

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00019681	2 PAGE # 1 of 20
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Roberto R NICKNAME LAST SUFFIX Alonzo Sr.	OFFICE USE ONLY				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report	Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Legal</td> <td style="padding: 2px;">Totals</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount	Legal	Totals
Receipt #	Amount					
Legal	Totals					
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2012 THROUGH 06/30/2012					

6 EXPLANATION OF CORRECTION
Correction to Contribution Recieved which were not reported on original report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Roberto Alonzo _____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00019681	2 PAGE # 2 of 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Roberto R	MI	
	NICKNAME	LAST Alonzo	SUFFIX Sr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	400 S. Zang Blvd., Ste. 810 Dallas, TX 75208-6643			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Louis	MI	
	NICKNAME	LAST Salcedo	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	400 S. Zang Blvd., Ste. 810 Dallas, TX 75208			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	943-8683		
8 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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month	Day	Year	Month Day Year
	01/01/2012		THROUGH	06/30/2012
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	State Representative District 104		State Representative District 104	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Alonzo, Roberto R Sr. (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00019681

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

50.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

14,750.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

391.04

4. **TOTAL POLITICAL EXPENDITURES**

\$

31,898.16

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

17 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.

Roberto Alonzo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE # Schedule: 1/5 Report: 4/20	
2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00019681	
4 Date 02/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aranza, Gilbert 6 Contributor address; City; State; Zip Code Dallas, TX 75360	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackridge Contributor address; City; State; Zip Code Austin,, TX 78701	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calderon, Cesar Contributor address; City; State; Zip Code Georgetown, TX 78625	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrillo, Gloria Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Enable Contributor address; City; State; Zip Code Dallas, TX 75275	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 5/20	
2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00019681	
4 Date 02/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Richard 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Sarmiento Agency Contributor address; City; State; Zip Code Dallas, TX 75224	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbertson, Alfred Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hinojosa, Alfredo Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Olegario Estrada P.C. Contributor address; City; State; Zip Code Dallas, TX 75211	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 6/20	
2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00019681	
4 Date 02/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Pedro D. (Mr.) 6 Contributor address; City; State; Zip Code Hurst, TX 76053	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Fire Fighter		10 Employer (See Instructions) City of Arlington	
Date 04/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKeagan Building LLC Contributor address; City; State; Zip Code Millbrae, CA 94030	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petty, Roy Contributor address; City; State; Zip Code Dallas,, TX 75354	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Roy Petty, P.C.	
Date 01/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Political Action Comm of Teh Independent Insurance Agents of TX Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sambrano, Richard Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 7/20	
2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00019681	
4 Date 02/08/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Professional Firefighters PAC 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/04/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Professional Firefighters PAC Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharifov, Agil Contributor address; City; State; Zip Code Waco, TX 76711	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin,, TX 78767	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Lira Law Firm PPLC Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 8/20
2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00019681
4 Date 02/23/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) U Save Collision Center, LLC 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/12 Report: 9/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 01/16/2012	5 Payee name Advance Program Inc				
6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 201 South Tyler St. Dallas, TX 75208				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/22/2012	Payee name Advantage Press Inc				
Amount (\$) \$552.08	Payee address City; State; Zip Code 2711 Harrison Waco, TX 76705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Certificate Printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/20/2012	Payee name AHM				
Amount (\$) \$217.00	Payee address City; State; Zip Code P.O. Box 566 Ennis, TX 75120				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/24/2012	Payee name Alonzo, Roberto R				
Amount (\$) \$5,013.58	Payee address City; State; Zip Code 400 S. Zang Blvd., Ste. 810 Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Travel Reimbursement		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/12 Report: 10/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 01/11/2012	5 Payee name AT&T				
6 Amount (\$) \$115.66	7 Payee address City; State; Zip Code P.O. Box 630047 Dallas, TX 75263				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone Expense		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/14/2012	Payee name AT&T				
Amount (\$) \$116.20	Payee address City; State; Zip Code P.O. Box 630047 Dallas, TX 75263				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone Expense		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/12/2012	Payee name AT&T				
Amount (\$) \$94.59	Payee address City; State; Zip Code P.O. Box 630047 Dallas, TX 75263				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone Expense		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/13/2012	Payee name Cara Mia Theater Co.				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code P.O. Box 226144 Dallas, TX 75222				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/12 Report: 11/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 04/30/2012	5 Payee name Carlisle, Joseph				
6 Amount (\$) \$75.00	7 Payee address City; State; Zip Code 1411 Cockrell Hill #217 Dallas, TX 75211				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Youth Baseball Team Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/29/2012	Payee name Carlisle, Joseph				
Amount (\$) \$150.00	Payee address City; State; Zip Code 1411 Cockrell Hill #217 Dallas, TX 75211				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Youth Baseball Team Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/10/2012	Payee name Dallas County Democratic Party				
Amount (\$) \$300.00	Payee address City; State; Zip Code 4209 Parry Avenue Dallas, TX 75223				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/13/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary January		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/12 Report: 12/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 01/27/2012	5 Payee name Flores, Yvonne				
6 Amount (\$) \$625.00	7 Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> January Salary		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/15/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> February Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/01/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> March Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/14/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> March Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/12 Report: 13/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 03/30/2012	5 Payee name Flores, Yvonne				
6 Amount (\$) \$625.00	7 Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> March Salary		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/20/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> April Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/01/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> May Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/15/2012	Payee name Flores, Yvonne				
Amount (\$) \$625.00	Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> May Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/12 Report: 14/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 06/29/2012	5 Payee name Flores, Yvonne				
6 Amount (\$) \$625.00	7 Payee address City; State; Zip Code 2620 Science Point Trail #2512 Arlington, TX 76006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> June Salary		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/02/2012	Payee name FTS Group				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 4739 Maple Ave STE 108 Dallas, TX 75219				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bookkeeping Costs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/16/2012	Payee name G&T Consulting				
Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1701 Pennsylvania Avenue Suite 300 Washington, DC 20006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/22/2012	Payee name G&T Consulting				
Amount (\$) \$1,314.00	Payee address City; State; Zip Code 1701 Pennsylvania Avenue Suite 300 Washington, DC 20006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/12 Report: 15/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 03/19/2012	5 Payee name G&T Consulting				
6 Amount (\$) \$1,645.00	7 Payee address City; State; Zip Code 1701 Pennsylvania Avenue Suite 300 Washington, DC 20006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/23/2012	Payee name G&T Consulting				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1701 Pennsylvania Avenue Suite 300 Washington, DC 20006				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/16/2012	Payee name Greyhound Bus Lines				
Amount (\$) \$59.25	Payee address City; State; Zip Code P.O. Box 660362 Dallas, TX 75266				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Delivery Charges		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/03/2012	Payee name Greyhound Bus Lines				
Amount (\$) \$18.00	Payee address City; State; Zip Code P.O. Box 660362 Dallas, TX 75266				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Delivery Charge		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/12 Report: 16/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 05/23/2012	5 Payee name Greyhound Bus Lines				
6 Amount (\$) \$48.60	7 Payee address City; State; Zip Code P.O. Box 660362 Dallas, TX 75266				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Delivery Charge		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/20/2012	Payee name Hernandez, Ricardo				
Amount (\$) \$500.00	Payee address City; State; Zip Code 1222 S Montclair Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary January		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/27/2012	Payee name Hernandez, Ricardo				
Amount (\$) \$500.00	Payee address City; State; Zip Code 1222 S Montclair Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> January Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/15/2012	Payee name Hernandez, Ricardo				
Amount (\$) \$500.00	Payee address City; State; Zip Code 1222 S Montclair Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> February Salary		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/12 Report: 17/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 02/27/2012		5 Payee name Hernandez, Ricardo			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code 1222 S Montclair Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> February Salary	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/30/2012		Payee name Hernandez, Ricardo			
Amount (\$) \$500.00		Payee address City; State; Zip Code 1222 S Montclair Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> March Salary	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 03/30/2012		Payee name Hinojosa-Flores for Congress			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code P.O. Box 1311 Coppell, TX 75019			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 06/29/2012		Payee name I Love Roses' Florist			
Amount (\$) \$700.00		Payee address City; State; Zip Code 1205 N. Hampton Rd. Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Flowers for Constituents	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/12 Report: 18/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 03/22/2012	5 Payee name Lara Advertising				
6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 9600 Royal Lane #713 Dallas, TX 75243				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/29/2012	Payee name Oak Cliff Chamber of Commerce				
Amount (\$) \$297.00	Payee address City; State; Zip Code 400 S. Zang Blvd., Ste. 110 Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Fee 2012-2013		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/05/2012	Payee name Steve Salazar Campaign				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1029 N. Zang Blvd. Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Contribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/31/2012	Payee name Steve Salazar Campaign				
Amount (\$) \$1,000.00	Payee address City; State; Zip Code 1029 N. Zang Blvd. Dallas, TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Contribution		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/12 Report: 19/20		2 FILER NAME Alonzo, Roberto R Sr. (Mr.)		3 ACCOUNT # (TEC filers) 00019681	
4 Date 06/30/2012	5 Payee name Texas House Democratic Campaign Committee				
6 Amount (\$) \$373.70	7 Payee address City; State; Zip Code P.O. Box 1925 Austin, TX 78767				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/06/2012	Payee name Texas House of Representatives				
Amount (\$) \$12.99	Payee address City; State; Zip Code P.O. Box 2910 Austin, TX 78768-2910				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photographs		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/11/2012	Payee name Texas House of Representatives				
Amount (\$) \$745.71	Payee address City; State; Zip Code P.O. Box 2910 Austin, TX 78768-2910				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper Ad		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/01/2012	Payee name Texas House of Representatives				
Amount (\$) \$2,296.76	Payee address City; State; Zip Code P.O. Box 2910 Dallas, TX 78768				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper and Online Subscriptions		
	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/12 Report: 20/20	2 FILER NAME Alonzo, Roberto R Sr. (Mr.)	3 ACCOUNT # (TEC filers) 00019681
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4 Date 01/06/2012	5 Payee name U.S. Postmaster
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6 Amount (\$) \$109.00	7 Payee address City; State; Zip Code 2400 DFW Turnpike Dallas, TX 75222
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Renew P.O. Box
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/06/2012	Payee name U.S. Postmaster
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Amount (\$) \$103.00	Payee address City; State; Zip Code 2400 DFW Turnpike Dallas, TX 75222
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> P.O. Box Renewal
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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