

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: **20**

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. Diana
NICKNAME LAST SUFFIX
Martinez Alexander

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10238 Rothbury St. Houston TX 77043

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 282-8255

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Felipe
NICKNAME LAST SUFFIX
Elizondo

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9235 Blankenship Drive Houston TX 77080

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 303-4126

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
3 / 31 / 25 THROUGH 4 / 24 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 3 / 25 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SBISD Trustee Position 5

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 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

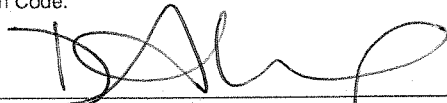
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Diana Martinez Alexander

16 Filer ID (Ethics Commission Filers)

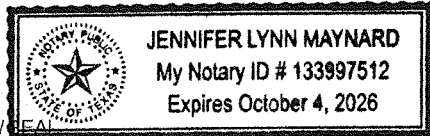
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,394.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,829.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,565.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Diana Martinez Alexander this the 2 day of May, 2025, to certify which, witness my hand and seal of office.

J Maynard Signature of officer administering oath
Jennifer Maynard Printed name of officer administering oath
notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Diana Martinez Alexander

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,626.76
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 767.97
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,829.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 560.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Full name of contributor out-of-state PAC (ID#.....) Noelle McSherry 6 Contributor address; City; State; Zip Code 1316 Lakin St Houston TX 77007	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/25	Full name of contributor out-of-state PAC (ID#.....) Joyce Almaguer Reisdorf Contributor address; City; State; Zip Code 7412 Heilig Rd Houston TX 77074	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor out-of-state PAC (ID#.....) Lisa Robinson Contributor address; City; State; Zip Code 3703 Aberdeen Way Houston TX 77025	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/25	Full name of contributor out-of-state PAC (ID#.....) Stephanie Porter Contributor address; City; State; Zip Code 5222 Mount Vernon St. Houston TX 77006	Amount of contribution (\$) \$25.00
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Full name of contributor out-of-state PAC (ID#:.....) Susan Espinoza-Sandel 6 Contributor address; City; State; Zip Code 6930 Roos Road Houston TX 77074	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/25	Full name of contributor out-of-state PAC (ID#:.....) Linda Bennett Contributor address; City; State; Zip Code 416 W 24th St Houston TX 77008	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor out-of-state PAC (ID#:.....) Maria C Bedwell Contributor address; City; State; Zip Code 830 Ashland St Houston TX 77007	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/25	Full name of contributor out-of-state PAC (ID#:.....) Kara Hagen Contributor address; City; State; Zip Code 1302 W Donovan St Houston TX 77091	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/25	5 Full name of contributor out-of-state PAC (ID#:.....) Mindy Wilson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1026 CHANTILLY LN Houston TX 77018		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3/31/25	Full name of contributor out-of-state PAC (ID#:.....) Linda Morales	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5712 Irvington Blvd Houston TX 77009		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/1/25	Full name of contributor out-of-state PAC (ID#:.....) Nancy George	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4413 Coyle St Houston TX 77023		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/2/25	Full name of contributor out-of-state PAC (ID#:.....) Kristen Hassett	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 12519 Briar Forest Drive Houston TX 77077		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/25	5 Full name of contributor out-of-state PAC (ID#:.....) Lauren Carlson 6 Contributor address; City; State; Zip Code 4202 Villanova St Houston TX 77005	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/25	Full name of contributor out-of-state PAC (ID#:.....) Wil Jeudy Contributor address; City; State; Zip Code 2125 Yale St. Apt. 551 Houston TX 77008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/25	Full name of contributor out-of-state PAC (ID#:.....) Lesheia Wilson Contributor address; City; State; Zip Code 10235 Morocco Rd Houston TX 77041	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/25	Full name of contributor out-of-state PAC (ID#:.....) Daniel Cohen Contributor address; City; State; Zip Code 2744 Briarhurst Drive 12 Houston TX 77057	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/25	5 Full name of contributor out-of-state PAC (ID#: _____) Melanie Jackson 6 Contributor address; City; State; Zip Code 5926 Pebble Springs Houston TX 77066	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/25	Full name of contributor out-of-state PAC (ID#: _____) Noelle McSherry Contributor address; City; State; Zip Code 1316 Lakin St Houston TX 77007	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/25	Full name of contributor out-of-state PAC (ID#: _____) Michelle Palmer Contributor address; City; State; Zip Code 8740 Westheimer #17 Houston TX 77063	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/25	Full name of contributor out-of-state PAC (ID#: _____) Linda Bennett Contributor address; City; State; Zip Code 416 W 24th St Houston TX 77008	Amount of contribution (\$) \$50.00
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/25	5 Full name of contributor out-of-state PAC (ID#.....) Gabriel Alan Fuller 6 Contributor address; City; State; Zip Code 8814 Narrow Leaf St. Houston TX 77080	7 Amount of contribution (\$) \$22.40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/25	Full name of contributor out-of-state PAC (ID#.....) Patricia Varela Contributor address; City; State; Zip Code 2345 Triway Lane Houston TX 77043	Amount of contribution (\$) \$14.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/25	Full name of contributor out-of-state PAC (ID#.....) Elva Alvarez Contributor address; City; State; Zip Code 7930 Ellinger Lane Houston TX 77040	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/25	Full name of contributor out-of-state PAC (ID#.....) Linda Bennett Contributor address; City; State; Zip Code 416 W 24th St Houston TX 77008	Amount of contribution (\$) \$112.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/25	5 Full name of contributor out-of-state PAC (ID#:.....) Steven Follmer 6 Contributor address; City; State; Zip Code 5930 Yarwell Houston TX 77096	7 Amount of contribution (\$) \$44.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/25	Full name of contributor out-of-state PAC (ID#:.....) Gina Biondo Contributor address; City; State; Zip Code 10315 Briar River Dr Houston TX 77042	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/25	Full name of contributor out-of-state PAC (ID#:.....) Joy Haley Contributor address; City; State; Zip Code 22 Hibury Dr Houston TX 77024	Amount of contribution (\$) \$168.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/11/25	Full name of contributor out-of-state PAC (ID#:.....) Susan McKinley Contributor address; City; State; Zip Code 9037 Briar Forest Dr Houston TX 77024	Amount of contribution (\$) \$156.80
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**

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/25	5 Full name of contributor out-of-state PAC (ID#:.....) Noelle McSherry 6 Contributor address; City; State; Zip Code 1316 Lakin St Houston TX 77007	7 Amount of contribution (\$) \$56.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/25	Full name of contributor out-of-state PAC (ID#:.....) Mallory Shaddix Contributor address; City; State; Zip Code 11920 N Durette Houston TX 77024	Amount of contribution (\$) \$56.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/25	Full name of contributor out-of-state PAC (ID#:.....) Darlene McKeever Contributor address; City; State; Zip Code 10223 Green Tree Rd Houston TX 77042	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/25	Full name of contributor out-of-state PAC (ID#:.....) Christina Rowan Contributor address; City; State; Zip Code 10434 Brinwood Dr Houston TX 77043	Amount of contribution (\$) \$22.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/25	5 Full name of contributor out-of-state PAC (ID#:.....) Linda Bennett <hr/> 6 Contributor address; City; State; Zip Code 416 W 24th St Houston TX 77008	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/25	Full name of contributor out-of-state PAC (ID#:.....) Christina Burrows <hr/> Contributor address; City; State; Zip Code 1320 Whispering Pines Dr. Houston TX 77069	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/25	Full name of contributor out-of-state PAC (ID#:.....) Darlene McKeever <hr/> Contributor address; City; State; Zip Code 10223 GREEN TREE RD Houston TX 77042	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/25	Full name of contributor out-of-state PAC (ID#:.....) Oliver Jackson <hr/> Contributor address; City; State; Zip Code 5926 Pebble Springs Dr Houston TX 77066	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/25	5 Full name of contributor Dee Coleman out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 15014 Moss Boulder Ct Houston TX 77084	7 Amount of contribution (\$) \$25.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 4/10/25	Full name of contributor Carol Bayens out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1320 Whispering Pines Dr. Houston TX 77055	Amount of contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/11/25	Full name of contributor Susan L McKinley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1321 UPLAND DR #585 Houston TX 77043	Amount of contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 4/14/25	Full name of contributor Sherry Burton out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 12306 Tealwood North Drive Houston TX 77024	Amount of contribution (\$) \$100.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/25	5 Full name of contributor out-of-state PAC (ID#:.....) Lee Ann Woodfield <hr/> 6 Contributor address; City; State; Zip Code 10221 Centrepark Drive 1218 Houston TX 77043	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/25	Full name of contributor out-of-state PAC (ID#:.....) Orleth Bryan-Tortolero <hr/> Contributor address; City; State; Zip Code 2122 Avenida La Quinta St Houston TX 77077	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/25	Full name of contributor out-of-state PAC (ID#:.....) Nancy George <hr/> Contributor address; City; State; Zip Code 4413 Coyle St Houston TX 77023	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/25	Full name of contributor out-of-state PAC (ID#:.....) Deborah Milner <hr/> Contributor address; City; State; Zip Code 532 W 23rd St Houston TX 77008	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**

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2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/25	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Trevino	7 Amount of contribution (\$) \$20.16
6 Contributor address; City; State; Zip Code 736 Thicket Ln Houston TX 77079		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 767.97	
5 Date 4/8/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Lopez	8 Amount of Contribution \$ \$165.98	9 In-kind contribution description Literature
7 Contributor address; City; State; Zip Code 9521 Kenwood Ln, Houston TX 77080		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 parent(s) (if any) (FOR JUDICIAL)			
Date 4/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Lopez	Amount of Contribution \$ \$167.79	In-kind contribution description postcards
Contributor address; City; State; Zip Code 9521 Kenwood Ln, Houston TX 77080		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Diana Martinez Alexander		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/18/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Shaddix	8 Amount of Contribution \$ \$383.38	9 In-kind contribution description Signs
7 Contributor address; City; State; Zip Code 11920 North Durrett Dr. Houston, Tx. 77024		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 parent(s) (if any) (FOR JUDICIAL)			
Date 4/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Drews	Amount of Contribution \$ 56.82	In-kind contribution description Drinks for event
Contributor address; City; State; Zip Code 14522 Carolcrest Dr. Houston, Tx. 77079		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Martinez Alexander	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2025	5 Payee name United States Postal Service	
6 Amount (\$) \$123.20	7 Payee address: 9320 Emnora LN	City; State; Zip Code Houston TX 77080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other, Postage Expense	(b) Description Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/16/25	Payee name United States Postal Service	
Amount (\$) \$560.00	Payee address: 8000 Long Point Rd.	City; State; Zip Code Houston TX 77055
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other, Postage Expense	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/19/25	Payee name United States Postal Service	
Amount (\$) \$1,120.00	Payee address: 16015 Cairnway Dr.	City; State; Zip Code Houston TX 77084
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other, Postage Expense	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Martinez Alexander	3 Filer ID (Ethics Commission Filers)
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4 Date 4/1/25	5 Payee name Act Blue
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6 Amount (\$) \$5.64	7 Payee address: PO BOX 441146 Somerville City: MA State: MA Zip Code: 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Service Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/16/25	Payee name Memorial Postal Center
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Amount (\$) \$20.16	Payee address: 14781 Memorial Drive Houston City: TX State: TX Zip Code: 77079
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other, Postage Expense	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Diana Martinez Alexander		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank		
6 PAYMENT	(a) Amount Charged \$ 560.00	(b) Date Expenditure Charged 4/19/25	(c) Date(s) Credit Card Issuer Paid 4/19/25
7 PAYEE	(a) Payee name United States Postal Service	(b) Payee address; City, State, Zip Code 16015 Cairnway Dr. Houston TX 77084	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Other, Postage Expense		(b) Description Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

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