

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

0A

Filer ID

OFFICE USE ONLY

Date Received

RECEIVED & FILED
FOR RECORD
FEB 10 2026
Harris County, Texas
By: Snyder, Deputy
Brenda Sanchez, Clerk
At: 4:21 PM

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

1 NAME

TITLE: FIRST: MI

ALEXANDRA G.

NICKNAME, LAST: SUFFIX

"Alex" MARQUEZ

2 ADDRESS

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

1017 N. CAMMACK AVE.
SIERRA BLANCA, TX
79851

(Check If Filer's Home Address)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER, EXTENSION

(915) 841-4959

4 REASON FOR FILING STATEMENT

- CANDIDATE COUNTY JUDGE (INDICATE OFFICE)
- ELECTED OFFICER (INDICATE OFFICE)
- APPOINTED OFFICER (INDICATE AGENCY)
- EXECUTIVE HEAD (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR (INDICATE PARTY)
- OTHER (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>¹ INFORMATION RELATES TO</p>	<p> <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>² EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p><input type="checkbox"/> (Check If Filer's Home Address)</p> <p>SIERRA BIANCA BANK A BRANCH OF THE DECOS COUNTY STATE BANK 101 SIERRA BIANCA DRIVE SIERRA BIANCA, TX 79851</p>
<p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p> <p>CUSTOMER SERVICE: ACCOUNTS / LOANS</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p><input type="checkbox"/> (Check If Filer's Home Address)</p>
<p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ </p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p><input type="checkbox"/> (Check If Filer's Home Address)</p>
<p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT SIGNATURE PAGE

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement; it must be verified by either being signed in front of a notary or the filer must also fill out the unsworn declaration. Without proper verification, the statement is not considered filed.

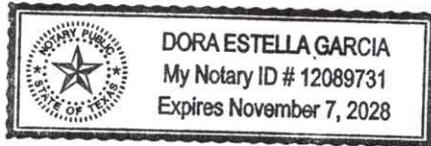
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Alejandra Marquez this the 10th day of February, 2026, to certify which, witness my hand and seal of office.

Dora Estella Garcia Dora Estella Garcia Texas Notary
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 Filer (Declarant)