

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | |
|---|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 12 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Lennox | MI J |
| | NICKNAME Alfred | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE | | |
| | P.O. Box 1378 Salado TX 76571 | | |
| <input checked="" type="checkbox"/> Change of Address | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (254) | 535-5382 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms | FIRST Darlene | MI R |
| | NICKNAME Alfred | LAST | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE | | |
| | P.O. Box 1378 Salado TX 76571 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (254) | 535-5382 | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month / Day / Year | | THROUGH Month / Day / Year |
| | | / / | 04 / 05 / 2023 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month / Day / Year | 05 / 06 / 2023 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Alderman | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

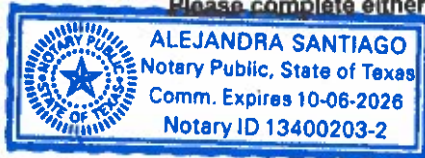
**FORM C/OH
COVER SHEET PG 2**

| | | |
|---|---|---|
| 15 C/OH NAME Lennox J. Alfred | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,791.51 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,924.54 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1866.97 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,000.00 |

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

Lennox J. Alfred
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Alfred Lennox this the 06 day of April, 2023, to certify which, witness my hand and seal of office.
Alejandra Santiago Alejandra Santiago Deputy Clerk
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 _____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|--|---|
| 19 FILER NAME Lennox J. Alfred | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$3,791.51 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ 1,000.00 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 1,924.55 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1-3 |
| 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Clarke | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 52 Liberty Lane Hanscom AFB MA 01731 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Broderick Peters | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 7731 Capps Ridge Lane Douglasville, GA 30135 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arundel Hunte | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 5704 Drystone Lane Killeen TX 76542 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Josh Bratton | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 12399 Blackberry Rd Salado TX 76571 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1 2-3 |
| 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/11/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joshua Welch | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 2002 Rustic Manor Dr Temple TX 76502 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calvin Schatz | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 2728 Hester Way Salado TX 76571 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Leathers | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 3651 S. La Brea Ave Los Angeles CA 90016 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raye Mayhorn | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 104 Majestic View Ct. Harker Heights TX 76548 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3-3 |
| 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/16/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RachIII Brothers, LLC | 7 Amount of contribution (\$) \$1000.00 |
| 6 Contributor address; City; State; Zip Code 921 Estate Dr Belton TX 76513 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Matthews | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 5601 Mandalay Dr Killeen TX 76549 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/24/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Tagle | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 3025 Orchard Ln Waco TX 76705 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl Pleasant | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 6006 Wooded Creek Cv Temple, TX 76502 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

LOANS

SCHEDULE E

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

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 02/22/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Lennox J. Alfred | 9 Loan Amount (\$) \$100.00 |
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code 2811 Chisholm Trl Salado TX 76571 | 10 Interest rate 0 |
| | | 11 Maturity date 05/04/2023 |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 02/28/2023 | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Lennox J. Alfred | Loan Amount (\$) \$900.00 |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code 2811 Chisholm Trl Salado TX 76571 | Interest rate 0 |
| | | Maturity date 05/04/2023 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F4: <i>1-5</i> | 2 FILER NAME Lennox J. Alfred | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 02/27/2023 | 6 Payee name Campaign Partner | |
| 7 Amount (\$) \$34.00 | 8 Payee address; City; State; Zip Code P.O. Box. 118 Still River MA 01467 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Website Development/Hosting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/03/2023 | Payee name Vista Print | |
| Amount (\$) \$69.27 | Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451 | |
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Campaign Post Cards |
| | <input type="checkbox"/> Check if travel outside of Texas Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2-5 | | 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ | |
| 5 Date 03/21/2023 | | 6 Payee name USPS PO Killeen | | | |
| 7 Amount (\$) \$240.00 | | 8 Payee address, City, State, Zip Code 2403 W. Stan Schlueter Loop Killeen TX 76549 | | | |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description Postcard Mailing Stamps | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 03/31/2023 | | Payee name USPS PO Killeen | | | |
| Amount (\$) \$144.00 | | Payee address, City, State, Zip Code 2403 W. Stan Schlueter Loop Killeen, TX 76549 | | | |
| TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising | | Description Post Card Mailing Stamps | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 3-5 | | 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ | |
| 5 Date 03/07/2023 | | 6 Payee name Crazy Cheap Political Signs | | | |
| 7 Amount (\$) \$905.40 | | 8 Payee address, 11525A Stonehollow Dr Suite 100 | | City; State; Zip Code Austin, TX 78758 | |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | | Advertising | | Political Yard Signs | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 03/20/2023 | | Payee name USPS PO SALADO | | | |
| Amount (\$) \$86.40 | | Payee address; 820 N. Main St. | | City; State; Zip Code Salado, TX 76571 | |
| TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description | |
| | | Advertising | | Campaign Postage Stamps | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: <u>4-5</u> | 2 FILER NAME Lennox J. Alfred | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date 03/20/2023 | 6 Payee name OfficeMax Killeen | |
| 7 Amount (\$) 68.20 | 8 Payee address, City, State, Zip Code 1800 Lowes Blvd Killeen TX 76542 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Postcard Mailing Lables |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 03/20/2023 | Payee name Vista Print | |
| Amount (\$) \$72.52 | Payee address, City, State, Zip Code Online Purchase Process | |
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Campaign Post Cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 5-5 | | 2 FILER NAME Lennox J. Alfred | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ | |
| 5 Date 03/20/2023 | | 6 Payee name USPS PO Killeen | | | |
| 7 Amount (\$) \$168.00 | | 8 Payee address, City, State, Zip Code 2403 W. Stan Schlueter Loop Killeen TX 76549 | | | |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description Postcard Mailing Stamps | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 03/20/2023 | | Payee name USPS PO Salado | | | |
| Amount (\$) \$104.00 | | Payee address, City, State, Zip Code 820 N. Main St Salado, TX 76571 | | | |
| TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Advertising | | Description Campaign P.O. Box | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |