

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST ALFONSO	MI
	NICKNAME	LAST SIFUENTES	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE LOCKHART, TX 78644		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST ANGELA	MI
	NICKNAME	LAST RAWLINSON	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE LOCKHART, TX 78644		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 02 / 23 / 2026 03 / 23 / 2026		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 03 / 31 / 2026	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LOCKHART CITY COUNCIL DISTRICT 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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MAR 23 2026

CITY OF
Lockhart
CITY SECRETARY'S OFFICE

Date Received
Date Processed
Date Imaged
Receipt # Amount \$

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)**

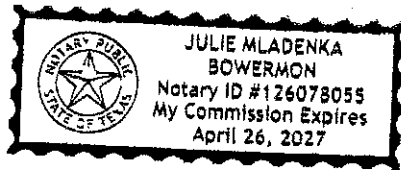
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 64.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 925.00
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]
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 23rd day of MARCH, 2024, to certify which, witness my hand and seal of office.

Julie Mladenka Bowermon JULIE MLADENKA BOWERMON NOTARY PUBLIC
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 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	\$ 925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 64.31
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,000.00
7.	<input checked="" 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	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. **MAR 23 2026**

The Instruction Guide explains how to complete this form.		1 Total of Schedule A1: Lockhart CITY SECRETARY'S OFFICE 2
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BUTLER	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78719		
8 Principal occupation / Job title (See Instructions) GENERAL MANAGER		9 Employer (See Instructions) REPUBLIC SERVICES
Date 2/26/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID GREEN	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code SANTA ROSA BEACH, FLORIDA 32459		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) GREEN GROUP HOLDINGS
Date 2/27/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY SCHMIDT	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code NIEDERWALD, TX 78640		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 3/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CELIA G. VARGAS	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code LOCKHART, TX 78644		
Principal occupation / Job title (See Instructions) INDEXER		Employer (See Instructions) TRS

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 2
2 FILER NAME ALFONSO SIFUENTES		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN SAIPLEY	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code LAKEWAY, TX 78734		
8 Principal occupation / Job title (See Instructions) EXECUTIVE VICE PRESIDENT		9 Employer (See Instructions) HILL & WILKINSON GENERAL CONTRACTORS
Date 3/23/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLANDA VASQUEZ	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code LOCKHART, TX 78644		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

MAR 23 2026

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

CITY OF
Lockhart
 SOLICITATION OFFICE
 Solicitor General's Office
 Transportation Equipment & Related Expense
 Travel In District
 Travel Out Of District
 Other (enter a category not listed above)

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

Event Expense
 Fees
 Food/Beverage Expense
 Gift/Awards/Memorials Expense
 Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1** 2 FILER NAME: **ALFONSO SIFUENTES** 3 Filer ID (Ethics Commission Filers)

4 Date: **2/28/26** 5 Payee name: **LOCKHART GROCERY #299**

6 Amount (\$): **12.93** 7 Payee address; City; State; Zip Code: **LOCKHART, TX 78644**

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule) **FOOD/BEVERAGE EXPENSES** (b) Description **BAGS OF ICE**
 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: **3/2/26** Payee name: **PRINTING SOLUTIONS**

Amount (\$): **38.43** 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) **PRINTING EXPENSES** Description **POLITICAL BUSINESS CARDS**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: **3/17/26** Payee name: **ACE HARDWARE**

Amount (\$): **12.95** Payee address; City; State; Zip Code: **518 W. SAN ANTONIO ST. LOCKHART, TX 78644**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule) **OTHER: MATERIALS EXPENSE** Description **CABLE TIES**
 Check if travel outside of Texas. Complete Schedule T. 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

UNPAID INCURRED OBLIGATIONS

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

MAR 23 2026

EXPENDITURE CATEGORIES FOR BOX 10(a)

CITY OF

Lockhart

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Training Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME ALFONSO SIFUENTES	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 5,000.00
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5 Date 3/23/2026	6 Payee name ALFONSO SIFUENTES
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7 Amount (\$) 5,000.00	8 Payee address; LOCKHART, TX 78644	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	(b) Description INITIAL LOAN TO SELF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED