;

City; State; Zip Code

10020 Caribou Trail

Dallas, TX 75238

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 5

**2** FILER NAME

Monica R Alonzo

**3** Filer ID (Ethics Commission Filers)

**4** Date

04/09/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Katherine S Rodriguez

**6** Contributor address;

City; State; Zip Code

5939 Meadow Crest

Dallas, TX 75230

**7** Amount of contribution (\$)

500.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

04/04/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Muro

Contributor address;

City; State; Zip Code

7106 Lakehurst

Dallas, TX 75230

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tony Hinojosa

Contributor address;

City; State; Zip Code

2909 Garapan Dr

Dallas, TX 75224

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/22/2019

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

HARLAN CROW

Contributor address;

City; State; Zip Code

3819 MAPLE

Dallas, TX 75219

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

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**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
4 of 5**2** FILER NAME

Monica R Alonzo

**3** Filer ID (Ethics Commission Filers)**4** Date

04/22/2019

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

JAMES MARCHESANO

**7** Amount of contribution (\$)

500.00

**6** Contributor address;

City; State; Zip Code

11916 S GRANITE AVE

TULSA, OK 74137

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

04/23/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Olegario Estrada

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

5224 W. Jefferson Blvd

Dallas, TX 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/31/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lucio A DelToro

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

2860 Nolina Ln

Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/31/2019

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hector DelToro

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

8805 Caroline Rd

Corpus Christi, TX 78409

Principal occupation / Job title (See Instructions)

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5 of 5

**2** FILER NAME

Monica R Alonzo

**3** Filer ID (Ethics Commission Filers)

**4** Date

04/23/2019

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jorge Villalobos

**6** Contributor address;

City; State; Zip Code

2728 McKinnon

Dallas, TX 78201

**7** Amount of contribution (\$)

1000.00

**8** Principal occupation / Job title (See Instructions)

**9** 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)

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)

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 1 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/08/2019	<b>5</b> Payee name Gerardo DeLeon	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 1835 Montclair Dallas, TX 75208	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/26/2019	Payee name Maria Muniz	
Amount (\$) 990.00	Payee address; City; State; Zip Code 1836 1 Dallas, TX 75223	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/08/2019	Payee name Alicia Martinez	
Amount (\$) 528.00	Payee address; City; State; Zip Code 1 1 Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 2 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/08/2019	<b>5</b> Payee name Valentine Direct	
<b>6</b> Amount (\$) 3005.13	<b>7</b> Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailing printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2019	Candidate / Officeholder name Robert Hinguanzo	
Amount (\$) 100.00	Office sought Office held	
Payee name City; State; Zip Code	Payee address; 3225 Bataan Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Comm...	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation for Easter event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2019	Candidate / Officeholder name Maria Torres	
Amount (\$) 1698.00	Office sought Office held	
Payee name City; State; Zip Code	Payee address; P.O. Box 4126 Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 3 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/2019	<b>5</b> Payee name CCW	
<b>6</b> Amount (\$) 75.00	<b>7</b> Payee address; City; State; Zip Code 1835 W. Davis St Dallas, TX 75208	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Comm...	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2019	Candidate / Officeholder name Alicia Martinez	
Amount (\$) 540.00	Payee address; City; State; Zip Code 1835 Montclair Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2019	Candidate / Officeholder name Maria Muniz	
Amount (\$) 1078.00	Payee address; City; State; Zip Code 1836 1 Dallas, TX 75223	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 4 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/2019	<b>5</b> Payee name Sonia Salas	
<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code 1 1 Dallas, TX 75038	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Comm...	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
Date 04/23/2019	Payee name Gerardo DeLeon	
Amount (\$) 180.00	Payee address; City; State; Zip Code 1 1 Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Consulting
Complete <u>ONLY</u> 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; Zip Code 2344 Farrington Dallas, TX 75207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Asvertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name                      Office sought                      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 5 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/01/2019	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) 174.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94102	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for volunteers
Complete <u>ONLY</u> 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

### 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/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.

<b>1</b> Total pages Schedule F1: 6 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/05/2019	<b>5</b> Payee name West Dallas Chamber of Commerce	
<b>6</b> Amount (\$) 65.00	<b>7</b> Payee address; City; State; Zip Code 2060 Singleton Blvd Dallas, TX 75212	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Luncheon event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 04/06/2019	Payee name Dulcet	
Amount (\$) 80.07	Payee address; City; State; Zip Code 320 Singleton Blvd Dallas, TX 75212	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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 Blvd Dallas, TX 75220	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

<b>1</b> Total pages Schedule F1: 7 of 8	<b>2</b> FILER NAME Monica R Alonzo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/09/2019	<b>5</b> Payee name Sprint	
<b>6</b> Amount (\$) 680.35	<b>7</b> Payee address; City; State; Zip Code P.O. Box 4475 Dallas, TX 75211	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Phone
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Advertising
	Complete <u>ONLY</u> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food for volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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/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.

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