

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

APR 6 2026

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR MS	FIRST Alejandra	<b>Office of the President</b>	
	NICKNAME -	LAST Aldrete		
<b>OFFICE USE ONLY</b>				
Date Received				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	185 Barcelona Ave Brownsville, TX 78526			
<input type="checkbox"/> Change of Address				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE (956)	PHONE NUMBER 755-3598	EXTENSION -	
	Date Hand-delivered or Date Postmarked			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR MS	FIRST Laura	MI M	
	NICKNAME Perz-Reyes	LAST	SUFFIX	
Receipt #		Amount \$		
Date Processed				
Date Imaged				
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	1247 W. San Marcelo Blvd. Brownsville, TX 78526			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE (956)	PHONE NUMBER 639-0945	EXTENSION -	
	<b>9 REPORT TYPE</b>			
<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year			
	01 / 15 / 2026    THROUGH    04 / 02 / 2026			
<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE		
	Month Day Year 05 / 02 / 2026	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>uniform election</u>		
<b>12 OFFICE</b>	OFFICE HELD (if any) TSC Trustee Pl. 2	<b>13 OFFICE SOUGHT (if known)</b> TSC Trustee Pl. 2		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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		
<input type="checkbox"/> Additional Pages				
<b>GO TO PAGE 2</b>				

Amended 5/12/26

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 6 2026

Texas SOUTHMOST COLLEGE FORM C/OH COVER SHEET PG 2

15 C/OH NAME Alejandra Aldrete Office of the President 16 Filer ID (Ethics Commission Filers)

Table with 6 rows and 3 columns: Category (CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS), Description (1-6), and Amount (\$0, \$14,000-0, \$22,000, \$0, \$0).

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.

Handwritten signature of Alejandra Aldrete. Signature of Candidate or Officeholder

Texas Southmost College

Please complete either option below:

MAY 12 2026

(1) Affidavit Office of the President

NOTARY STAMP / SEAL

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 OR

(2) Unsworn Declaration

My name is Alejandra Aldrete, and my date of birth is 09-01-1984. My address is 195 Barcelona Ave, Brownsville, TX, 78526, USA. Executed in Cameron County, State of Texas, on the 6 day of April, 2026. Signature of Candidate/Officeholder (Declarant)

Texas Southmost College

**SUBTOTALS - C/OH**

APR 6 2026

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Alejandra Aldrete</i>		Office of the President	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 checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,000
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	\$ 8,000
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	\$ -

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

APR 6 2026 SCHEDULE A2

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

Office of the President

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Alejandra Aldrete		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 14,000	
5 Date 2/1/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olga Martha Trevino	8 Amount of Contribution \$ \$9,500	9 In-kind contribution description signs t-posts
7 Contributor address; City; State; Zip Code 14 Highland Dr. Brownsville TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

Date 3/29/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anabel Aldrete	Amount of Contribution \$ \$4,500	In-kind contribution description Loteria Event: venue, food, prizes, decorations, DJ, photos, drinks.
Contributor address; City; State; Zip Code 2433 Deer Trail Brownsville, TX 78521		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Educator		Employer (FOR NON-JUDICIAL)(See Instructions) STISD	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

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

**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

APR 6 2026 SCHEDULE G

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

Office of the President

**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.

<b>1</b> Total pages Schedule G: 1 of 2	<b>2</b> FILER NAME Alejandra Aldrete	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/1/2026	<b>5</b> Payee name Lizandro Peña	
<b>6</b> Amount (\$) \$3,100 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2778 Pompeii St. Brownsville, TX 78520 <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expenses	<b>(b)</b> Description Put up signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandra Aldrete	Office sought TSC Trustee Pl. 2
		Office held TSC Trustee Pl. 2
Date 2/1/2026	Payee name Vista Print	
Amount (\$) \$2,400 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman St. Waltham Massachusetts, 02451 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expenses	Description Pushcards, door hangers, t-shirts, caps stickers.
	<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 Aldrete	Office sought TSC Trustee Pl. 2
		Office held TSC Trustee Pl. 2
Date 2/2/2026	Payee name META Platforms Inc.	
Amount (\$) \$1,000 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Meta Way, Menlo Park, California 94025 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement expenses	Description social media ads
	<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 Aldrete	Office sought TSC Trustee Pl. 2
		Office held TSC Trustee Pl. 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

APR 6 2026 SCHEDULE G

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

Office of the President

**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.

<b>1</b> Total pages Schedule G: 2 of 2	<b>2</b> FILER NAME Alejandra Aldrete	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-2-2026	<b>5</b> Payee name TV Pod network	
<b>6</b> Amount (\$) \$ 300 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 488 Regal Row St. 105 Brownsville, TX 78521 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description Ads
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alejandra Aldrete	Office sought TSC Trustee Pl. 2
		Office held TSC Trustee Pl. 2
Date 3-31-2026	Payee name Bubba's 33	
Amount (\$) \$ 500 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2338 North Expressway 77 Brownsville, TX 78521 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Ads
	<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 Aldrete	Office sought TSC Trustee Pl. 2
		Office held TSC Trustee Pl. 2.
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> 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**