

Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2019274
Received By Clerk: 7/15/2019
File Date: July 15, 2019
Office: Not Available
Candidate: Alexander, Diana
Treasurer: DeRocha, Kara
Category: Contributions And Expenditures
Delivered By: Electronically Filed
Type: COR

Harris County No Fee

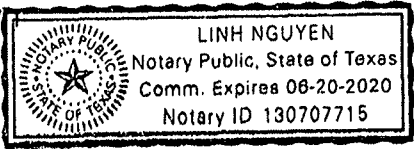
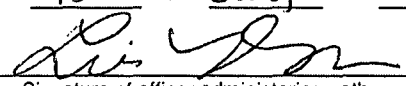
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 13		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI		OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS /PO BOX:		APT/SUITE #	CITY	STATE: ZIP CODE	
	10245 Kempwood Dr. Ste. E #238			Houston	TX 77043	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #	
		(978) 276-4108				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI		Date Processed	
	NICKNAME	LAST	SUFFIX			
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		Amount \$	
		(832) 563-8049				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach- COH-FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		06/18/2019		THROUGH	06/30/2019	
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)		
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
<input type="checkbox"/> additional pages	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	\$640.00
EXPENDITURE TOTALS	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,210.00
	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$7.57
	4	TOTAL POLITICAL EXPENDITURES	\$445.53
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,982.62
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00
18 AFFIDAVIT	<div style="display: flex; justify-content: space-between;"> <div>  <p> 18 AFFIDAVIT 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. </p> </div> <div> <p> LINH NGUYEN Notary Public, State of Texas Comm. Expires 08-20-2020 Notary ID 130707715 </p> </div> </div> <p> AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Diana Alexander</u>, this the <u>15</u> day of <u>July</u> 20 <u>19</u> to certify which, witness my hand and seal of office. </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>  Signature of officer administering oath </div> <div> <u>LINH NGUYEN</u> Printed name of officer administering oath </div> <div> <u>NOTARY PUBLIC</u> Title of officer administering oath </div> </div>		

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		\$2,360.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$1,850.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4. SCHEDULE E: LOANS		\$175.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$377.38
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		\$68.15
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 06/28/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Le Mans Ashford 6. Contributor address; City; State; ZIP Code 6355 Provident Green Dr Katy, TX 77449-2069	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/27/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Linda Bennett 6. Contributor address; City; State; ZIP Code 416 W 24th St Houston, TX 77008-2037	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/27/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Greg Broyles 6. Contributor address; City; State; ZIP Code 2612 Greenleaf St Houston, TX 77009-7404	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/27/2019	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 (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/21/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC _____ Kara Hagen 6. Contributor address; City; State; ZIP Code 1302 W Donovan St Houston, TX 77091-5533	7. Amount of contribution (\$) \$100.00
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 06/27/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Kara Hagen 6. Contributor address; City; State; ZIP Code 1302 W Donovan St Houston, TX 77091-5533	7. Amount of contribution (\$) \$20.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/27/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC David Lopez 6. Contributor address; City; State; ZIP Code 9521 Kerrwood Ln Houston, TX 77080-5319	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/28/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Deborah Milner 6. Contributor address; City; State; ZIP Code 532 W 23rd St Houston, TX 77008-1940	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/27/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Roopa Nalam 6. Contributor address; City; State; ZIP Code 7350 Kirby Dr Houston, TX 77030-3500	7. Amount of contribution (\$) \$200.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)
4. Date 06/30/2019	5. Full name of contributor <input type="checkbox"/> out-of-state PAC Shannon Westin 6. Contributor address; City; State; ZIP Code 4026 University Blvd Houston, TX 77005-2712	7. Amount of contribution (\$) \$100.00
8. Principal occupation / Job title (See Instructions)		9. Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 06/27/2019	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 (\$) \$500.00
8. Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed

COPY UNOFFICIAL

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1. Total pages Schedule A2: not available	
2. FILER NAME Diana Alexander		3. Filer ID (Ethics Commission Filers) 2019224	
4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 06/27/2019	6 Full name of contributor Human Age Digital 7 Contributor address; City; State; Zip Code 2700 Post Oak Blvd FI 21 Houston, TX 77056-5797	8 Amount of contribution (\$) \$1,850.00	9 In-Kind contribution description Website and Logo design
		<input type="checkbox"/> out-of-state PAC	
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job Title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (If any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parents (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1. Total pages Schedule E: not available	
2. FILER NAME Diana Alexander		3. Filer ID (Ethics Commission Filers) 2019224	
4. TOTAL OF UNITEMIZED LOANS		\$0.00	
5. Date of loan 06/20/2019	7. Name of lender Diana Alexander <input type="checkbox"/> out-of-state PAC _____		9. Loan Amount \$175.00
6. Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8. Lender address; City; State; ZIP Code 10238 Rothbury St Houston, TX 77043-1815		10. Interest rate 0.00%
			11. Maturity date 06/30/2019
12. Principal occupation / Job title (See Instructions)		13. Employer (See Instructions)	
14. Description of Collateral <input checked="" type="checkbox"/> none		15. Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16. GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17. Name of guarantor		19. Amount Guaranteed (\$)
	18. Guarantor address; City; State; ZIP Code		
20. Principal Occupation (See Instructions)		21. 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 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
Consulting Expense Food/Beverage Expense Printing Expense Expense
Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel In District
Candidate/Officeholder/Political Legal Services Other (enter a category not listed above)
Committee
Credit Card Payment

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 06/30/2019	5 Payee name Diana Alexander	
6 Amount \$68.15	7 Payee address; City: State: Zip Code 10238 Rothbury St Houston, TX 77043-1815	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse purchases from personal funds
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/30/2019	5 Payee name Diana Alexander	
6 Amount \$175.00	7 Payee address; City: State: Zip Code 10238 Rothbury St Houston, TX 77043-1815	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense repayment opening bank deposit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/27/2019	5 Payee name Chavez Mexican Restaurant	
6 Amount \$8.14	7 Payee address; City: State: Zip Code 2557 Gessner Rd Houston, TX 77080-3801	
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 food for launch party
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
Consulting Expense	Food/Beverage Expense	Printing Expense	Expense
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel In District
Candidate/Officeholder/Political	Legal Services		Travel Out of District
Committee			Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 06/27/2019	5 Payee name Chavez Mexican Restaurant	
6 Amount \$8.14	7 Payee address; City: State: Zip Code 2557 Gessner Rd Houston, TX 77080-3801	
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 Food for launch party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
4 Date 06/27/2019	5 Payee name Chavez Mexican Restaurant	
6 Amount \$110.38	7 Payee address; City: State: Zip Code 2557 Gessner Rd Houston, TX 77080-3801	
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 Food at Launch Party
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials 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 G:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 06/18/2019	5 Payee name Google	
6 Amount \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <i>Set up campaign domain name</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <i>Office held</i>
4 Date 06/18/2019	5 Payee name Google	
6 Amount \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <i>Set up campaign domain name</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <i>Office held</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials 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 G:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 06/18/2019	5 Payee name Google	
6 Amount \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 <i>Setup Campaign Suite</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <i>Office held</i>
4 Date 06/18/2019	5 Payee name Harris County Clerk	
6 Amount \$18.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5900 Canal St Houston, TX 77011-2320	
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 <i>Filing fees to Harris County</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought <i>Office held</i>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials 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 G:	2. FILER NAME Diana Alexander	3. Filer ID (Ethics Commission Filers) 2019224
4 Date 06/18/2019	5 Payee name USPS	
6 Amount \$14.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1500 Hadley St Houston, TX 77002-8919	
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 <i>registered mail for DBA</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

RECORDER'S MEMORANDUM:

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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED