

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: 0A
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ALEJANDRA G	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> <p>Date Received Break Sanchez, Clerk Hudspeth County, Texas FEB 20 2026 At 4:11 0008 P.M.</p> <p>Date Hand Delivered or Date Postmarked</p> <p>Receipt # _____ Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p> </div>	
NICKNAME LAST SUFFIX ALEX MARQUEZ	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 017 N. CAMMACK AVE SIERRA BIANCA TX 76851		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (915) 841-4959		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI ALEJANDRA G		
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX ALEX MARQUEZ		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 017 N. CAMMACK AVE SIERRA BIANCA TX 76851		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 841-4959		
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 Jan / 23 / 2020 THROUGH FEB / 21 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY JUDGE	
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		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME ALEJANDRA G "ALEX" MARQUEZ		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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.45
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	\$ 0.00

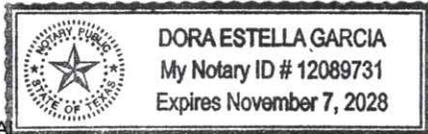
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alejandra Marquez this the 20 day of February, 2026 to certify which witness my hand and seal of office.

Dora Estella Garcia Dora Estella Garcia NOTARY OF TEXAS
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 ALEJANDRA G "ALX" MARQUEZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.45
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising 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 G: 01		2 FILER NAME ALEJANDRA G "ALX" MARQUEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 01/20/20		5 Payee name HUDSPETH COUNTY HERALD			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; PO BOX 128		City; FT. HANCOCK TX	State; TX
				Zip Code 79839	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description CANDIDATE INTRO; SPANISH		
	<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 ALEJANDRA G "ALX" MARQUEZ		Office sought CO. JUDGE	Office held
Date 02/19/20		Payee name S & M SERVICES			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; 473 DENIM ST		City; EL PASO TEXAS	State; TX
				Zip Code 79932	
9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description MARKETING MATERIALS		
	<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 ALEJANDRA G "ALX" MARQUEZ		Office sought CO. JUDGE	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
		<input type="checkbox"/> Check if individual's residence address.			
10 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