CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete	Name of the Address o	er ID (Ethics Commission Filers)	2 Total pages file	ed: 24
3 CANDIDATE / OFFICEHOLDER	The state of the s	yssa	C MI	OFFICE	USE ONLY
NAME				Date Received	
	Cig	arroa			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT	TE #; CITY;	STATE; ZIP CODE RE	77 CTTY SEC N 15 '21 PM2:	0FF 59
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 337-91		EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER		RST	мі G .	Receipt #	Amount \$
NAME		cardo · · · · · · · · · · · · · · · · · · ·	SUFFIX	Date Processed	ang kanang tanang gaya anang inan ang mananan an mananan an mananan an mananan an mananan an mananan an manana
	Ciga		33.1.11.	Date Imaged	nage are now one was not to the state of the
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PL		сіту; or Laredo	STATE;	78041
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (956) 725-12		EXTENSION		
9 REPORT TYPE	January 15	30th day before election , 8th day before election	Runoff Exceeded Modified Reporting Limit	treasurer and (Officeholde	
10 PERIOD COVERED	Month Day 12 / 03 /	Year	Month ROUGH 12 /	Day Year / 31 / 202	
11 ELECTION	Month Day Year 12 04 2020	Primary General	Runoff ELECTION TYPE Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known City Council Distr		
		GO TO PAG	E 2		-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Aly	/ssa C. C	igarroa	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH NIGHT OF THE PORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
Cran to the contract of		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$45.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$7,201.12
EXPENDITURE TOTALS	TURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$193.31
	4. TOTAL	POLITICAL EXPENDITURES	\$34,245.68
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$151,463.00
18 AFFIDAVIT			
W (c) (S) MV	BRENDA PEREZ otary ID #6907298 Commission Expires October 7, 2022	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is armation required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE		, h
Sworn to and subscr		by the said Hyssa Cigarrog to certify which, witness my hand and seal of office.	, this the
Benda J	2	Brenda Pergz	Notary Public
Signature of officer a	dm(ni)stering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
	Alyssa C. Cigarroa		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 556.12
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIOS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	^{\$} 1,637.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alyssa C. Cigarroa 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Rio Seco Equities 12/03/2020 6 Contributor address; \$ 2,500.00 City; State; Zip Code PO Box 1827 Laredo TX 78044 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) LFRE Management 12/10/2020 Contributor address: \$1,000.00 City; State; Zip Code 1016 Grant Street 78040 Laredo TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Miguel Trevino, Jr. 12/10/2020 City; \$ 100.00 Contributor address; State; Zip Code 608 Idylwood Lane TX 78045 Laredo Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ **Betty Bunn Moreno** Contributor address; 12/14/2020 Zip Code \$1,000.00 1410 E. Lane Street Laredo TX 78040 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 1 Total pages Schedule A1: 2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alyssa C. Cigarroa 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:__ Carlos Vela, Jr. 12/14/2020 \$500.00 6 Contributor address; City; State; Zip Code 8512 Alta Mira Laredo TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Betty Bunn Moreno 12/14/2020 Contributor address; State; Zip Code \$ 500.00 City; 1410 Lane Street TX 78040 Laredo Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) South Webb County, LTD 12/14/2020 \$1,000.00 Contributor address; City; State; Zip Code 78044 PO Box 3229 TX Laredo Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sche	edule A2:
² FILER NAMI Alyssa C. (3 Filer ID (Ethics (Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 12/07/20	6 Full name of contributor ut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description Christmas candies for giveaway
	1318 E Plum Laredo TX	78040	Check if travel out	tside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fi			n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
12/07/20	Contributor address; City; State;	Zip Code	300.00	Campaign t-shirts
	1533 Eagle Court Laredo TX	78045		side of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ı	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			ng requirements.

Revised 1/1/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TH	ne Instruction Guide explain	s how to complete	this for	m.	1 Total pages Sche	dule A2:
² FILER NAM Alyssa C. (3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KINI	D POLITICAL C	ONTRI	BUTIONS	\$	
5 Date 12/08/20	6 Full name of contributor Melissa Cigarroa 7 Contributor address; 203 Sunset Drive	out-of-state PAC (i	State;	Zip Code 78041	Contribution \$	9 In-kind contribution description Plastic bowls for office side of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-	IUDICIAL) (See Inst	ructions)	11 Employe		CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUI	DICIAL)		13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDIO	CIAL)		15 Law firn	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDI	CIAL)	<u> </u>		
Date	Full name of contributor Melissa Cigarroa	out-of-state PAC (I	D#:)	Amount of Contribution \$	In-kind contribution description
12/09/20	Contributor address;	City;	State;	Zip Code	92.96	Food and Drinks for campaign workers
	203 Sunset Drive	Laredo	TX	78041	Check if travel out	side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-	IUDICIAL) (See Inst	tructions)	Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
Contributor's	principal occupation (FOR JU	DICIAL)		Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDI	CIAL)		Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDI	CIAL)			
	ATTACLI	ADDITIONAL COS	DIES OF	TUIC COUEDI	II E A C NEEDED	

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
² FILER NAMI Alyssa C. (3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 12/09/20 10 Principal occ	Melissa Cigarroa 7 Contributor address; City; State; Zip Code 203 Sunset Drive Laredo TX 78041		8 Amount of 9 In-kind contribution description 12.86 Foam cups Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	utor'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			n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of . In-kind contribution Contribution \$. description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH A DDITIONAL CODIES OF T	UIQ QALIFO	II E A C NIEEDED
Į	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi		

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Revised 1/1/2020

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 2
² FILER NAME Alyssa C. Cigar	roa		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 12/04/2020	7 Name of lender ☐ out-of-state I Alyssa Cigarroa	PAC (ID#:)	9 Loan Amount (\$) \$ 12,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0%
N	304 San Bernardo Ave. Laredo	TX 78040	11 Maturity date 11/05/2021
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)
12/11/2020	Alyssa Cigarroa		\$ 10,000.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0%
Institution?	304 San Bernardo Ave. Laredo	TX 78040	Maturity date 11/05/2021
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal fun account (See Instruc	nds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
✓ not applicable	Guarantor address; City;	State; Zip Code	
V	on (See Instructions)	Employer (See Instructions)	1
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 2
2 FILER NAME Alyssa C. Cigar	гоа		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
12/16/2020	Alyssa Cigarroa		\$ 10,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0%
N	304 San Bernardo Ave. Laredo	TX 78040	11 Maturity date 11/05/2021
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
44 Danielle - 40 "		15	
14 Description of Coll	ateral	Check if personal fur account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		Otata Zin Cada	
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
			Loop Amount (\$)
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
12/29/2020	Alyssa Cigarroa		\$ 6,000.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0%
Institution?	304 San Bernardo Ave. Laredo	TX 78040	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	otoral		
none	4.GTu	Check if personal fur account (See Instruc	nds were deposited into political titions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orbits a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a catego	
	The Instruction Guide explains how to c	ompiete tins form.	0 = 10 (51)	
1 Total pages Schedule F1:	Alyssa C. Cigarroa		3 Filer ID (Ethics	Commission Filers)
4 Date 12/03/2020	Texas Community Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
35.00	6721 McPherson Road	Laredo	TX	78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Bank fees		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
12/03/2020	Texas Community Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	6721 McPherson Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Bank fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/04/2020	Progressive			
Amount (\$)	Payee address;	City;	State;	Zip Code
355.94	PO box 94739	Cleveland	ОН	44101
	Category (See Categories listed at the top of this schedule)	Description		*
PURPOSE OF EXPENDITURE	Transportation Equipment & Related	automobile ins	surance	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor	Other (enter a categ	
1 Total pages Schedule F1:	·		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/07/2020	5 Payee name Regina Portillo			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,385.00	510 Manor Road	Laredo	TX	78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		,
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted lal	bor for campa	aign services
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
12/07/2020	Jacqueline Arguindegui			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,100.00	1511 Benavides Street	Laredo	TX	78040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/07/2020	Irma Cantu			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	6818 San Isidro Pkwy	Laredo	TX	78045
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted lat	oor for campa	aign services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Orean Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/07/2020	5 Payee name Lorena Gomez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
400.00	2302 Coke St. Apt. B	Laredo	TX	78040
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted la	bor for camp	aign services
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			. ,
12/07/2020	Ovidio Gutierrez, IV			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	8501 Casa Verde Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted la	oor for campa	aign services
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/07/2020	Patricia Ortiz			
Amount (\$)	Payee address;	City;	State;	Zip Code
700.00	2302 Coke, Apt. B	Laredo	TX	78040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted la	bor for campa	aign services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (on the content of the content o

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)	
Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethic	s Commission Filers)	
Date 2/07/2020	5 Payee name Norma Quintero				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
00.00	2201 Pace	Laredo	TX	78041	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	**************************************		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted lat	Contracted labor for campaign service		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
2/07/2020	Rita Isabel Vega				
Amount (\$)	Payee address;	City;	State;	Zip Code	
00.00	2419 Callaghan Street	Laredo	TX	78040	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted lab	oor for campa	ign services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	
Date	Payee name			•	
2/07/2020	Valentin Ruiz				
Amount (\$)	Payee address;	City;	State;	Zip Code	
700.00	1202 Garfield Street	Laredo	TX	78040	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted lab	oor for campa	nign services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ехрепѕе	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
***	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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: 13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alyssa C. Cigarroa 5 Payee name 4 Date 12/07/2020 Heriberto Byrd, Jr. City; 6 Amount (\$) 7 Payee address; State; Zip Code 1509 Gonzalez Street 180.00 Laredo TX 78040 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Salaries/Wages/Contract Labor Contracted labor for campaign services OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/07/2020 Alphagraphics Amount (\$) Payee address: City; State; Zip Code 3,861.45 901 Victoria Street TX Laredo 78040 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Full color direct mailer Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/07/2020 Cesar Vanoye-Diaz Amount (\$) Payee address: City; State; Zip Code 500.00 1817 Denmark Lane TX 78045 Laredo Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Video creation OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ary not listed above)
1 Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/07/2020	5 Payee name Stream Energy			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
332.26	PO Box 650261	Dallas	TX	75265
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Electricity for campaign office		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
12/09/2020	Texas Community Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	6721 McPherson Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Bank fee		
	Check if travel outside of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			- : · · · · · · · · · · · · · · · · · ·
12/10/2020	Texas Community Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	6721 McPherson Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Bank fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 13 Alyssa C. Cigarroa 4 Date 5 Payee name 12/12/2020 **Alphagraphics** 6 Amount (\$) 7 Payee address; City; State; Zip Code 901 Victoria Street TX 78040 1,019.81 Laredo (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Printing, copies, flyers, and cards **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **PMDG** 12/12/2020 Zip Code Amount (\$) Payee address; City; State: 8,368.47 901 Victoria Street Laredo TX 78040 Description Category (See Categories listed at the top of this schedule) Newspaper & TV ad., caps, t-shirts, backdrop, **PURPOSE** Advertising Expense signage installation **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/14/2020 Regina Portillo Amount (\$) Payee address; City: State: Zip Code 1,385.00 TX 78041 510 Manor Road Laredo Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Contracted labor for campaign services OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 13 Alyssa C. Cigarroa 4 Date 5 Payee name 12/14/2020 Jacqueline Arguindegui 6 Amount (\$) 7 Payee address; City; State: Zip Code 1511 Benavides Street TX 78040 1,100.00 Laredo (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Accounting/Banking Bookkeeping EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/14/2020 Lorena Gomez City; Amount (\$) State: Zip Code Payee address; 400.00 TX 78040 2302 Coke Street Laredo Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contracted labor for campaign services Salaries/Wages/Contract Labor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/14/2020 Ovidio Gutierrez, IV Amount (\$) Payee address; City; State: Zip Code 400.00 8501 Casa Verde Road Laredo TX 78041 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Salaries/Wages/Contract Labor Contracted labor for campaign services EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 3 Filer ID (Ethics Commission Filers) 13 Alyssa C. Cigarroa 4 Date 5 Payee name 12/14/2020 Patricia Ortiz 6 Amount (\$) 7 Payee address; City; State: Zip Code 2302 Coke, Apt. B Laredo TX 78040 700.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Salaries/Wages/Contract Labor Contracted labor for campaign services OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rita I. Vega 12/14/2020 Zip Code Amount (\$) Payee address; City; State: 78040 500.00 2419 Callaghan Street Laredo TX Description Category (See Categories listed at the top of this schedule) PURPOSE Contracted labor for campaign services Salaries/Wages/Contract Labor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Valentin Ruiz 12/14/2020 Amount (\$) Payee address; Zip Code City; State; 460.00 1202 Garfield Street TX 78040 Laredo Category (See Categories listed at the top of this schedule) Description PURPOSE Salaries/Wages/Contract Labor Contracted labor for campaign services OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (categories and listed phase)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/14/2020	5 Payee name Norma Quintero			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
600.00	2201 Pace	Laredo	TX	78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted labor for campaign services		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/15/2020	Texas Community Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
35.00	6721 McPherson Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Bank fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name		Name of the last o	
12/21/2020	Regina Portillo			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,385.00	510 Manor Road	Laredo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contracted labor for campaign services		
	Check if travel outside of Texas. Complete Schedule T.	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 NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mense/Contract Labor. Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 3 Filer ID (Ethics Commission Filers) Alyssa C. Cigarroa 13 4 Date 5 Payee name 12/21/2020 Jacqueline Arguindegui 6 Amount (\$) 7 Payee address; City; State; Zip Code 1511 Benavides Street TX 78040 1,100.00 Laredo 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Accounting/Banking Bookkeeping OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/23/2020 Valentin Ruiz City; State; Zip Code Amount (\$) Payee address; TX 78040 400.00 1202 Garfield Street Laredo Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contracted labor for campaign services Salaries/Wages/Contract Labor EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/29/2020 Kowalsky, Rose & Company Amount (\$) Payee address; City; State; Zip Code 1,420.00 PO Box 450257 Laredo TX 78045 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Book verification services **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

,	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/31/2020	5 Payee name Cesar Vanoye-Diaz			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
950.00	1817 Denmark Lane	Laredo	TX	78045
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Video creation & editing		
	(c) Check if travel outside of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense		g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/31/2020	Alyssa Cigarroa			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,637.00	304 San Bernardo Avenue	Laredo	TX	78040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	FMV for campaign car, transferred from Campaign to A. Cigarroa personally		
	Check if travel outside of Texas. Complete Schedule T.	tle T. Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/31/2020	Jacqueline Arguindegui			
Amount (\$)	Payee address;	City;	State;	Zip Code
210.00	1511 Benavides Street	Laredo	TX	78040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries\\ The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	² FILER NAME Alyssa C. Cigarroa		3 Filer ID (Ethics	Commission Filers)	
4 Date 12/31/2020	5 Payee name Stream Energy		d		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
309.99	PO Box 650261	Dallas	TX	75265	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***************************************		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Electricity for	campaign office		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12/31/2020	Texas Community Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
15.00	6721 McPherson Road	Laredo	TX	78041	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Bank fees			
	Check if travel outside of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living		expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
12/31/2020	Texas Community Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.45	6721 McPherson Road	Laredo	TX	78041	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Bank fees			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 NEE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

11 110 10 9400	nod information to not approache, be not informate time page in	t the report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
² FILER NAME Alyssa C. Ciç	garroa	3 Filer ID (Ethic	s Commission Filers)	
4 Date 12/31/2020	5 Name of person from whom amount is received Alyssa C. Cigarroa		8 Amount (\$) \$ 1,637.00	
	6 Address of person from whom amount is received; City; Stat 304 San Bernardo Avenue Laredo TX	,		
	7 Purpose for which amount is received Check if a Transfer of 2001 Mercury Grand Marquis from campaign to Alyssa personally.	political contribution Kelly blue book value		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ite; Zip Code		
	Purpose for which amount is received Check if political contribution returned to filer			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	e; Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if p	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		