

Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2020212

Received By Clerk: 2/3/2020

File Date: February 03, 2020

Office: Commissioner Pct. 3

Candidate: Alexander, Diana

Treasurer: DeRocha, Kara

Category: Contributions And Expenditures

Delivered By: Electronically Filed

Type: COR

Harris County No Fee

**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) 2019224		2. Total pages filed: 9			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		OFFICE USE ONLY Date Received		
		Diana					
	NICKNAME	LAST	SUFFIX		Date Hand-delivered or Date Postmarked		
		Alexander					
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:		APT/SUITE #	CITY	STATE:	ZIP CODE	
	10245 Kempwood Dr. Ste. E #238			Houston	TX	77043	
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Date Processed		
		Kara			Date Imaged		
	NICKNAME	LAST	SUFFIX				
		DeRocha					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS:		APT/SUITE #	CITY	STATE:	ZIP CODE	
	9414 Albury Dr			Houston	TX	77096	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(832) 563-8049					
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
				<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> Final report (Attach- COH-FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH:	Month	Day	Year
			01/01/2020				01/23/2020
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		3/3/2020		<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Other Office: HC Comm. Pct 3.			
GO TO PAGE 2							

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Diana Alexander 15 Filer ID (Ethics Commission Filers) 2019224

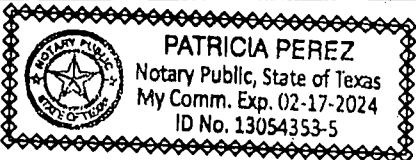
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00	
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$510.00	
	EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
		4	TOTAL POLITICAL EXPENDITURES	\$1,104.78
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$3,194.24	
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00	

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Diana Alexander, this the 3 day of February 20 20 to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Patricia Perez Title of officer administering oath Personal Banker

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19. FILER NAME Diana Alexander	20. FILER ID (Ethics Commission Filers) 2019224
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALS AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$510.00
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 CONTRIBUTIONS	\$1,104.78
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 FUNDS	\$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 CONTRIBUTIONS	\$0.00
12. 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: not available
2. FILER NAME Diana Alexander		3. Filer ID (Ethics Commission Filers) 2019224
4. Date 01/21/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Margarita Arevalo 6. Contributor address; City; State; ZIP Code 13123 Lindenloch Ln Houston, TX 77085-2275	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Pete Daley 6. Contributor address; City; State; ZIP Code 811 Windsor Woods Ln Katy, TX 77494-5002	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/01/2020	5. Full name of contributor. <input type="checkbox"/> out-of-state PAC _____ David Galvin 6. Contributor address; City; State; ZIP Code 13814 Pebblebrook Dr Houston, TX 77079-5806	7. Amount of contribution (\$) \$15.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/02/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Nancy George 6. Contributor address; City; State; ZIP Code 4413 Coyle St Houston, TX 77023-3503	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions) Retired		9. Employer (See Instructions) Retired
4. Date 01/21/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Melanie Jackson 6. Contributor address; City; State; ZIP Code 114 Houston, TX 77009	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. 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: not available
2. FILER NAME Diana Alexander		3. Filer ID (Ethics Commission Filers) 2019224
4. Date 01/14/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Polly Johnson 6. Contributor address; City; State; ZIP Code 3600 Montrose Blvd Unit 801 Houston, TX 77006-4648	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/19/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Tanvi Patel 6. Contributor address; City; State; ZIP Code 1219 Afton St Houston, TX 77055-7021	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/08/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Samantha Pisarski-May 6. Contributor address; City; State; ZIP Code 17807 Lakecrest View Dr Apt 7103 Cypress, TX 77433-3745	7. Amount of contribution (\$) \$5.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/15/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Chris Tebow Smith 6. Contributor address; City; State; ZIP Code 9349 Greensward Rd Houston, TX 77080-7413	7. Amount of contribution (\$) \$10.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/09/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kandice Webber 6. Contributor address; City; State; ZIP Code 4819 Winfree Dr Houston, TX 77021-2825	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A1: not available
2. FILER NAME Diana Alexander		3. Filer ID (Ethics Commission Filers) 2019224
4. Date 01/22/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Mindy Wilson 6. Contributor address; City; State; ZIP Code 1026 Chantilly Ln Houston, TX 77018-3218	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 01/19/2020	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Steven Wu 6. Contributor address; City; State; ZIP Code 4848 Pin Oak Park Apt 304 Houston, TX 77081-2276	7. Amount of contribution (\$) \$50.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 01/08/2020	5 Payee name Bayou Blue Democrats	
6 Amount \$20.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020-4304	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political committee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/07/2020	5 Payee name Facebook	
6 Amount \$250.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/21/2020	5 Payee name Facebook	
6 Amount \$316.81	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 01/02/2020	5 Payee name Google	
6 Amount \$12.79	7 Payee address; City; State: Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043-1351	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense webhosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/01/2020	5 Payee name NGP VAN INC MOTO	
6 Amount \$150.00	7 Payee address; City; State: Zip Code 1445 New York Ave NW Ste 200 Washington, DC 20005-2158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense VAN Access
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/15/2020	5 Payee name Postal Plus Copy Center	
6 Amount \$69.95	7 Payee address; City; State: Zip Code 9668 Westheimer Rd Ste 200 Houston, TX 77063-3242	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check If travel outside of Texas, complete Schedule T <input type="checkbox"/> Check If Austin, TX, officeholder living expense Office expenses/stamps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Office Overhead/Rental	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Polling Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 01/17/2020	5 Payee name Rubber Stamp Champ	
6 Amount \$35.46	7 Payee address; City; State; Zip Code 409 Enterprise St San Marcos, CA 92078-4364	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/06/2020	5 Payee name Spotlight Karaoke	
6 Amount \$200.00	7 Payee address; City; State; Zip Code 5901 Westheimer Rd Houston, TX 77057-7634	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 01/16/2020	5 Payee name Staples	
6 Amount \$49.77	7 Payee address; City; State; Zip Code 19507 Interstate 45 Ste 500 Spring, TX 77388-6067	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.