

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2012 MAY 21 AM 11:44

Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

M a r i a , L u i s a A l v a r a d o

ADDRESS (number and street) ▼

1 3 5 K o e h l e r C t

Check if different than previously reported. (ACC)

S a n A n t o n i o T X 7 8 2 2 3 -

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 5 0 8 6 7 1

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

T X 3 5

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- X Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 0 4 / 0 1 / 2 0 1 2 through 0 5 / 0 9 / 2 0 1 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Samuel Alvarado

Signature of Treasurer

Samuel Alvarado

Date

0 5 / 1 5 / 2 0 1 2

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

12030812997

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MARIA LUISA ALVARADO FOR CONGRESS

Report Covering the Period: From: **04 ' 01 ' 2012** To: **05 ' 09 ' 2012**

**COLUMN A
This Period**

**COLUMN B
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (from Line 11(e))....	, 1,048.96	, , .00
(b) Total Contribution Refunds (from Line 20(d))	, , .00	, , .00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, 1,048.96	, , .00

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)	, 806.58	, , .00
(b) Total Offsets to Operating Expenditures (from Line 14).....	, , .00	, , .00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, 806.58	, , .00

**8. Cash on Hand at Close of
Reporting Period (from Line 27).....**

, 896.18

**9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D).....**

, , .00

**10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D).....**

, , .00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030812998

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

MARIA LUISA ALVARADO FOR CONGRESS

Report Covering the Period: From: ^M0 ^M4 / ^D0 ^D1 / ^Y2 ^Y0 ^Y1 ^Y2 To: ^M0 ^M5 / ^D0 ^D9 / ^Y2 ^Y0 ^Y1 ^Y2

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

, , 600.00 , , .00

(ii) Unitemized.....

, , 448.96 , , .00

(iii) TOTAL of contributions from individuals ▶

, , 1,048.96 , , .00

(b) Political Party Committees.....

, , .00 , , .00

(c) Other Political Committees (such as PACs).....

, , .00 , , .00

(d) The Candidate.....

, , .00 , , .00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..

, , 1,048.96 , , .00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

, , .00 , , .00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

, , .00 , , .00

(b) All Other Loans.....

, , .00 , , .00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

, , .00 , , .00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

, , .00 , , .00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

, , .00 , , .00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

, , 1,048.96 , , .00

12030812999

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	, 806.58	.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, .00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, .00	.00
(b) Of All Other Loans	, .00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, 00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, .00	.00
(b) Political Party Committees.....	, .00	.00
(c) Other Political Committees (such as PACs).....	, .00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, .00	.00
21. OTHER DISBURSEMENTS	, .00	.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 806.58	.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 653.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 1,048.96
25. SUBTOTAL (add Line 23 and Line 24).....	, 1,702.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 806.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 896.18

12030813000

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	13b	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11d	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO for Congress

Full Name (Last, First, Middle Initial) A. TRUCK Repair Center		Date of Receipt MM/DD/YYYY 04/13/2012
Mailing Address 2018 S. Hwy Blvd		Amount of Each Receipt this Period \$ 200.00
City Beiton	State Zip Code TX 76513	
FEC ID number of contributing federal political committee. C00508671		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. TRUCK Repair Center		Date of Receipt MM/DD/YYYY 04/04/2012
Mailing Address 2018 S. Hwy Blvd		Amount of Each Receipt this Period \$ 400.00
City Beiton	State Zip Code TX 76513	
FEC ID number of contributing federal political committee. C00508671		
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. LOPEZ, Alizia R		Date of Receipt MM/DD/YYYY 04/16/2012
Mailing Address 135 Kochler Ct		Amount of Each Receipt this Period \$ 200.00
City San Antonio, Tx	State Zip Code TX 78223	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$ 600.00
TOTAL This Period (last page this line number only).....	

12030813001

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE / OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CEFCO		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 2
Mailing Address 1600 S. IH-35		Amount of Each Disbursement this Period 4 9 3 4
City	State TX Zip Code 76513	
Purpose of Disbursement	0 0 2	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MURPHY EXPRESS		M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 2
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period 2 8 0 0
City	State TX Zip Code 78759	
Purpose of Disbursement	0 0 2	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. BELTON GAS		M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 2
Mailing Address 2507 MAIN ST		Amount of Each Disbursement this Period 5 5 0 1
City	State TX Zip Code 76513	
Purpose of Disbursement	0 0 2	
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1 3 2 3 5
TOTAL This Period (last page this line number only)	

12030813002

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. IHOP		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 2
Mailing Address 3115 SE MILITARY DR		Amount of Each Disbursement this Period 2 0 9 3
City SAN ANTONIO State TX Zip Code 76513		
Purpose of Disbursement DINING	Category/ Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. IHOP		M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 2
Mailing Address 4102 S NEW BRAUNFELS		Amount of Each Disbursement this Period 1 8 5 9
City SAN ANTONIO State TX Zip Code 78223		
Purpose of Disbursement DINING	Category/ Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. IHOP		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 2
Mailing Address 3115 SE MILITARY DR		Amount of Each Disbursement this Period 2 0 9 3
City SAN ANTONIO State TX Zip Code 76513		
Purpose of Disbursement DINING	Category/ Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60.45
TOTAL This Period (last page this line number only).....	192.80

12030813003

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **9**

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HERWECKS

Mailing Address

300 BROADWAY

City

SAN ANTONIO

State

TX

Zip Code

78205

Purpose of Disbursement

ADVERTIZING MATERIALS

0 0 4

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

0 4 / 2 8 / 2 0 1 2

Amount of Each Disbursement this Period

, , 1 1 8 . 1 8

B. BUILD A SIGN

Mailing Address

11525A STONEHOLLOW DR.

City

AUSTIN

State

TX

Zip Code

78758

Purpose of Disbursement

Advertizing materials

0 0 4

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

0 5 / 0 9 / 2 0 1 2

Amount of Each Disbursement this Period

, , 7 5 7 8

C. HIGHLAND HILLS STATION

Mailing Address

3819 CLARK AVE

City

SAN ANTONIO

State

TX

Zip Code

78223

Purpose of Disbursement

0 0 2

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

0 5 / 0 9 / 2 0 1 2

Amount of Each Disbursement this Period

, , 9 0 0

SUBTOTAL of Disbursements This Page (optional).....

, , 2 0 2 . 9 6

TOTAL This Period (last page this line number only).....

, , 3 9 5 . 7 6

12030813004

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. QUIKTRIP		M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 1 2	
Mailing Address 4200 S BOWEN RD		Amount of Each Disbursement this Period 3 6 5 0	
City ARLINGTON State TX Zip Code 76016			
Purpose of Disbursement GASOLINE		Category/ Type 0 0 2	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. COSTCO		M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 2	
Mailing Address 10401 RESEARCH BLVD		Amount of Each Disbursement this Period 3 7 0 7	
City AUSTIN State TX Zip Code 78759			
Purpose of Disbursement GASOLINE		Category/ Type 0 0 2	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. HEB GAS		M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 1 2	
Mailing Address 3323 SE MILITARY DR		Amount of Each Disbursement this Period 3 5 0 0	
City SAN ANTONIO State TX Zip Code 78223			
Purpose of Disbursement GASOLINE		Category/ Type 0 0 2	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1 0 8 5 7
TOTAL This Period (last page this line number only)	5 0 4 3 3

12030813005

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. MURPHY USA		M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 2	
Mailing Address 1200 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78214		, , 2 2 0 0	
Purpose of Disbursement GASOLINE		0 0 2	
Candidate Name		Category/ Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. MURPHY EXPRESS		0 4 / 1 1 / 2 0 1 2	
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78224		, , 2 5 0 0	
Purpose of Disbursement GASOLINE		0 0 2	
Candidate Name		Category/ Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. MURPHY EXPRESS		0 4 / 1 3 / 2 0 1 2	
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78223		, , 3 9 2 0	
Purpose of Disbursement GASOLINE		0 0 2	
Candidate Name		Category/ Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	, , 8 6 2 0
TOTAL This Period (last page this line number only).....	, , 5 9 0 5 3

12030813006

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>6</u> OF <u>9</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MURPHY USA		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 2
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period 3 0 0 0
City SAN ANTONIO	State TX Zip Code 78214	
Purpose of Disbursement GASOLINE	Category/Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MURPHY EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 2
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period 2 8 6 0
City SAN ANTONIO	State TX Zip Code 78224	
Purpose of Disbursement GASOLINE	Category/Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MURPHY EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 1 2
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period 3 1 3 0
City SAN ANTONIO	State TX Zip Code 78223	
Purpose of Disbursement GASOLINE	Category/Type 0 0 2	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8990
TOTAL This Period (last page this line number only).....	68043

12030813007

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. MURPHY USA		M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 2	
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78214		, , 3 7 0 0	
Purpose of Disbursement GASOLINE	Category/ Type 0 0 2		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. MURPHY EXPRESS		M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 1 2	
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78224		, , 1 0 0 0	
Purpose of Disbursement GASOLINE	Category/ Type 0 0 2		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. MURPHY EXPRESS		M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 2	
Mailing Address 2519 SE MILITARY DR		Amount of Each Disbursement this Period	
City SAN ANTONIO State TX Zip Code 78223		, , 3 6 4 5	
Purpose of Disbursement GASOLINE	Category/ Type 0 0 2		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	, , 8 3 4 5
TOTAL This Period (last page this line number only)	, , 7 6 3 8 8

12030813008

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **8** OF **9**

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LAUREL HEIGHTS

Mailing Address
2400 MCCULLOUGH

City **SAN ANTONIO** State **TX** Zip Code **78212**

Purpose of Disbursement
POSTAGE

0 0 2

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

0 5 / 0 4 / 2 0 1 2

Amount of Each Disbursement this Period

4 5 0

B. LAUREL HEIGHTS

Mailing Address
2400 MCCULLOUGH

City **SAN ANTONIO** State **TX** Zip Code **78212**

Purpose of Disbursement
POSTAGE

0 0 2

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

0 4 / 1 6 / 2 0 1 2

Amount of Each Disbursement this Period

4 4 5

C. HEB

Mailing Address
3323 SE MILITARY DR

City **SAN ANTONIO** State **TX** Zip Code **78223**

Purpose of Disbursement

0 0 2

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

0 5 / 0 4 / 2 0 1 2

Amount of Each Disbursement this Period

9 0 0

SUBTOTAL of Disbursements This Page (optional).....

1 7 9 5

TOTAL This Period (last page this line number only).....

7 8 1 8 3

12030813009

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MARIA LUISA ALVARADO FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. OFFICE DEPOT		M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 2
Mailing Address 3142 SE MILITARY DR		Amount of Each Disbursement this Period
City SAN ANTONIO State TX Zip Code 78223		
Purpose of Disbursement COPY PAPER	Category/ Type 0 0 2	, , 8,65
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CONSTANT CONTACT		M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 2
Mailing Address 1601 TRAPELO ROAD		Amount of Each Disbursement this Period
City WALTHAM State MA Zip Code 02451		
Purpose of Disbursement POSTAGE	Category/ Type 0 0 4	, , 7,10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. HEB		M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 2
Mailing Address 3323 SE MILITARY DR		Amount of Each Disbursement this Period
City SAN ANTONIO State TX Zip Code 78223		
Purpose of Disbursement	Category/ Type 0 0 2	, , 9,00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	, , 24.75
TOTAL This Period (last page this line number only).....	, , 806.58

12030813010

Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

5/21/12
DATE PREPARED

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