

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

ALFONSO
SIFUENTES

OFFICE USE ONLY

Date Received

RECEIVED

MAR 2 2026

(Signature)

CITY OF
Lockhart

Date Hand-Delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

108 W. OLIVE ST. LOCKHART, TX 78644

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 878-7270

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

ANGELA
RAWLINSON

Receipt # Amount \$

3

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7820 FM 2001 LOCKHART, TX 78644

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 468-9740

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (Officeholder Only)
- July 15
- 8th day before election
- Exceeded Modified Reporting Limit
- Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

01 / 26 / 2026 THROUGH 02 / 23 / 2026

11 ELECTION

ELECTION DATE

Month Day Year

03 / 31 / 2026

ELECTION TYPE

- Primary
- Runoff
- Other Description
- General
- Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

LOCKHART CITY COUNCIL DISTRICT 2

14 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.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

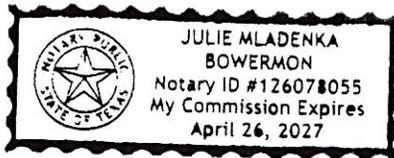
15 C/OH NAME ALFONSO SIFUENTES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 827.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,987.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by **ALFONSO SIFUENTES** this the **2nd** day of **MARCH**, 20**24**, to certify which, witness my hand and seal of office.

Julie Mladenka Bowermon Signature of officer administering oath
JULIE MLADENKA BOWERMON Printed name of officer administering oath
NOTARY PUBLIC 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 ALFONSO SIFUENTES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,702.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,799.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 188.28
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

RECEIVED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

MAR 2 2026

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

CITY OF Lockhart CITY SECRETARY'S OFFICE

The Instruction Guide explains how to complete this form.

Total pages Schedule A1: 1 of 5

2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL SHAW	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 326 RED BIRD LANE KINGSBURY, TX 78638		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF

Date 2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE L ROY	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 44 CORNERSTONE WAY AKWORTH, GA 30101		
Principal occupation / Job title (See Instructions) COMPTROLLER		Employer (See Instructions) GREEN GROUP HOLDINGS

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 of 5
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT G. DUDA	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 12500 CAMINO REAL KYLE, TX 78640		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 2/17/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CYNTHIA FLORES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1013 PARROT TRAIL ROUND ROCK, TX 78681		
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) AMH
Date 2/19/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERILYN MILLER	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 7814 LIBERTY HORSE SELMA, TX 78154		
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR / PHILANTHROPY		Employer (See Instructions) CHRISTUS SANTA ROSA SAN MARCOS FOUNDATION
Date 2/19/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA RODRIGUEZ	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. BOX 632 LOCKHART, TX 78644		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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: 3 of 5
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOY HAMMONDS	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 100 SILVER FIR COURT WALESKA, GA 30183		
8 Principal occupation / Job title (See Instructions) DIRECTOR, CORPORATE PROTECTS ADMIN		9 Employer (See Instructions) GREEN GROUP HOLDINGS
Date 2/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENT RYAN	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. BOX 12127 AUSTIN, TX 78711		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) MCCELROY, SULLIVAN, MILLER & WEBER, LLP
Date 2/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN OLSON	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 432 STAGELOACH TRAIL SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PREMIER CUTS
Date 2/11/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL WARD	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 12770 COLTRD, STE 1040 DALLAS, TX 75251		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) MW LOGISTICS

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: 4 of 5
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESTHER BEN-BRAHIM	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD GARCIA	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1649 MONTANO LOOP, RIO RANCHO, NM 8124		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 2/14/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGE MICHEL	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2024 NORTHVIEW DR. SAN MARCOS, TX 78666		
Principal occupation / Job title (See Instructions) PRESIDENT / CEO		Employer (See Instructions) SAN MARCOS AREA CHAMBER OF COMMERCE
Date 2/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC WILLIS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1104 LAFAYETTE LANE, FLOWERVILLE, TX 78660		
Principal occupation / Job title (See Instructions) REPRESENTATIVE		Employer (See Instructions) LA CIMA - SAN MARCOS (DEVELOPMENT)

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: 5 of 5
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID CASE	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 440 STAGECOACH TRAIL SAN MARCOS, TX 78666		
8 Principal occupation / Job title (See Instructions) BANKER / SR. VICE-PRESIDENT		9 Employer (See Instructions) SAGE CAPITAL BANK - SAN MARCOS
Date 2/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRANIS TOBER	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1009 FANNIN ST. LOCKHART, TX 78644		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) OLD PAL TEXAS TAVERN - LOCKHART
Date 2/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN D ELLIOTT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7502 MIFFLIN KENEDY TERRACE AUSTIN, TX 78749		
Principal occupation / Job title (See Instructions) TRADE DEVELOPMENT MANAGER		Employer (See Instructions) SOUTHERN GLAZER'S WINE & SPIRITS
Date 2/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK H ESTRADA	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 407 W. CHINA ST. LOCKHART, TX 78644		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 OF 1	
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 2/17/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JADYN CONDER	8 Amount of Contribution \$ 500.00	9 In-kind contribution description WEB DESIGN MARKETING
7 Contributor address; City; State; Zip Code 1011 WONDERWORLD DR SAN MARCOS, TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) DESIGNER		11 Employer (FOR NON-JUDICIAL)(See Instructions) SAGEBRUSH LANDSCAPING	
12 Contributor's principal occupation (FOR JUDICIAL) DESIGNER		13 Contributor's job title (FOR JUDICIAL)(See Instructions) DESIGNER	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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 OF 1

2 FILER NAME

ALFONSO SIFUENTES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 5,000.00

5 Date of loan

2/4/26

7 Name of lender

ALFONSO SIFUENTES

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2,000.00

6 Is lender a financial Institution?

Y N

8 Lender address;

City;

State;

Zip Code

108 W. OLIVE ST. LOCKHART, TX 78644

10 Interest rate

0.00

11 Maturity date

0.00

12 Principal occupation / Job title (See Instructions)

MUNICIPAL MANAGER

13 Employer (See Instructions)

REPUBLIC SERVICES OF CENTRAL TEXAS

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

MUNICIPAL MANAGER

21 Employer (See Instructions)

REPUBLIC SERVICES OF CENTRAL TEXAS

Date of loan

2/10/26

Name of lender

ALFONSO SIFUENTES

out-of-state PAC (ID#: _____)

Loan Amount (\$)

3,000.00

Is lender a financial Institution?

Y N

Lender address;

City;

State;

Zip Code

108 W. OLIVE ST. LOCKHART, TX 78644

Interest rate

0.00

Maturity date

0.00

Principal occupation / Job title (See Instructions)

MUNICIPAL MANAGER

Employer (See Instructions)

REPUBLIC SERVICES OF CENTRAL TEXAS

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: 1 of 4	2 FILER NAME ALFONSO SIFUENTES	3 Filer ID (Ethics Commission Filers)
--------------------------------------	-----------------------------------	---------------------------------------

4 Date 2/11/2026	5 Payee name LOGOS
---------------------	-----------------------

6 Amount (\$) 935.28	7 Payee address; City; State; Zip Code 106 N. MAIN ST. LOCKHART, TX 78644
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL T-SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

Date 2/16/2026	Payee name PRINTING SOLUTIONS
-------------------	----------------------------------

Amount (\$) 271.97	Payee address; City; State; Zip Code 113 E. SAN ANTONIO ST. LOCKHART, TX 78644
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL HANDOUTS
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

Date 2/21/26	Payee name TEXAS UNITED BASEBALL
-----------------	-------------------------------------

Amount (\$) 68.00	Payee address; City; State; Zip Code 805 S. BRAZOS LOCKHART, TX 78644
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description BASEBALL YOUTH FUNDRAISER
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: 2 of 4	2 FILER NAME ALFONSO SIFUENTES	3 Filer ID (Ethics Commission Filers)
--------------------------------------	-----------------------------------	---------------------------------------

4 Date 2/9/2024	5 Payee name LASR SIGNS
--------------------	----------------------------

6 Amount (\$) 175.37	7 Payee address; 1109 S. MAIN ST.	City; LOCKHART, TX	State;	Zip Code 78644
-------------------------	--------------------------------------	-----------------------	--------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL BUTTONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

Date 2/10/2024	Payee name PRINTING SOLUTIONS
-------------------	----------------------------------

Amount (\$) 1,288.18	Payee address; 113 E. SAN ANTONIO ST.	City; LOCKHART, TX	State;	Zip Code 78644
-------------------------	--	-----------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

Date 2/10/2024	Payee name LASR SIGNS
-------------------	--------------------------

Amount (\$) 871.40	Payee address; 1109 S. MAIN ST.	City; LOCKHART, TX	State;	Zip Code 78644
-----------------------	------------------------------------	-----------------------	--------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2	Office held
---	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 |
| Credit Card Payment | 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 F1: 3 of 4	2 FILER NAME ALFONSO SIFUENTES	3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2026	5 Payee name PRINTING SOLUTIONS	
6 Amount (\$) 52.50	7 Payee address; City; State; Zip Code 113 E. SAN ANTONIO ST. LOCKHART, TX 78644	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2
Date 2/4/2026	Payee name LASR SIGNS	
Amount (\$) 832.11	Payee address; City; State; Zip Code 1109 S. MAIN, STE. C LOCKHART, TX 78644	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2
Date 2/6/2026	Payee name LOGOS	
Amount (\$) 237.61	Payee address; City; State; Zip Code 106 N. MAIN ST. LOCKHART, TX 78644	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL T-SHIRTS
	<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 ALFONSO SIFUENTES	Office sought LOCKHART COUNCIL DIST. 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME ALFONSO SIJENTES	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 2/23/26	5 Payee name GODADDY.COM
--------------------------	------------------------------------

6 Amount (\$) 67.10	7 Payee address; City; State; Zip Code https://www.godaddy.com
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description ONLINE DONATION FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 | 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	1 of 1	2 FILER NAME	ALFONSO SIFUENTES		3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$		
5 CREDIT CARD ISSUER		Name of financial institution				FIRST LOCKHART NATIONAL BANK	
6 PAYMENT		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
		\$ 46.89	2/7/2026	2/7/2026			
7 PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code			
		ROSITAS RESTAURANTE		115 E. WALNUT ST. LOCKHART, TX 78644			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		FOOD/BEVERAGE EXPENSE		MEETING TO DISCUSS CAMPAIGN ISSUES.			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought	Office Held		
		ALFONSO SIFUENTES		LOCKHART COUNCIL DIST. 2			
PAYMENT		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
		\$ 66.83	2/21/2026	2/21/2026			
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code			
		ROSITAS RESTAURANTE		115 E. WALNUT ST. LOCKHART, TX 78644			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		FOOD/BEVERAGE EXPENSE		MEETING TO DISCUSS CAMPAIGN ISSUES.			
		(c) <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		
		ALFONSO SIFUENTES		LOCKHART COUNCIL DIST. 2			
PAYMENT		(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid			
		\$ 74.56	1/31/2026	1/31/2026			
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code			
		ROSITAS RESTAURANTE		115 E. WALNUT ST. LOCKHART, TX 78644			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description			
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		FOOD/BEVERAGE EXPENSE		MEETING TO DISCUSS CAMPAIGN ISSUES.			
		(c) <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		
		ALFONSO SIFUENTES		LOCKHART COUNCIL DIST. 2			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED