CANDIDAT CAMPAIG		FORM C/OH COVER SHEET PG 1				
The C/OH Instruction Guide explains how to complete this form.  1 Filor ID (Chics Commission Filors)				2 Total pages filed 9		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Lennox		MI J	OFFICE USE ONLY	
NAME	NICKNAME	LAST Alfred		Suffik	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 13	378 Salad		76571		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 254 ) 535	PHONE NUMBER 5-5382	EX	ENSION	Date Hand-delivered or Date Postmirked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MS.  NICKNAME	rirst  Darlene		MI R SUFFIX	Receipt # Amount \$	
		Alfred		3821115	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P.O. Box 1378 Salado TX 76571					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 254 ) 535-5382					
9 REPORT TYPE	January 15	30th day before		Runoff  Exceeded Modified	15lls day after campaign treasurer rappointment (Officeholder Only)	
10 PERIOD	- T		electron	Reporting Limit  Month	Day Year	
COVERED	Month 04	06 2023	THROUG	0.4	730 a	
11 ELECTION	Month Day 05 06	Yenr Prima 2023 X Gonn		CI ECTION TYPE  Other  Description		
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOLIGHT (if known)  Alderman					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATES OF OFFICENOLOGY. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICENOLOGY'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICENOLOGY'S REPENDITURES					
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	[] GENERAL	COMMITTEE ADDRESS				
rounden rages	SPECIFIC	COMMITTEE CAMPAIGN F				
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
		GO TO	O PAGE 2			

CAMPAIGN	E / OFFICEHOLDER   FINANCE REPORT		FORM C/OH COVER SHEET PG
COH NAME	nnox J. Alfred		16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4396.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	\$ 0	
nasiona ito(avaeres	4. TOTAL POLITICAL EXPENDITUR	\$ 2391.52	
CONTRIBUTION BALANCE	1 5 I DEAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		\$ 2005.45
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$ 0
	.,177400	Signature of Can	didate or Officeholder
	LETICIA GAUNA My Notary ID # 131037 Expires March 9, 202		
NOTARY STAMP/SEA	Expires Merch 9, 203  TETICIA GAUNA  My Notary ID # 131037	either option below	:
NOTARY STAMP/SEA worn to and subscribed to certify	Defore me by A Horse Ward ID # 131032  TELICIP GYNNY  Defore me by A Horse ID # 131032  Defore me by A Horse	either option below	08th day of April
NOTARY STAMP/SEA worn to and subscribed to certify to certify the control of the certification of the certificatio	Defore me by A Horse Ward ID # 131032  TELICIP GYNNY  Defore me by A Horse ID # 131032  Defore me by A Horse	either option below	28th day of April Clerk Title of officer administering a
Affidavit  NOTARY STAMP/SEA  vom to and subscribed  23 to certify  name is	Expires Merch 9, 203.  Wy Notary ID # 131037  Wy Notary ID # 131037  TELICIA GAUNA  Thich, winess my hand and seal of office.  The printed name of officer of the printed part of the prin	either option below  This the continuistering oath	28th day of April  Clerk Title of officer administering o
NOTARY STAMP/SEA worn to and subscribed to certify to certify the control of the certification of the certificatio	cot '6 yang septon's All All All All All All All All All Al	either option below  This the condiministering oath  and my date of birth is  (city) (st	Olerk Title of officer administrating  (zip code) (country)

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schodule A1: The Instruction Guide explains how to complete this form. 1-2 2 FILER NAME 3 Filer ID (Ethics Commission Filera) Lennox J. Alfred 4 Onto 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#\_\_\_ Texas Realtors (TREPAC) \$1,000.00 4/25/2034 6 Contributor address; State; Zip Code City: 1115 San Jacinto Blvd Austin TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date Dout-of-state PAC (IDII) Amount of contribution (\$) Lennox J. Alfred Contributor address \$1,000.00 City: State: Zip Code 4/25/2023 2811 Chisholm Tr Salado TX 76571 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Oul-of-state PAC (ID# Amount of contribution (\$) **Neal White** 4/25/2023 \$100.00 Contributor address; City: State: Zip Code 6950 N. Lakeview Dr Salado TX 76571 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Telisa Watkins Contributor address; City: State; Zip Code \$150.00 4/18/2023 5114 Chapel Lane NC 28314 Fayetteville, 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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2-2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lennox J. Alfred 4 Date 5 Full name of contributor Out-of-state PAC (IDII: 7 Amount of contribution (\$) Anthony J. Langley \$200.00 4/10/2034 6 Contributor address State: Zip Code City; 18135 Glenledi Dr Houston TX 77084 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) Contributor address, City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) 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) 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.

### **LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E The Instruction Guide explains how to complete this form. 1-2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lennox J. Alfred 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (ID#:\_ \$100.00 2/22/2023 Lennox J. Alfred 6 is lender 10 Interest rate 8 Lender address: City; State: Zip Code Institution? 11 Maturity date 2811 Chisholm Trl Salado TX 76571 Υ 05/04/2023 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political X account (See Instructions) |X none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (IDI) Lennox J. Alfred 02/28/2023 \$900.00 Interest rate is lender Lendor address City; State; Zip Code Institution? Maturity date 2811 Chisholm Trl Salado TX 76571 05/04/2023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guaranter State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schodulo E The Instruction Guide explains how to complete this form. 2-2 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lennox J. Alfred 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender Out-of-state PAC (10# 9 Loan Amount (\$) \$1000.00 04/25/2023 Lennox J. Alfred 6 Is lender 10 Interest rate 8 Lender address, City: State: Zip Code a financial Institution? 11 Maturity date 2811 Chisholm Trl Salado TX 76571 05/04/2023 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none 15 GUARANTOR 17 Name of guaranter 19 Amount Guaranteed (5) 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Out-of state PAC (ID# Interest rate ts lender State, Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) State; Zip Code Guarantor address: City; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

	EXPENDITURE CATEGORIES	S FOR BOX 10(a)				
Advantising Expenso Accounting/Banking Consulting Expense Contributions/Denations Made B Candidate/Officeholder/Political	Fees Office   Food/Beverage Expense Polling  ly Gift/Awards/Momorials Expense Printin	opnyment/Reinsbursement Overhead/Rental Expense (Expense g Expense g/Weges/Contract Labor p complete this form.	Solicitation/Fundralis Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Exper		
Total pages Schedule F4	2 FILER NAME Lennox J. Alfred	5	3 Filer ID (Ethics (	Commission Filers)		
TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$			
Date 04/26/2023	6 Payee name Lennox J. Alfred					
Amount (\$)	8 Payoo address:	City	State;	Zip Code		
2,000.00	2811 Chisholm Trl Salado TX 7	6571				
TYPE OF EXPENDITURE	Political Nor	n-Political				
0	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement Re		epay Loan			
	(C) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder tiving expense.					
1 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eeld		
Date	Payee name					
04/20/2023	Salado Village Voice					
Amount (\$)	Payee address:	City.	State,	Zip Code		
\$105.00	P.O. Box 587 Salado TX 76571					
TYPE OF EXPENDITURE	Political No	n-Political				
	Category (See Categories listed at the top of this schedule	) Description	Description			
PURPOSE OF Expenditure	Advertising	Politic	Political Ad			
	Check if Iravet outside of Texas Complete Schedule T Check if Austin, TX, officeholder flying expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office t	nekd		

# EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

			SCHEDULE I T		
If the requested inform	nation is not applicable, DO NOT incl	ude this page in the re	port.		
	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)			
Advortising Expense: Accounting/Brinking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services	Loen Repayment/Reimbursament Office Overhead/Rental Exponse Polling Exponse Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4	The Instruction Guide explains 2 FILER NAME	s now to complete tills form.	2 Flux III Make Complete Flux		
2-3	Lennox J. Alfred		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date 04/12/2023	6 Payee name FastSigns of Killeen				
7 Amount (\$)	8 Payee address;	City;	State Zip Code		
\$149.52	507 Priest Dr Killeen TX	76541			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Calegory (See Caregores listed at the top of this schedule) (b) Description				
PURPOSE OF Expenditure	Advertising	Political S	Political Signs		
	(C) Check if travel outside of Taxas Complete Schedule T Check if Austin, IX, efficeholder Ising expense				
11 Complete QNLY if direct expenditure to benefit CrOH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/11/2023	Salado Village Voice				
Amount (\$)	Payee address.	City:	Statu, Zip Code		
\$105.00	P.O. Box 587 Salado TX 76	571			
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of this	uchedule) Description			
PURPOSE OF EXPENDITURE	Advertising	Politic	Political Ad		
	Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	110.000 - 10.1		TIPE AND THE STATE OF THE STATE		
	······				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED		

## **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advartising Expense Anxiounting/Banking Consulting Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Exponse Polling Expense Philling Expense Salaries/Wages/Contract Labor Event Expense Soficitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F4 2 FILER NAME 3 Filler ID (Ethics Commission Filers) Lennox J. Alfred 3-3 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Campaign Partner 5 Date 04/26/2023 7 Amount (\$) 8 Payee address; City; State: Zip Code \$32.00 P.O. Box 118 Still River MA 01467 TYPE OF X Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Advertising Website Hosting Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories fished at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin\_TX, officeholder flying expense Chécia il travel outside of Texas. Complete Schedule T Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED