



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**15 C/OH NAME** Raul Alvarez **16 ACCOUNT # (Ethics Commission Filers)**

**17 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. \*\*

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,045
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,154.67
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9827.39
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Raul Alvarez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul Alvarez, this the First day of February, 20 10, to certify which, witness my hand and seal of office.

Cynthia H Flint Cynthia H Flint Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1 of 11</b>	
2 FILER NAME <i>Raul Alvarez</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/31/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Fire Fighters PAC</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7537 Lamorn Rd., Austin, TX 78752</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/31/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Florencia Diaz Solis III</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>315 Appleton Ct., Buda, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 of 11</b>	
2 FILER NAME <b>Raul Alvarez</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/30/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>E. Belinda Flores</b>	7 Amount of contribution (\$) <b>25.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>10927 Gawn Colony Dr, Austin, TX 78747</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/31/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa and Phillip Walter</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2607 Starwood Ln, Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Austin Firefighters PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7537 Cameron Rd, Austin, TX 78752</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hermelinda Zamarripa</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4811 Caswell Ave, Austin, TX 78751</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Virginia Kochschilz</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3616 Claborn Dr, Austin, TX 78759</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3 of 11</b>	
2 FILER NAME <b>Paul Alvarez</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/18/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Royce Jay Hiteley Jr.</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3408 Mount Bonnell Rd., Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amalgamated Transit Union</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5025 Wisconsin Ave, N.W., Washington, DC 20016</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Lundstedt</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1617 Taylor Greenes St., Austin, TX 78741</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Claudia Santamaria</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5704 Joe Sayers Ave, Austin, TX 78756</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beatrice Vasquez</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>508 Couchhart Pr., Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4 of 11**

2 FILER NAME **Raul Alvarez** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/27/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randi Shade</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1822 W. 10th St., Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rachel M. Mvir</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4905 W. Frances Pl,</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/26/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BGP Strategies PAC</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4600 Mueller Blvd, #1028 Austin, TX 78723</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/23/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joy Stallings</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1104 Romenig Dr., Austin, TX 78757</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John O. Limon</b>	Amount of contribution (\$) <b>25.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>908 Calle Limon, Austin, TX 78702</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 5 of 11

2 FILER NAME *Raul Alvarez* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/27/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelly K. Munyan</i>	7 Amount of contribution (\$) <i>200.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3601 Clady Ridgord, Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>1/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Adair Wooley</i>	Amount of contribution (\$) <i>200.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3609 Arrowhead, Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOMCO</i>	Amount of contribution (\$) <i>50.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2315 Island Wood Rd., Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/25/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amburst &amp; Brown L.L.P.</i>	Amount of contribution (\$) <i>1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Congress Ave. Ste 1300, Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Catera</i>	Amount of contribution (\$) <i>50.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1502 Norris Dr., Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **6 of 11**

2 FILER NAME **Raul Alvarez** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/27/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gilbert Turrieta</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1122 Colorado, St. 78701 Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Valls-Talles</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2706 Sherwood Ln, 78704 Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marc Leos</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3305 Grasshopper Dr., 78748 Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lopez &amp; Urrutia L.L.P.</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>801 Oltorf St., 78704 Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rashed T. Islam</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14808 Staked Plains Loop, 78717 Austin, TX</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **7 of 11**

2 FILER NAME **Carl Alvarez** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/27/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Israel T. Gonzalez</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>21911 Briarcliff Dr., Spicewood, TX 78669</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anne C. McAfee</b>	Amount of contribution (\$) <b>35.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4831 Timberline Dr., Austin TX 78746</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David A. Carroll</b>	Amount of contribution (\$) <b>75.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3008 Sebastian Dr., Austin TX 78748</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>H.L. Hobbs</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8703 Willowick Dr., Austin TX 78759</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **8 of 11**

2 FILER NAME **Paul Auer** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/27/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario Parais</b>	7 Amount of contribution (\$) <b>50.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>13636 Campesina Dr., Austin, TX 78727</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frances Ferguson</b>	Amount of contribution (\$) <b>75.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1013 Harwood Pl, Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/31/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evan Taniguchi</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1609 W. 6th St., Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/29/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Blake Tallet</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3701 Bonnie, Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Graham</b>	Amount of contribution (\$) <b>10.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6000 Shepherd Mt. Cr., Austin, TX 78730</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9 of 11**

2 FILER NAME  
**Paul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date: **1/29/10**  
5 Full name of contributor: **William Abell**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code:  
**1607 Kerr St., Austin TX 78704**

7 Amount of contribution (\$): **100.00**  
8 In-kind contribution description (if applicable):  
**(If travel outside of Texas, complete Schedule T)**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **1/19/10**  
Full name of contributor: **Thomas Martinez**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**4909 Calhoun Canyon Loop P, Austin TX 78735**

Amount of contribution (\$): **50.00**  
In-kind contribution description (if applicable):  
**(If travel outside of Texas, complete Schedule T)**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/20/10**  
Full name of contributor: **Patty Fougere**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**2912 Havenside Dr., Austin TX 78704**

Amount of contribution (\$): **100.00**  
In-kind contribution description (if applicable):  
**(If travel outside of Texas, complete Schedule T)**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/29/10**  
Full name of contributor: **Edward Olmeda**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**1411 Gracy Farms Ln # 106, Austin TX 78758**

Amount of contribution (\$): **50.00**  
In-kind contribution description (if applicable):  
**(If travel outside of Texas, complete Schedule T)**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **1/26/10**  
Full name of contributor: **John Hogg & David Garcia**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**1404 Wild Cat Hollow**

Amount of contribution (\$): **150.00**  
In-kind contribution description (if applicable):  
**(If travel outside of Texas, complete Schedule T)**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>10 of 11</b>	
2 FILER NAME <b>Raul Alvarez</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/21/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard E. Raymond</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>304 Latur Ct., Laredo, TX 78041</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Garcia</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>919 Congress Ave ste. 900, Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/21/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby A. Lamer</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3200 Riva Ridge Dr., Austin, TX 78746</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Virginia and Charles Corona</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10011 Wild Dunes Dr., Austin, TX 78747</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/31/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robin Schneider</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2609 Starwood Ln., Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 11 of 11

2 FILER NAME *Paul Alvarez* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/31/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert C. Stewart</i>	7 Amount of contribution (\$) <i>50.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2616 Carnarvon Ln., Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>1/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Campbell</i>	Amount of contribution (\$) <i>50.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4312 Slickrock Cr., Austin TX 78797</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/27/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Urban</i>	Amount of contribution (\$) <i>1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Drawer 930, Budg, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/26/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Katyleen Adkins</i>	Amount of contribution (\$) <i>1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5519 Tepper Lake, Houston, TX 77056</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Kamp</i>	Amount of contribution (\$) <i>25.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3902 Glenberry Dr., Austin TX 78731</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1 of 20**

2 FILER NAME  
*Paul Alvarez*

3 ACCOUNT # (Ethics Commission files)

4 Date <i>11/28/10</i>	5 Payee name <i>Pirya</i>	7 Amount (\$) <i>349.65</i>
6 Payee address; City; State; Zip Code <i>401 W. 15th St., st. 520 Austin, TX 78701</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>online marketing</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>1/1/10</i>	Payee name <i>Progressive Capital</i>	Amount (\$) <i>2000.00</i>
Payee address; City; State; Zip Code <i>611 S. Congress Ave. Austin, TX 78704</i>		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 20**

2 FILER NAME  
**Raul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/26/10**

5 Payee name  
**Robert Polanco**  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
**42.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**Donation for Benefit**  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**1/26/10**

Payee name  
**Starbucks**  
Payee address; City; State; Zip Code  
**1509 S. Lamar Blvd. Austin, TX 78704**

Amount (\$)  
**13.42**

Purpose of payment (See instructions regarding type of information required.)  
**office supplies**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**1/27/10**

Payee name  
**Office Max**  
Payee address; City; State; Zip Code  
**907 W. 5th St. Austin, TX 78703**

Amount (\$)  
**56.27**

Purpose of payment (See instructions regarding type of information required.)  
**office supplies**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
**1/28/10**

Payee name  
**Brandon Turner**  
Payee address; City; State; Zip Code  
**1300 Crossing Place #114 Austin, TX 78711**

Amount (\$)  
**198.00**

Purpose of payment (See instructions regarding type of information required.)  
**services**  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3 of 20**

2 FILER NAME **Paul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/25/10</b>	5 Payee name <b>HEIB</b>	7 Amount (\$) <b>13.97</b>
6 Payee address; City; State; Zip Code <b>2701 E. 7th St., Austin, TX 78702</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>1/26/10</b>	Payee name <b>Office Max</b>	Amount (\$) <b>157.99</b>
Payee address; City; State; Zip Code <b>907 W. 5th St., Austin, TX 78703</b>		

Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>1/26/10</b>	Payee name <b>Doug Hagedorn</b>	Amount (\$) <b>131.50</b>
Payee address; City; State; Zip Code <b>902 Rebecca Dr., Austin, TX 78758</b>		

Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <b>1/26/10</b>	Payee name <b>Doug Hagedorn</b>	Amount (\$) <b>112.00</b>
Payee address; City; State; Zip Code <b>902 Rebecca Dr., Austin, TX 78758</b>		

Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4 of 20**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/25/10**

5 Payee name **Austin Tejano Democrats**  
 6 Payee address; City; State; Zip Code **Austin, TX  
 2544 Stuartwood, 78745**

7 Amount (\$) **30.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**conference registration**  
 (If travel outside of Texas, complete Schedule T)

9 **.. Complete if direct expenditure to benefit C/OH ..**  
 Candidate / Officeholder name Office sought Office held

Date **1/25/10**

Payee name **Rahman Bhagles**  
 Payee address; City; State; Zip Code **Austin, TX  
 2819 San Gabriel St A, 78705**

Amount (\$) **27.00**

Purpose of payment (See instructions regarding type of information required.)  
**services**  
 (If travel outside of Texas, complete Schedule T)

**.. Complete if direct expenditure to benefit C/OH ..**  
 Candidate / Officeholder name Office sought Office held

Date **1/25/10**

Payee name **Craig's List**  
 Payee address; City; State; Zip Code **San Francisco, CA  
 1381 9th Ave, 94122**

Amount (\$) **25.00**

Purpose of payment (See instructions regarding type of information required.)  
**recruitment ad**  
 (If travel outside of Texas, complete Schedule T)

**.. Complete if direct expenditure to benefit C/OH ..**  
 Candidate / Officeholder name Office sought Office held

Date **1/25/10**

Payee name **Little Censors**  
 Payee address; City; State; Zip Code **Austin, TX  
 2601 E. 7th St., 78741**

Amount (\$) **19.45**

Purpose of payment (See instructions regarding type of information required.)  
**fund for volunteers**  
 (If travel outside of Texas, complete Schedule T)

**.. Complete if direct expenditure to benefit C/OH ..**  
 Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **5 of 20**

2 FILER NAME **Paul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/25/10</b>	5 Payee name <b>Katy Westbrook</b>	7 Amount (\$) <b>76.50</b>
6 Payee address; City; State; Zip Code <b>3809 Greenwood Springs #121 Austin, TX 78759</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <b>1/25/10</b>	Payee name <b>Wal-Mart</b>	Amount (\$) <b>62.30</b>
Payee address; City; State; Zip Code <b>710 E Ben White Blvd. Austin, TX 78704</b>		

Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <b>1/25/10</b>	Payee name <b>Katie Johns</b>	Amount (\$) <b>54.00</b>
Payee address; City; State; Zip Code <b>1300 Garner Ave, Austin, TX 78704</b>		

Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>1/25/10</b>	Payee name <b>Jian Nash</b>	Amount (\$) <b>45.00</b>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **6 of 20**

2 FILER NAME

*Raul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*1/25/10*

*Mysti Eastwood*

*169.00*

6 Payee address; City; State; Zip Code

*Austin, TX*

*4332 B. Duval St., 78751*

8 Purpose of payment (See instructions regarding type of information required.)

*services*

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/25/10*

*Office Max*

*106.36*

Payee address; City; State; Zip Code

*Austin, TX*

*907 W. 5th St., 78703*

Purpose of payment (See instructions regarding type of information required.)

*office supplies*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/25/10*

*Lloyd Blue II*

*103.50*

Payee address; City; State; Zip Code

*Austin, TX*

*5401 Rusk. 78723*

Purpose of payment (See instructions regarding type of information required.)

*services*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/25/10*

*Office Max*

*82.28*

Payee address; City; State; Zip Code

*Austin, TX*

*907 W. 5th St., 78703*

Purpose of payment (See instructions regarding type of information required.)

*office supplies*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **7 of 20**

2 FILER NAME  
**Paul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/22/10</b>	5 Payee name <b>Worley Printing</b>	7 Amount (\$) <b>1570.<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>3217 N. IH35, Austin, TX 78722</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Printing</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>1/22/10</b>	Payee name <b>Austin Energy</b>	Amount (\$) <b>106.79</b>
Payee address; City; State; Zip Code <b>721 Barkin Springs Rd., Austin, TX 78704-1145</b>		

Purpose of payment (See instructions regarding type of information required.) <b>utility</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <b>1/25/10</b>	Payee name <b>J. Mancillas</b>	Amount (\$) <b>500.<sup>00</sup></b>
Payee address; City; State; Zip Code <b>6500 Champion Condoview Way, Austin, TX 78750</b>		

Purpose of payment (See instructions regarding type of information required.) <b>consulting</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>1/25/10</b>	Payee name <b>Lavelle Franklin</b>	Amount (\$) <b>100.<sup>00</sup></b>
Payee address; City; State; Zip Code <b>3524 Greystone, Apt. 172, Austin, TX 78731</b>		

Purpose of payment (See instructions regarding type of information required.) <b>services</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *8 of 20*

2 FILER NAME *Raul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/25/10</i>	5 Payee name <i>HEB</i>	7 Amount (\$) <i>13.97</i>
6 Payee address; City; State; Zip Code <i>2701 E. 7th St., Austin, TX 78702</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>1/26/10</i>	Payee name <i>Star bucks</i>	Amount (\$) <i>13.42</i>
Payee address; City; State; Zip Code <i>1509 S. Lamar Blvd. st. 100 Austin, TX 78704</i>		

Purpose of payment (See instructions regarding type of information required.) <i>campaign food</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>1/26/10</i>	Payee name <i>Office Max</i>	Amount (\$) <i>157.99</i>
Payee address; City; State; Zip Code <i>907 W. 5th St., Austin, TX 78703</i>		

Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>1/26/10</i>	Payee name <i>Office Max</i>	Amount (\$) <i>56.27</i>
Payee address; City; State; Zip Code <i>907 W. 5th St., Austin, TX 78703</i>		

Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *9 of 20*

2 FILER NAME

*Raul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/25/10*

5 Payee name

*Justin Tejano Demounts*

6 Payee address: City: State: Zip Code

*2544 Startwood, Austin, TX 78745*

7 Amount (\$)

*30.00*

8 Purpose of payment (See instructions regarding type of information required.)

*conference registration*  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*1/25/10*

Payee name

*Rahman Bhalegar*

Payee address: City: State: Zip Code

*2819 San Gabriel St. A, Austin, TX 78705*

Amount (\$)

*27.00*

Purpose of payment (See instructions regarding type of information required.)

*services*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*1/25/10*

Payee name

*Craigslit*

Payee address: City: State: Zip Code

*1381 9th Ave, San Francisco, CA 94122*

Amount (\$)

*25.00*

Purpose of payment (See instructions regarding type of information required.)

*recruitment ad*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

*1/25/10*

Payee name

*Little Censor's Pizzeria*

Payee address: City: State: Zip Code

*2601 E. 7th St., Austin, TX 78741*

Amount (\$)

*19.45*

Purpose of payment (See instructions regarding type of information required.)

*food for volunteers*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *10 of 10*

2 FILER NAME *Paul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/21/10</i>	5 Payee name <i>Constant Contact</i>	7 Amount (\$) <i>37.19</i>
6 Payee address; City; State; Zip Code <i>1601 Tapelo Rd. St. 329 02451 Waltham, MA</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>online marketing</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date <i>11/21/10</i>	Payee name <i>Target</i>	Amount (\$) <i>21.64</i>
Payee address; City; State; Zip Code <i>5621 N IH 35, Austin, TX 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <i>11/22/10</i>	Payee name <i>Billy Stallings</i>	Amount (\$) <i>400.00</i>
Payee address; City; State; Zip Code <i>1131 Hollow Creek Dr. # 205 Austin, TX 78704</i>		

Purpose of payment (See instructions regarding type of information required.) <i>campaign administration</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date <i>11/22/10</i>	Payee name <i>Zyanya Lopez</i>	Amount (\$) <i>49.50</i>
Payee address; City; State; Zip Code <i>10603 Ponder Ln., Austin, TX 78719</i>		

Purpose of payment (See instructions regarding type of information required.) <i>services</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *1 of 20*

2 FILER NAME  
*Raul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*1/20/10*

5 Payee name  
*Billy Stallings*  
6 Payee address; City; State; Zip Code  
*1131 Hollow Creek Dr. #205 Austin, TX 78704*

7 Amount (\$)  
*400.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*Campaign administration*  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1/20/10*

Payee name  
*Camila Pulecio*  
Payee address; City; State; Zip Code  
*6500 Champion Grandview Way, 78750 Austin, TX*

Amount (\$)  
*366.25*

Purpose of payment (See instructions regarding type of information required.)  
*services*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1/20/10*

Payee name  
*Camila Pulecio*  
Payee address; City; State; Zip Code  
*6500 Champion Grandview Way 78750 Austin, TX*

Amount (\$)  
*90.00*

Purpose of payment (See instructions regarding type of information required.)  
*services*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1/20/10*

Payee name  
*The Home Depot*  
Payee address; City; State; Zip Code  
*6801 S. IH 35, Austin, TX 78744*

Amount (\$)  
*15.41*

Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: *12 of 20*

2 FILER NAME *Raul Alvarez* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/19/10</i>	5 Payee name <i>Lloyda Blue II</i>	7 Amount (\$) <i>148.50</i>
6 Payee address; City; State; Zip Code <i>5401 Rusch Austin, TX 78723</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>services</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>1/19/10</i>	Payee name <i>Mysti Easterwood</i>	Amount (\$) <i>111.75</i>
Payee address; City; State; Zip Code <i>4532 B. Duval St. Austin, TX 78751</i>		

Purpose of payment (See instructions regarding type of information required.) <i>services</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
--	--

Date <i>1/19/10</i>	Payee name <i>Craigslit</i>	Amount (\$) <i>25.00</i>
Payee address; City; State; Zip Code <i>1381 9th Ave, San Francisco, CA 94122</i>		

Purpose of payment (See instructions regarding type of information required.) <i>recruitment ad</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <i>1/19/10</i>	Payee name <i>East 1st Grocery</i>	Amount (\$) <i>10.00</i>
Payee address; City; State; Zip Code <i>1811 E. Cesar Chavez, Austin, TX 78702</i>		

Purpose of payment (See instructions regarding type of information required.) <i>gas</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **13 of 20**

2 FILER NAME **Raul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/15/10**

5 Payee name  
**Tejano Democrats**  
6 Payee address; City; State; Zip Code  
**2544 Statwood, Austin, Tx 78745**

7 Amount (\$)  
**125.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**AD for Convention**  
(If travel outside of Texas, complete Schedule T)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1/16/10**

Payee name  
**Little Ceaser's Pizza**  
Payee address; City; State; Zip Code  
**2601 E. 7th St., Austin, Tx 78741**

Amount (\$)  
**64.84**

Purpose of payment (See instructions regarding type of information required.)  
**Food for event**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1/15/10**

Payee name  
**HEB**  
Payee address; City; State; Zip Code  
**2701 E. 7th St., Austin, Tx 78702**

Amount (\$)  
**32.42**

Purpose of payment (See instructions regarding type of information required.)  
**Food for event**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1/19/10**

Payee name  
**VSPS (Postmaster)**  
Payee address; City; State; Zip Code  
**510 Guadalupe St., Austin, Tx 78701-2924**

Amount (\$)  
**352.00**

Purpose of payment (See instructions regarding type of information required.)  
**Postage**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>14 of 20</i>
2 FILER NAME <i>Raul Alvarez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/14/10</i>	5 Payee name <i>Staples</i>	7 Amount (\$) <i>89.80</i>
6 Payee address; City; State; Zip Code <i>1201 Barbara Jordan Blvd. 700 Austin, TX 78723</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/14/10</i>	Payee name <i>Target</i>	Amount (\$) <i>31.30</i>
Payee address; City; State; Zip Code <i>5621 N. IH 351 Austin, TX 78723</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/14/10</i>	Payee name <i>Wal-Mart</i>	Amount (\$) <i>9.25</i>
Payee address; City; State; Zip Code <i>710 E. Ben White Blvd. 78704 Austin, TX</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>1/15/10</i>	Payee name <i>Brandon Turner</i>	Amount (\$) <i>398.00</i>
Payee address; City; State; Zip Code <i>1300 Crossing Place #114, Austin, TX 78741</i>		
Purpose of payment (See instructions regarding type of information required.) <i>services</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *15 of 20*

2 FILER NAME *Paul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date *1/13/10*

5 Payee name *The Home Depot*  
 6 Payee address; City; State; Zip Code  
*8801 S. IH 35, Austin, TX 78744*

7 Amount (\$) *53.30*

8 Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
 (If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date *1/13/10*

Payee name *Winko's*  
 Payee address; City; State; Zip Code  
*327 Congress Ave, Austin, TX 78704*

Amount (\$) *19.49*

Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date *1/13/10*

Payee name *Major Brand Gas*  
 Payee address; City; State; Zip Code  
*2103 Holly St., Austin, TX 78702*

Amount (\$) *10.00*

Purpose of payment (See instructions regarding type of information required.)  
*gas*  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

Date *1/14/10*

Payee name *The Home Depot*  
 Payee address; City; State; Zip Code  
*8801 S. IH 35, Austin, TX 78744*

Amount (\$) *297.74*

Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
 (If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
 Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>16 of 20</b>
2 FILER NAME <i>Raul Alvarez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/8/10</i>	5 Payee name <i>Chercon</i>	7 Amount (\$) <i>10.41</i>
6 Payee address; City; State; Zip Code <i>400 S. Congress Ave, Austin, TX 78704</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>gas</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>1/11/10</i>	Payee name <i>HEIB</i>	Amount (\$) <i>12.06</i>
Payee address; City; State; Zip Code <i>2701 E. 7th St., Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>1/11/10</i>	Payee name <i>Wal-Mart</i>	Amount (\$) <i>8.75</i>
Payee address; City; State; Zip Code <i>710 E. Ben White Blvd., Austin, TX 78704</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <i>1/13/10</i>	Payee name <i>Office Max</i>	Amount (\$) <i>60.00</i>
Payee address; City; State; Zip Code <i>907 W. 5th St., Austin, TX 78703</i>		
Purpose of payment (See instructions regarding type of information required.) <i>office supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>17 of 20</b>
2 FILER NAME <b>Paul Alvarez</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/8/10</b>	5 Payee name <b>Brandon Turner</b>	7 Amount (\$) <b>308.50</b>
6 Payee address; City; State; Zip Code <b>1300 Crossing Place #114, Austin, TX 78741</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>services</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <b>1/8/10</b>	Payee name <b>Grande Communications</b>	Amount (\$) <b>239.06</b>
Payee address; City; State; Zip Code <b>1801 Lavaca St., Austin, TX 78701</b>		
Purpose of payment (See instructions regarding type of information required.) <b>internet</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <b>1/8/10</b>	Payee name <b>Foam Factory</b>	Amount (\$) <b>50.98</b>
Payee address; City; State; Zip Code <b>22800 Hall Rd., Clinton Twp., MI 48036</b>		
Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <b>1/8/10</b>	Payee name <b>Starbucks</b>	Amount (\$) <b>14.06</b>
Payee address; City; State; Zip Code <b>1509 S. Lamar Blvd, st. 100, Austin, TX 78704</b>		
Purpose of payment (See instructions regarding type of information required.) <b>campaign food</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *18 of 20*

2 FILER NAME

*Raul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*1/7/10*

*Wal-Mart*

*13.10*

6 Payee address; City; State; Zip Code

*Austin, TX  
78704*

*710 E. Ben White Blvd.,*

8 Purpose of payment (See instructions regarding type of information required.)

*office supplies*

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/7/10*

*Walgreens*

*12.54*

Payee address; City; State; Zip Code

*Austin, TX  
78704*

*300 S. Lamar Blvd. Ste. 110,*

Purpose of payment (See instructions regarding type of information required.)

*office supplies*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/7/10*

*Wal-Mart*

*5.33*

Payee address; City; State; Zip Code

*Austin, TX  
78704*

*710 E. Ben White Blvd.*

Purpose of payment (See instructions regarding type of information required.)

*office supplies*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

*1/8/10*

*Billy Stallings*

*400.00*

Payee address; City; State; Zip Code

*Austin, TX  
78704*

*1131 Hollow Creek Dr. # 205*

Purpose of payment (See instructions regarding type of information required.)

*campaign management*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **19 of 20**

2 FILER NAME **Paul Alvarez**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/6/10</b>	5 Payee name <b>Target</b>	7 Amount (\$) <b>14.27</b>
6 Payee address; City; State; Zip Code <b>5621 N 1435, Austin, TX 78723</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>11/6/10</b>	Payee name <b>Speedi Stop</b>	Amount (\$) <b>12.59</b>
Payee address; City; State; Zip Code <b>1621 E. Cesar Chavez, Austin, TX 78702</b>		

Purpose of payment (See instructions regarding type of information required.) <b>995</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>11/6/10</b>	Payee name <b>Lothron's</b>	Amount (\$) <b>11.96</b>
Payee address; City; State; Zip Code <b>807 E. 4th St., Austin, TX 78702</b>		

Purpose of payment (See instructions regarding type of information required.) <b>office keys</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>11/7/10</b>	Payee name <b>Staples</b>	Amount (\$) <b>25.41</b>
Payee address; City; State; Zip Code <b>1201 Barbara Jordan Blvd. St. 700 Austin, TX 78723</b>		

Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *20 of 20*

2 FILER NAME  
*Paul Alvarez*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*1/5/10*

5 Payee name  
*Craigslit*  
6 Payee address; City; State; Zip Code  
*1381 9th Ave, San Francisco, CA 94122*

7 Amount (\$)  
*25.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*recruitment ad*  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date  
*1/5/10*

Payee name  
*Lowe's*  
Payee address; City; State; Zip Code  
*6400 Brodie Ln., Austin, TX 78745*

Amount (\$)  
*12.93*

Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date  
*1/6/10*

Payee name  
*TCDP*  
Payee address; City; State; Zip Code  
*Austin, TX PO Box 684263, 78768-4263*

Amount (\$)  
*190.00*

Purpose of payment (See instructions regarding type of information required.)  
*tickets to event*  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date  
*1/6/10*

Payee name  
*Wal-Mart*  
Payee address; City; State; Zip Code  
*Austin, TX 710 E. Ben White Blvd, 78704*

Amount (\$)  
*74.26*

Purpose of payment (See instructions regarding type of information required.)  
*office supplies*  
(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

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