

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Alberto Altamirano		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 61861.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 50000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 51574.33
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 30

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/10/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Beto Altamirano

7 Amount of contribution (\$)
20000.00

6 Contributor address; City; State; Zip Code
**120 9th Street #1309
San Antonio, TX 78215**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Irys

Date
5/15/2024

Full name of contributor out-of-state PAC (ID# _____)
Eduardo Bravo

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1201 Av B 1033
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Business owner

Employer (See instructions)
DTSI

Date
5/15/2024

Full name of contributor out-of-state PAC (ID# _____)
Jorge Urby

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**212 E Mulberry Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Founder

Employer (See instructions)
Glider Group

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Alberto Gomez

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**6515 Jade Meadow
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Better Futures Institute

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 30

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jordan Ghawi

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**903 W Huisache Ave
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
STRAC

9 Employer (See instructions)
Healthcare

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Jordan Ghawi

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**903 W Huisache Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
STRAC

Employer (See instructions)
Healthcare

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Raul Lomeli

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3318 Sable Creek
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Welcome Tech Inc

Date
5/16/2024

Full name of contributor out-of-state PAC (ID# _____)
Rob Wicall

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**130 Algerita Dr
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Digital Marketing

Employer (See instructions)
Vuepoint Digital Marketing

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wes Baerga	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 3463 Magic Drive #229 San Antonio, TX 78229		
8 Principal occupation / Job title (See instructions) Owner		9 Employer (See instructions) Vuepoint Digital Marketing
Date 5/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Matthews	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1405 Wiltshire Ave San Antonio, TX 78209		
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Active Capital
Date 5/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William C Biedenharn	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 17968 San Antonio, TX 78217		
Principal occupation / Job title (See instructions) Carbon Impact & Partnerships		Employer (See instructions) Grassroots Carbon
Date 5/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William C Biedenharn	Amount of contribution (\$) 900.00
Contributor address; City; State; Zip Code PO Box 17968 San Antonio, TX 78217		
Principal occupation / Job title (See instructions) Carbon Impact & Partnerships		Employer (See instructions) Grassroots Carbon



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 30

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Ileana Gonzalez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**18206 Mantle Dr.
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Ceo

9 Employer (See instructions)
Tech Bloc

Date
5/17/2024

Full name of contributor out-of-state PAC (ID# _____)
David Tapia

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3935 Tupelo Lane
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Freed Associates

Date
5/17/2024

Full name of contributor out-of-state PAC (ID# _____)
Antun Domit

Amount of contribution (\$)
350.00

Contributor address; City; State; Zip Code
**19418 Battle Oak
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Financial Advisor

Employer (See instructions)
Alterna Securities

Date
5/17/2024

Full name of contributor out-of-state PAC (ID# _____)
Kristian Guerra

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**504 Rio cordillera
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 30

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/17/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jose De La Cruz

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**8011 Radiant Star
San Antonio, TX 78252**

8 Principal occupation / Job title (See instructions)
Government affairs manager

9 Employer (See instructions)
Microsoft

Date
5/17/2024

Full name of contributor out-of-state PAC (ID# _____)
Peter Mason

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**11844 Bandera Rd #447
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self

Date
5/17/2024

Full name of contributor out-of-state PAC (ID# _____)
Humberto Lobo

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3 Avery street
Boston, MA 02111**

Principal occupation / Job title (See instructions)
Controls Engineer

Employer (See instructions)
Tesla

Date
5/18/2024

Full name of contributor out-of-state PAC (ID# _____)
Javier Paredes

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2603 Country Sq Street
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
JPR3 LLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Catalina Padilla

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**249 Third Street
Cambridge, MA 02142**

8 Principal occupation / Job title (See instructions)
Project Manager

9 Employer (See instructions)
BXP

Date
5/22/2024

Full name of contributor out-of-state PAC (ID# _____)
Josh Sanchez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9010 Rock Cliff
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
FloatMe

Date
5/23/2024

Full name of contributor out-of-state PAC (ID# _____)
C LeRoy Cavazos

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2222 San Pedro Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Entrepreneur

Employer (See instructions)
Localism Inc.

Date
5/25/2024

Full name of contributor out-of-state PAC (ID# _____)
sara villarreal

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 west ridgewood court
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/25/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jason Pina

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**84 Interstate 410 Loop 180
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Co-Founder

9 Employer (See instructions)
Braustin Homes

Date
5/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Georges Clement

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1176 Farmington ave
West Hartford, CT 06107**

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Rhino

Date
5/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Gloria Altamirano

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1530 Hall Acres Rd
Pharr, TX 78577**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Sylvia Fernandes

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**226 Newell Apt 450
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
BD

Employer (See instructions)
Irys

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jonathan Ojany

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**200 W Liberty street #2905
Louisville, KY 40202**

8 Principal occupation / Job title (See instructions)
CFO

9 Employer (See instructions)
(Personal donation)

Date
5/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Francisco Benavides

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**7343 Oak Manor Dr
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Francisco Benavides

Date
5/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Samantha Salazar

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**15918 Gino Park
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Agency Director

Employer (See instructions)
Vuepoint Agency

Date
5/28/2024

Full name of contributor out-of-state PAC (ID# _____)
Kay Neichoy

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**522 Elizabeth Rd
Terrell Hills, TX 78209**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/29/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Joanne Williams

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**517 Geneseo Rd
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Retired

Date
5/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Reed Williams

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**517 Geneseo Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Retired

Date
5/29/2024

Full name of contributor out-of-state PAC (ID# _____)
Anna Altamirano

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**14199 N IH 35
Pflugerville, TX 78660**

Principal occupation / Job title (See instructions)
Content Creator

Employer (See instructions)
Peachybbies

Date
5/29/2024

Full name of contributor out-of-state PAC (ID# _____)
David Mendez

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**117 Rutledge Ave
Charleston, SC 29401**

Principal occupation / Job title (See instructions)
Venture Capitalist

Employer (See instructions)
Good Growth Capital

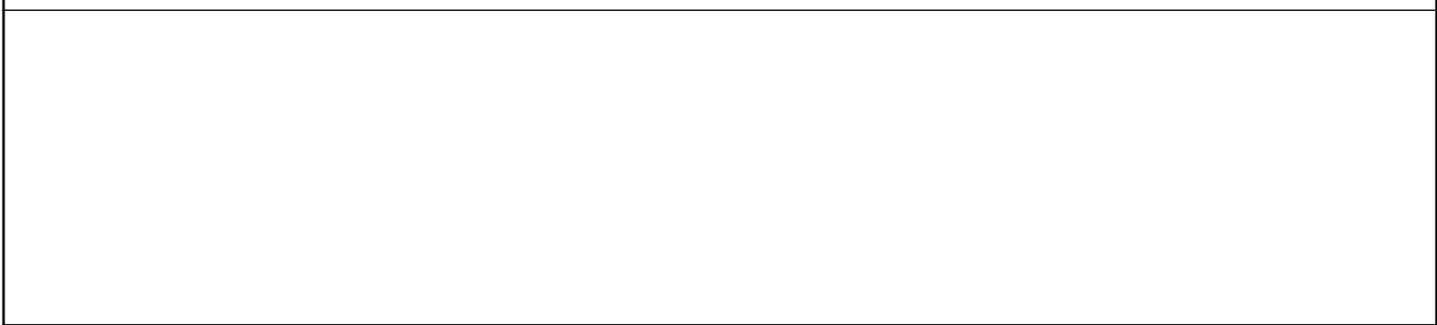
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Fernandes 6 Contributor address; City; State; Zip Code 120 9th St #1309 San Antonio, TX 78215	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Manager		9 Employer (See instructions) WelcomeTech
Date 5/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandra Garcia Contributor address; City; State; Zip Code 3504 San Eduardo St Mission, TX 78572	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Mom		Employer (See instructions) Niv±os AyalaGarcia
Date 5/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claudia Oliva Contributor address; City; State; Zip Code 20659 Stone Oak Pkwy 1116 San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Registered Nurse		Employer (See instructions) HCA
Date 5/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arturo Altamirano Contributor address; City; State; Zip Code 1623 Wild Rye Trl. Sugar Land, TX 77479	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed



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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandro Toscano	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 2610 Sonora ave Mission, TX 78572	
8 Principal occupation / Job title (See instructions) Transportation		9 Employer (See instructions) Xela Transport
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Ward	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 251 Central Street Framingham, MA 01701	
Principal occupation / Job title (See instructions) Nonprofit Administrator		Employer (See instructions) Leadership MetroWest
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pelkins Ajanoh	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 220 Lantana Dr Arlington, TX 76018	
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) McKinsey
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bruce Bradshaw	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 1600 Xanthisma Ave McAllen, TX 78504	
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 5/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luke Hill	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 801 Sugaree Ave #2334 Austin, TX 78757		
8 Principal occupation / Job title (See instructions) Senior Decision Scientist		9 Employer (See instructions) HEB
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron Brieno	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2147 Valley Oak Ln #2006 West Sacramento, CA 95691		
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) California Senate
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Mitchell	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2513 Morhiss Point Boerne, TX 78006		
Principal occupation / Job title (See instructions) IT Manager		Employer (See instructions) USAA
Date 5/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arthur Soto	Amount of contribution (\$) 45.00
Contributor address; City; State; Zip Code 7402 Springfield Ave #8307 Laredo, TX 78045		
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) Texas A&M International University

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
5/31/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Justin Arredondo Guerrero

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**2275 Sharon Road
Menlo Park, CA 94025**

8 Principal occupation / Job title (See instructions)
Immunologist

9 Employer (See instructions)
Stanford University

Date
5/31/2024

Full name of contributor out-of-state PAC (ID# _____)
Rene Yzaguirre

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**1904 Pecos St.
Mission, TX 78572**

Principal occupation / Job title (See instructions)
Transport

Employer (See instructions)
Rene Yzaguirre

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Tomas Martinez

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**3703 Eliberis
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Luxury Home Magazine

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Alonso Hernandez

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5619 Southern Oaks
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Leviat

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jennifer Longoria

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**403 Basswood dr
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Texas Director

9 Employer (See instructions)
Everybody Votes Csmpaid

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
sara villarreal

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**112 west ridgewood court
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Judith Carrizales

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**829 Westfall Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Project Manager

Employer (See instructions)
AT&T

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Anita Medina

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**8323 Magdalena Run
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Litigation Coordinator

Employer (See instructions)
VIA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Josephine Stevens

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**14003 Delta Grove Dr
San Antonio, TX 78247**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Not Employed

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Michael Bueno

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**91 Rainey St #509
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Environmental policy

Employer (See instructions)
Environmental Defense Fund

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Sarean Soeun

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1600 West Avenue #4
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Sales

Employer (See instructions)
Fire Rover

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Liza Reyes

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**802 Serenade Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Health educator

Employer (See instructions)
University Health

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Demonte Alexander

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**28844 Crowley Creek
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
IT

9 Employer (See instructions)
DOCUmation

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Cole Bowles

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1119 Draybrook
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Bowles Strategies LLC

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Alejandro Tirado

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**4707 Avery Way
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Construction Project Leader

Employer (See instructions)
HEB

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Yoceline Aguilar

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**5202 Texana Dr #1218
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Operations

Employer (See instructions)
PCSS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Gabriel Garcia

7 Amount of contribution (\$)
30.00

6 Contributor address; City; State; Zip Code
**24028 Wilted Oak
San Antonio, TX 78264**

8 Principal occupation / Job title (See instructions)
Creative

9 Employer (See instructions)
Summit Creative Group

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Nadia De la garza

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**11843 Braesview #2001
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Comms director

Employer (See instructions)
D1

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Bogart Montiel Fdz

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**621 Grissom Rd. #2207
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Property Manager

Employer (See instructions)
The Barcelona Lofts

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Terry Rawe

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**4539 Amandas Cove
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
IT Professional

Employer (See instructions)
Nationwide

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geoffrey Urbach	7 Amount of contribution (\$) 10.00
	6 Contributor address; City; State; Zip Code 847 E Ashby pl #440 San Antonio, TX 78212	
8 Principal occupation / Job title (See instructions) Smart cities		9 Employer (See instructions) City of San Antonio
Date 6/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christian Biedenharn	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code PO Box 17968 San Antonio, TX 78217	
Principal occupation / Job title (See instructions) Carbon Impact & Partnerships		Employer (See instructions) Grassroots Carbon
Date 6/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lori Alvarez	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 1431 Santa Monica San Antonio, TX 78201	
Principal occupation / Job title (See instructions) Non profit		Employer (See instructions) ARC
Date 6/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geoffrey Urbach	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 847 E Ashby pl #440 San Antonio, TX 78212	
Principal occupation / Job title (See instructions) Smart cities		Employer (See instructions) City of San antonio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Paola Fernandez

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**120 9th St #1413
San Antonio, TX 78215**

8 Principal occupation / Job title (See instructions)
Planner

9 Employer (See instructions)
Stantec

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Kristopher Lopez

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**226 Newell Ave #239
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Photographer

Employer (See instructions)
The Down Market

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Shaydi DeJesus

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**14113 Merseyside Dr
Pflugerville, TX 78660**

Principal occupation / Job title (See instructions)
Business Owner

Employer (See instructions)
Self-employed

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Isaac Fellows

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**11611 Purple Mint
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Graphic Designer

Employer (See instructions)
DESACCO Marketing

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
David Tapia

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**3935 Tupelo Lane
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Freed Associates

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Gaston Guerra

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**5610 Willow Breeze
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Business Management

Employer (See instructions)
The Scion Group

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Brianna Dimas

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**7222 Birch Stage
San Antonio, TX 78244**

Principal occupation / Job title (See instructions)
Communications

Employer (See instructions)
Immigration Council

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Ashley Bird

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**339 Cooper
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Founder

Employer (See instructions)
Blooming with Birdie

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Vicente Cabeiro

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**17910 Camino Grande
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
Investor

9 Employer (See instructions)
Sadbx

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Joel Rivas

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3223 Howard St. #26
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Hagan Rivas LLC

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Jenny Gallegos

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**307 Goodhue Ave
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
Real estate

Employer (See instructions)
CBRE

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Dennis Milam

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3803 E Songbird Lane
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Architect

Employer (See instructions)
Borderless Studio

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Mia Duran

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**152 Pecan st
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Organizer

9 Employer (See instructions)
Radical Registrars

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Karsen Maldonado

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**226 Alamosa Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Comm Director

Employer (See instructions)
City of San Antonio

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
amanda darby

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**6000 Trone Trail
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Registered Nurse

Employer (See instructions)
Christus Santa Rosa

Date
6/1/2024

Full name of contributor out-of-state PAC (ID# _____)
Skyler Saito

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**915 L St NW #511
Washington, DC 20001**

Principal occupation / Job title (See instructions)
Officer

Employer (See instructions)
US Army

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kurtis Indorf	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 16700 Ledgestone Drive San Antonio, TX 78232		
8 Principal occupation / Job title (See instructions) Educator		9 Employer (See instructions) Great Hearts Texas
Date 6/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Ortega	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6935 Bella Verso San Antonio, TX 78256		
Principal occupation / Job title (See instructions) Insurance		Employer (See instructions) McGriff
Date 6/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Dillard	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 716 Hays San Antonio, TX 78202		
Principal occupation / Job title (See instructions) IT Director		Employer (See instructions) VIA
Date 6/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana Sanchez Lira	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2710 Belvoir Drive San Antonio, TX 78230		
Principal occupation / Job title (See instructions) Psychologist		Employer (See instructions) Diana Sanchez Lira

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/2/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Maureen Farrell

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**4344 Santa Monica Avenue
San Diego, CA 92107**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)
UCSD Health

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Michael Beldon

Amount of contribution (\$)
2000.00

Contributor address; City; State; Zip Code
**4 Westelm Cir
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Beldon Roofing

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Brian McNeil

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**45 White St.
New York, NY 10013**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
SUNY Downstate

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Jose Villarreal

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2733 35th St. NW
Washington, DC 20007**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/3/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Jamie Hong

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**18311 Wild Onion
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Executive

9 Employer (See instructions)
Hong Ventures LLC

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Carolina Basurto

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**405 E Yarrow Ave
McAllen, TX 78504**

Principal occupation / Job title (See instructions)
Barn owner

Employer (See instructions)
Pride of Texas equestrian center

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Guillermo Vela

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7711 Callaghan Rd #903
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
NeuScience

Date
6/3/2024

Full name of contributor out-of-state PAC (ID# _____)
Mariela Garza

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**2432 E 7 Ave
Mission, TX 78572**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/4/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Anthony Vallejo

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**4715 Casa Manana
San Antonio, TX 78233**

8 Principal occupation / Job title (See instructions)
Personal Banker

9 Employer (See instructions)
Frost Bank

Date
6/4/2024

Full name of contributor out-of-state PAC (ID# _____)
Sangeeta Driver

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**411 E Benton Pl
Chicago, IL 60601**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Shirley Ryan Abilitylab

Date
6/5/2024

Full name of contributor out-of-state PAC (ID# _____)
Robert Simonds

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**414 N. 63rd St #3
Seattle, WA 98103**

Principal occupation / Job title (See instructions)
Fundraiser

Employer (See instructions)
Key to Change

Date
6/5/2024

Full name of contributor out-of-state PAC (ID# _____)
Alexandria Carroll

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**5945 Williamsburg Rd
Alexandria, VA 22303**

Principal occupation / Job title (See instructions)
Urban Planner

Employer (See instructions)
City of Alexandria VA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
27 of 30

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/7/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Daniel Guajardo

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**18206 Mantle Dr
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Contracts Manager

9 Employer (See instructions)
Signifyd

Date
6/7/2024

Full name of contributor out-of-state PAC (ID# _____)
Leah Chambers

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**802 Omar St
Houston, TX 77009**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Leah Chambers

Date
6/8/2024

Full name of contributor out-of-state PAC (ID# _____)
Manny Patel

Amount of contribution (\$)
1000.00

Contributor address; City; State; Zip Code
**925 Kirkwood Ave #C
Nashville, TN 37204**

Principal occupation / Job title (See instructions)
Radiologist

Employer (See instructions)
Radiology Partners

Date
6/10/2024

Full name of contributor out-of-state PAC (ID# _____)
Stefan Talevski

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1731 Fawn Gate
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Banzae Software Solutions

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/10/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Lorenzo Gomez III

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**119 McKay Ave
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)
CoFounder

9 Employer (See instructions)
Confluence Capital

Date
6/10/2024

Full name of contributor out-of-state PAC (ID# _____)
Brian Benavides

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**207 Cooper Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Tour Guide

Employer (See instructions)
MURAL RIDE

Date
6/10/2024

Full name of contributor out-of-state PAC (ID# _____)
Eileen Laferriere

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**626 S Polaris St
San Antonio, TX 78203**

Principal occupation / Job title (See instructions)
Senior prof tester

Employer (See instructions)
Gainwell Technologies

Date
6/11/2024

Full name of contributor out-of-state PAC (ID# _____)
Teresa Ann Zarsky

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**111 Red Cascade Ct.
Willis, TX 77318**

Principal occupation / Job title (See instructions)
Sr. Executive Asst

Employer (See instructions)
Memorial Hermann Health System

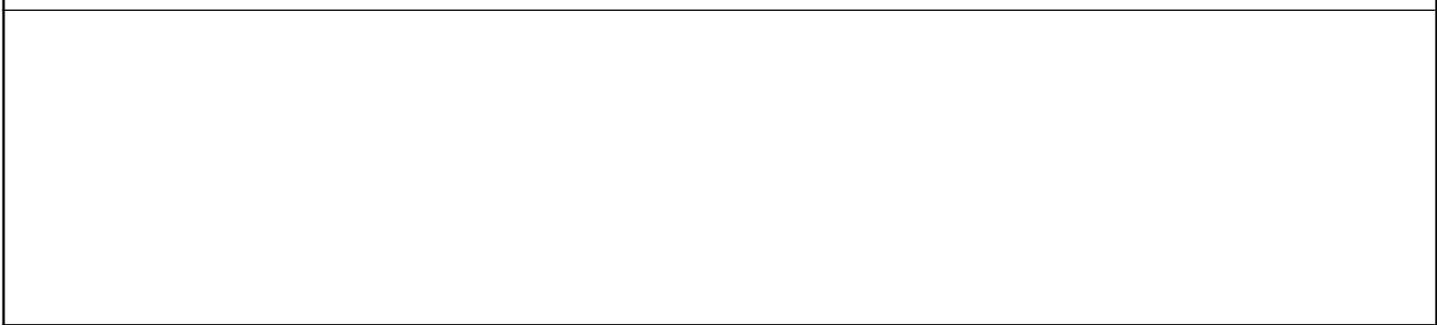
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29 of 30
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Vallejo	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 4715 Casa Manana San Antonio, TX 78233		
8 Principal occupation / Job title (See instructions) Personal Banker		9 Employer (See instructions) Frost Bank
Date 6/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) German Hernandez	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3956 Las Vegas Dr El Paso, TX 79902		
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) EPKS
Date 6/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana Solano	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 327 Inspiration Drive San Antonio, TX 78228		
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 6/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Agather	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 300 West French Pl San Antonio, TX 78212		
Principal occupation / Job title (See instructions) Musician		Employer (See instructions) Self



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date
6/25/2024

5 Full name of contributor out-of-state PAC (ID# _____)
Steven Lopez

7 Amount of contribution (\$)
1000.00

6 Contributor address; City; State; Zip Code
**6243 IH-10 W #150
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Lopez Law Firm

Date
6/25/2024

Full name of contributor out-of-state PAC (ID# _____)
Nicholas Lopez

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**522 Pleasant Valley Drive
Boerne, TX 78008**

Principal occupation / Job title (See instructions)
CWEO

Employer (See instructions)
BBCW Holdings LLC

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Anthony Vallejo

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**4715 Casa Manana
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
Personal Banker

Employer (See instructions)
Frost Bank

Date
6/27/2024

Full name of contributor out-of-state PAC (ID# _____)
Drew Galloway

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9106 Harbor View Street
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
BRIDGE Infrastructure Fund / NEO Philanthropy Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 4/30/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alberto Altamirano	9 Loan Amount (\$) 15000.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 120 9th Street #1309 San Antonio TX 78215	10 Interest rate 0.000000
		11 Maturity date
12 Principal occupation / Job title (See instructions) CEO		13 Employer (See instructions) Irys
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan 5/16/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Alberto Altamirano	Loan Amount (\$) 35000.00
Is lender a financial institution? N	Lender address; City; State; Zip Code 120 9th Street #1309 San Antonio TX 78215	Interest rate 0.000000
		Maturity date
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Irys
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	Guarantor address; City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F1: 1 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 5/1/2024	5 Payee name BCom Solutions LLC	
6 Amount (\$) 3000.00	7 Payee address; City; State; Zip Code 747 O Street #150 Lincoln , NE 68508	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertsing Expense	(b) Description Campaign Ad Videography/Photography
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held
Date 5/3/2024	Payee name Huskin Photo LLC	
Amount (\$) 2000.00	Payee address; City; State; Zip Code 3803 Briarhaven St San Antonio , TX 78247	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense	Description Campaign Photography
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held
Date 5/8/2024	Payee name BCom Solutions LLC	
Amount (\$) 2625.00	Payee address; City; State; Zip Code 747 O Street #150 Lincoln , NE 68508	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense	Description Campaign Ad Videography/Photography
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2024	5 Payee name BCom Solutions LLC	
6 Amount (\$) 6666.00	7 Payee address; City; State; Zip Code 747 O Street #150 Lincoln , NE 68508	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertsing Expense	(b) Description Campaign Ad Videography/Photography
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held

Date 5/17/2024	Payee name Act Blue		
Amount (\$) 19.89	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

Date 5/17/2024	Payee name Act Blue		
Amount (\$) 74.46	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F1: 3 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 Date 5/20/2024	5 Payee name Act Blue
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6 Amount (\$) 246.54	7 Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138
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PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 5/20/2024	Payee name Act Blue
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Amount (\$) 91.99	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 5/21/2024	Payee name Act Blue
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Amount (\$) 138.28	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F1: 4 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 5/21/2024	5 Payee name Act Blue	
6 Amount (\$) 2.32	7 Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held

Date 5/22/2024	Payee name Act Blue		
Amount (\$) 37.23	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

Date 5/22/2024	Payee name Act Blue		
Amount (\$) 45.56	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 Date 5/23/2024	5 Payee name Act Blue
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6 Amount (\$) 7.63	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 5/23/2024	Payee name Act Blue
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Amount (\$) 7.86	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 5/24/2024	Payee name Act Blue
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Amount (\$) 3.93	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2024	5 Payee name Act Blue	
6 Amount (\$) 1.16	7 Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held
Date 5/24/2024	Payee name Ace Screen Graphics	
Amount (\$) 2278.40	Payee address; City; State; Zip Code 5712 Kenwick St San Antonio , TX 78238	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense	Description Campaign Paraphanelia
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held
Date 5/24/2024	Payee name Amalgamated Bank	
Amount (\$) 27.00	Payee address; City; State; Zip Code 275 7th Ave New York , NY 10001	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Accounting and Banking	Description Banking Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2024	5 Payee name Act Blue	
6 Amount (\$) 1.16	7 Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
Date 5/28/2024	Payee name Act Blue	
Amount (\$) 9.48	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
Date 5/31/2024	Payee name Act Blue	
Amount (\$) 160.71	Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description Credit Card Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 Date 5/31/2024	5 Payee name Act Blue
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6 Amount (\$) 234.25	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/1/2024	Payee name Act Blue
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Amount (\$) 1.16	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/4/2024	Payee name MBA Consulting Group
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Amount (\$) 4833.33	Payee address; City; State; Zip Code PO Box 15845 Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Accounting and Banking	Description Compliance Services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 9 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 Date 6/5/2024	5 Payee name Act Blue
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6 Amount (\$) 261.84	7 Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/5/2024	Payee name Act Blue
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Amount (\$) 77.14	Payee address; City; State; Zip Code 366 Summer St Sommerville, MA 02138
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/20/2024	Payee name Numero Inc.
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Amount (\$) 675.00	Payee address; City; State; Zip Code 695 Towne Center Dr #580 Costa Mesa, CA 92626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Solicitation/Fundraising Expense	Description Software Subscription
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 10 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)	
4 Date 6/20/2024	5 Payee name Symbio Hush		
6 Amount (\$) 375.00	7 Payee address; City; State; Zip Code 110 E Houston St San Antonio , TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Event Expenses		(b) Description Audio Visual Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	
Date 6/20/2024	Payee name Texas Democratic Party		
Amount (\$) 2004.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Voter File Subscription
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	
Date 6/20/2024	Payee name Connex Communications		
Amount (\$) 1940.00	Payee address; City; State; Zip Code 15919 Mission Ridge San Antonio , TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Event Expenses		Description Audio Visual Rental
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 11 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)	
4 Date 6/20/2024	5 Payee name Deux South Creative		
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 4500 S Flores St #106 San Antonio , TX 78214		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Software Subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	
Date 6/20/2024	Payee name DJ Sergio Mix		
Amount (\$) 300.00	Payee address; City; State; Zip Code 321 Lark Ave McAllen, TX 78504		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Event Expenses		Description Music for Event
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	
Date 6/20/2024	Payee name BCom Solutions LLC		
Amount (\$) 6666.00	Payee address; City; State; Zip Code 747 O Street #150 Lincoln , NE 68508		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense		Description Campaign Ad Videography/Photography
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F1: 12 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 6/20/2024	5 Payee name BCom Solutions LLC	
6 Amount (\$) 9299.39	7 Payee address; City; State; Zip Code 747 O Street #150 Lincoln , NE 68508	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertsing Expense	(b) Description Campaign Ad Videography/Photography
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
		Office held

Date 6/25/2024	Payee name Avenida Guadalupe		
Amount (\$) 1600.00	Payee address; City; State; Zip Code 1313 Guadalupe St #200 San Antonio , TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Event Expenses	Description Event Venue Rental	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

Date 6/26/2024	Payee name Make the Sauce		
Amount (\$) 2000.00	Payee address; City; State; Zip Code 830 S Presa St San Antonio , TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense	Description Advertising Production	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 13 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 Date 6/27/2024	5 Payee name JVC Media
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6 Amount (\$) 1393.72	7 Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio , TX 78247
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Advertsing Expense	(b) Description Print Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/27/2024	Payee name Ace Screen Graphics
--------------------------	--

Amount (\$) 1671.81	Payee address; City; State; Zip Code 5712 Kenwick St San Antonio , TX 78238
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Advertsing Expense	Description Campaign Paraphanelia
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

Date 6/28/2024	Payee name Amalgamated Bank
--------------------------	---------------------------------------

Amount (\$) 42.00	Payee address; City; State; Zip Code 275 7th Ave New York , NY 10001
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Accounting and Banking	Description Banking Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		Mayor	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 14 of 14	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Payee name Act Blue	
6 Amount (\$) 5.09	7 Payee address; City; State; Zip Code 366 Summer St Sommerville , MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Mayor
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> 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
---------------------	---

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> 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
---------------------	---

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule G: 1 of 1	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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 H: 1 of 1	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Alberto Altamirano	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME
Alberto Altamirano

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Alberto Altamirano		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Alberto Altamirano

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder