

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: <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Juan MI: M. NICKNAME: Alanis LAST: Alanis SUFFIX: Jr	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1212 Ravenside Cv, Leander TX 78641	Date Received <div style="font-size: 1.5em;">06.03.2022</div> <div style="font-size: 1.5em;">Prabhu</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 251-3996 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Juan MI: M. NICKNAME: Alanis LAST: Alanis SUFFIX: Jr	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1212 Ravenside Cv, Leander TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 251-3996 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 4 / 29 / 2022 THROUGH 6 / 2 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 6 / 11 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Leander City Council - Place 3	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME 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**

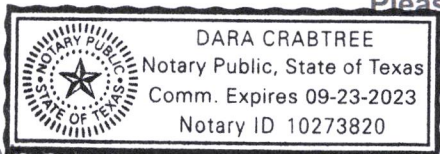
15 C/OH NAME Juan Alanis Jr **16 Filer ID (Ethics Commission Filers)**

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1815.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1512.67</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>302.33</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Juan Alanis this the 3 day of JUNE, 2022, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary/City Secretary
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

Juan Alanis Jr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1815.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
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	\$ 1512.67
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:
2 FILER NAME Juan Aloniz Jr		3 Filer ID (Ethics Commission Filers)
4 Date 8 May 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline James	7 Amount of contribution (\$) \$ 20
6 Contributor address; City; State; Zip Code 1337 Eagle Ray St Leander TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dean	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 2513 Costa del Sol Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Groff	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 817 Bogart Rd Cedar Park TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Sherry	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1524 Carmine Dr Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 FILER NAME Juan Aloniz Jr		3 Filer ID (Ethics Commission Filers)
4 Date 9 May 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Smith	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code 2513 Costa del Sol Dr Leander TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genail Marthol	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code 816 Water Hyacinth Ln Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francesca Romana	Amount of contribution (\$) \$ 10
Contributor address; City; State; Zip Code 1524 Bovine Dr Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Pernice	Amount of contribution (\$) \$ 10
Contributor address; City; State; Zip Code 1804 Cerro Ct Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Juan Alonzo Jr		3 Filer ID (Ethics Commission Filers)
4 Date 15 May 2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dean	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 2513 Costa del Sol Dr Leander TX 78641		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 13 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Larsen	Amount of contribution (\$) \$750
Contributor address; City; State; Zip Code 266 Pine Branch Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 19 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Cook	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 3116 Goldenrod Cir Round Rock TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 30 May 2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Larsen	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 266 Pine Branch Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:	2 FILER NAME <i>Juan Alonso Jr</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>13 May 2022</i>	6 Payee name <i>Austin Sign Company</i>	
7 Amount (\$) <i>\$1,028.38</i>	8 Payee address; City; State; Zip Code <i>9012 Research Blvd C-9 Austin TX 78758</i>	
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) <i>Printing Expense</i>	(b) Description <i>large road signs</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>20 May 2022</i>	Payee name <i>Lowes Home Centers LLC</i>	
Amount (\$) <i>\$84.54</i>	Payee address; City; State; Zip Code <i>1495 S. 183 Leander TX 78641</i>	
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) <i>other</i>	Description <i>supplies to put signs up</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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:	2 FILER NAME <i>Juan Alaniz Jr</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>22 May</i>	6 Payee name <i>Lowes Home Centers LLC</i>	
7 Amount (\$) \$42.52 <i>\$42.52</i>	8 Payee address; City; State; Zip Code <i>1495 S. 183 Leander TX 78641</i>	
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) <i>other</i>	(b) Description <i>sign expenses (supplies to put up)</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>24 May 2022</i>	Payee name <i>Austin Sign Company</i>	
Amount (\$) <i>\$357.23</i>	Payee address; City; State; Zip Code <i>9012 Research Blvd C-9 Austin TX 78758</i>	
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) <i>printing expense</i>	Description <i>additional yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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