

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 69	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
	Angi Taylor	Angela	Aramburu	Date Received 5/30/2025 3:10:27PM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 19141 Stone Oak Pkwy #104 San Antonio TX 78258				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 538-4523	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed 5/30/2025 3:10:27PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22430 Old Fossil Road San Antonio TX 78261				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 241-4458	EXTENSION		
9 REPORT TYPE	8th Day Before Runoff Election				
10 PERIOD COVERED	Month Day Year Month Day Year 5/4/2025 THROUGH 5/28/2025				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 6/7/2025	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Council District 9		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Angela Aramburu	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 20525.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16033.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Angela Aramburu, this the 30th day of May, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Angela Aramburu		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32425.00
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	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19875.47
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	\$ 650.00
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 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/4/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Irene Hernandez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**811 Highland Knoll
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ian Straus

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**6307 Ridge Forest Drive
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
James Hickey

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**418 Pease Holw
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kristi Day

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**107 Encino Grande ST.
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retail

Employer (See instructions)
Self

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 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/4/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Erika Silva

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3 Sheffield Park Dr.
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zeke Silva

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Sheffield Park Dr.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
South Texas Radiology Group

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melvin Cohen

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13722 Cape Bluff
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Yolanda Crittenden

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**630 Birdsong South
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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:
3 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/4/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Louis Bixenman

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**11302 Whisper Willow St.
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Council Aide

9 Employer (See instructions)
City of San Antonio

Date
5/4/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anju Verma

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**814 Highland Knoll
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/5/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linda Comeaux

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3185 Morning Creek
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/5/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18114 Redriver Sky
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Police Officer

Employer (See instructions)
City of San Anyonio

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:
4 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/5/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Missy Perry

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**14122 Churchill Estates Blvd
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/5/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Burney

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E. Pecan St.
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Martin & Drought, P.C.

Date
5/5/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Gostylo

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2150 Encino Loop
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Commercial Broker

Employer (See instructions)
Partners

Date
5/5/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4218 Misty Glade
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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:
5 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jeffrey Hall

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**3052 Panzano Pl
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
John Courage

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Council Member

Employer (See instructions)
City of San Antonio

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lindsey LeBlanc

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1219 Delmont Ct.
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Computer Engineer

Employer (See instructions)
USAA

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jennifer Aramburu

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5305 Riviera Court
College Station, TX 77845**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Josh Jacobson

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**14916 Stonegreen Ln
Huntersville, NC 28078**

8 Principal occupation / Job title (See instructions)
Consultant

9 Employer (See instructions)
Next Stage

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Tracy Meyer

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**5104 Big Cedar Road
CEDAR GROVE, IN 47016**

Principal occupation / Job title (See instructions)
RN

Employer (See instructions)
Mercy West Hospital

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles Gonzalez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**206 E. Locust Street
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ogletree Deakins, P.C.

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marcie Trevino Ripper

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**200 Briarcliff
Castle Hills, TX 78213**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ripper Law PLLC

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:
7 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/6/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Joe Chidgey

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**24710 Garden Way
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/6/2025

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**13312 Vista Arroyo
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/6/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Zada True Courage

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1938 Broken Oak St
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/7/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jennifer Aramburu

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**33 Catalina
Swansboro, NC 28584**

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

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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Gilberto Ocañas

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
7 Champions Run
San Antonio, TX 78258

8 Principal occupation / Job title (See instructions)
Public affairs, communication

9 Employer (See instructions)
Ocañas Group

Date
5/8/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lisa Keckler

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
3 La Peninsula
San Antonio, TX 78248

Principal occupation / Job title (See instructions)
Relationship manager

Employer (See instructions)
Principal Financial Group

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sara Johnson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
219 Ridge Runner Rd.
Lancaster, KY 40444

Principal occupation / Job title (See instructions)
Sales Representative

Employer (See instructions)
The Blinds Man

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
W. Reed and Joan 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)
Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/9/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Donald Steven Brown

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**518 Enchanted Way
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Socrates Aramburu

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**501 Tomahawk Trail
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Methodist Hospital

Date
5/9/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7334 Blanco #200
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Clermont LLC

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Matthew Starr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7334 Blanco #200
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Clermont LLC

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:
10 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/9/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert Comeaux

7 Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1810 Oakline Dr.
San Antonio, TX 78232

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/9/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick Nuttall

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
1041 Ivy Lane
Terrell Hills, TX 78209

Principal occupation / Job title (See instructions)
Customer Success Manager

Employer (See instructions)
Hartford Steam Boiler

Date
5/10/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
PO Box 592055
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
David Canales PLLC

Date
5/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alma Belfield

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
8357 Rochelle Rd
San Antonio, TX 78240

Principal occupation / Job title (See instructions)
Computer Engineer

Employer (See instructions)
DXC Technology

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:
11 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/10/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Alma Belfield

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
8357 Rochelle Rd
San Antonio, TX 78240

8 Principal occupation / Job title (See instructions)
Computer Engineer

9 Employer (See instructions)
DXC Technology

Date
5/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martha Wolins

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
8357 ROCHELLE RD
San Antonio, TX 78240

Principal occupation / Job title (See instructions)
Therapist

Employer (See instructions)
Martha Wolins

Date
5/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Renata Aguiar

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
13003 Vidorra Vista Dr.
San Antonio, TX 78216

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/10/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Shapiro

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
25035 Arrow Glen
San Antonio, TX 78258

Principal occupation / Job title (See instructions)
Scientist

Employer (See instructions)
UT Health SA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Glenn Carroll

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
131 Stormville Rd
HOPEWELL JUNCTION, NY 12533

8 Principal occupation / Job title (See instructions)
Controls Engineer

9 Employer (See instructions)
MPI, Inc.

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jerri Seibert

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
7926 Broadway
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jan Aramburu

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
11802 Montmarte Blvd
Houston, TX 77082

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Summer Greathouse

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
125 West Agarita Avenue
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
Lawyer

Employer (See instructions)
Bracewell

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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:
13 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Olga Biddix

7 Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
3519 Bent Holw
San Antonio, TX 78259

8 Principal occupation / Job title (See instructions)
teacher

9 Employer (See instructions)
SWISD

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lindsey Perry

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
13130 Blanco Rd
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Insurance agent

Employer (See instructions)
USI Insurance

Date
5/13/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
russell kassman

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1539 Vista Azul
San Antonio, TX 78213

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Powell Law Firm

Date
5/14/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Sandoval

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
6963 Willow Oak
San Antonio, TX 78249

Principal occupation / Job title (See instructions)
Scrum Master

Employer (See instructions)
USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jorge Herrera

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**109 Lou Jon Cir
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Herrera Law Firm

Date
5/15/2025

Full name of contributor ☒ out-of-state PAC (ID# **1716004**)
CWA-COPE PCC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**501 Third St NW
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Juan Valdez

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**258 Quentin Dr
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Government Affairs

Employer (See instructions)
HCA Healthcare

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Melissa Crawley

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3827 Escalera Pass
Bulverde, TX 78163**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Texas oncology

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jacob Hernandez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**9523 Braun Crk
San Antonio, TX 78254**

8 Principal occupation / Job title (See instructions)
Advocacy and Public Health Specialist

9 Employer (See instructions)
Bexar County Medical Society

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Russell Kassman

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1539 Vista Azul
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Powell Law Firm

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ana Guzman

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7 Champions Run
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nelson Wolff

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**220 CR 203
Burnet, TX 78611**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Terri Flores Lopez

7 Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
407 Ken Drive
San Antonio, TX 78258

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/15/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ochoa Lyssa

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
708 Canterbury Hill
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Alan Ross

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
7990 Valley Crest
Fair oaks ranch, TX 78015

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
martha hixon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
114 Rio Bravo
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jerry Morrisey

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
19631 Encino Way
San Antonio, TX 78259

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
MICHAEL JOUFFRAY

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2015 Oak Vista St
San Antonio, TX 78232

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stonewall Democrats

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
7402 Radford Trail
San Antonio, TX 78224

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Theresa Mazuca-Garcia

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1222 Vista Del Juez
San Antonio, TX 78216

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Irene Hernandez

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**811 Highland Knoll
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/16/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1810 Oakline Dr.
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Eugene Marck

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**345 Argyle Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marisol Lin

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**19234 Boltmore Bay
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/16/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Michael Kennick

7 Amount of contribution (\$)
300.00

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

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carlos & Judi Salazar

Amount of contribution (\$)
600.00

Contributor address; City; State; Zip Code
**23007 Tornillo Dr.
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/16/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harriet Parnes

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**12042 Vista Nogal Street
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/17/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1114 Windmill Palm
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Software dev

Employer (See instructions)
USAA

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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

Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/17/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sue Carlson

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1402 Fawn Hvn
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Digital Multimedia & Post-production

9 Employer (See instructions)
scargoproductions, LLC. (owner)

Date
5/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darren Richmond

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**10136 Stagecoach Bay
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Program Manager

Employer (See instructions)
NetCracker

Date
5/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wayne Alexander

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2 Lost Timbers
SAN ANTONIO, TX 78248**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
5/17/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Sandoval

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**6963 Willow Oak
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Scrum Master

Employer (See instructions)
USAA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 31
2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernando Aguilar 6 Contributor address; City; State; Zip Code 206 Wake Forrest Dr San Antonio, TX 78228	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions) US House of Representatives
Date 5/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Thomas Higginbotham Contributor address; City; State; Zip Code 17014 Summer Creek San Antonio, TX 78248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 5/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shannon Grona Contributor address; City; State; Zip Code 22430 Old Fossil Road San Antonio, TX 78261	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 5/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Sween Contributor address; City; State; Zip Code 6158 E. Horseshoe Rd Paradise Valley, AZ 85253	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) Dominium
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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bexar County Young Democrats

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 830651
San Antonio, TX 78238**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/19/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Anne Pearson

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**16934 Hidden Oak Woods
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/19/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nancy Johnson

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**1210 Country Path
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/19/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mark Moorhouse

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**505 Willow Drive South
Orono, MN 55356**

Principal occupation / Job title (See instructions)
COO

Employer (See instructions)
Dominium

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/19/2025

5 Full name of contributor ☒ out-of-state PAC (ID# _____)
American Federation of State, County and Municipal Employees (AF

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 65334
Washington, DC 20035-5334**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
5/19/2025

Full name of contributor ☒ out-of-state PAC (ID# **52-2257109**)
International Brotherhood of Electrical Workers Political Action Co

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**900 Seventh St., NW
Washington, DC 20001**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Michele Autenrieth Brown

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15718 Creekside
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Marketing/Communications

Employer (See instructions)
GDC Marketing & Ideation

Date
5/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sandra Goodwin, GRI

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**35 Rogers Wood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Samuel Vesa

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2104 Pipestone dr
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
Healthcare

9 Employer (See instructions)
Self

Date
5/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jacqueline Pugh

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**13221 Vista del Mundo
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jaime Arechiga

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2310 Winding Vw
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Hillstar investments

Date
5/21/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carol Walter Russell

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**102 Susan Carol Dr.
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/22/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
James Mazuca

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**430 W. Hildebrand
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
5/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Darren Meritz

Amount of contribution (\$)
350.00

Contributor address; City; State; Zip Code
**11405 Whisper Valley St
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Professor

Employer (See instructions)
UTSA

Date
5/22/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**5818 oak Leather dr
Burke, VA 22015**

Principal occupation / Job title (See instructions)
Sales

Employer (See instructions)
Self

Date
5/22/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roy Hill

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**16803 Summer Creek Dr
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26 of 31
2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danna Halff 6 Contributor address; City; State; Zip Code 336 Tuxedo Avenue San Antonio, TX 78209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Legislative Aide		9 Employer (See instructions) State of Texas
Date 5/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Gonzalez Contributor address; City; State; Zip Code 206 E. Locust Street San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ogletree Deakins, P.C.
Date 5/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Realini Contributor address; City; State; Zip Code 24348 Cherry Spg San Antonio, TX 78255	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 5/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melinda Fierros Contributor address; City; State; Zip Code 12358 Hart Crest San antonio, TX 78249	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Total k sight psychiatric services
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/23/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tilman J. Fertitta

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1510 W. Loop South
Houston, TX 77027**

8 Principal occupation / Job title (See instructions)
CEO

9 Employer (See instructions)
Landrys

Date
5/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bonnie Conner

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**311 W. Nottingham Dr.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
5/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Linebarger Goggan Blair & Sampson, LLP

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)

Date
5/23/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carlos & Judi Salazar

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**23007 Tornillo Dr.
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 31
2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Barshop 6 Contributor address; City; State; Zip Code 602 Alamo Heights Blvd San Antonio, TX 78209	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 5/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Maldonado Contributor address; City; State; Zip Code 8503 Honiley San Antonio, TX 78254	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 5/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Andrade Gonima Contributor address; City; State; Zip Code 222 West Mulberry Ave. San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Del Rey Express
Date 5/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James McKnight Contributor address; City; State; Zip Code 2019 Flint Oak San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) Ortiz McKnight PLLC
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: 29 of 31
2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KAREN L RANDLE 6 Contributor address; City; State; Zip Code 805 C-Bar Ranch Trl #1016 Cedar Park, TX 78613	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 5/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Maldonado Contributor address; City; State; Zip Code 8503 Honiley St. San Antonio, TX 78254	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 5/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Campa Contributor address; City; State; Zip Code 1108 River Vis W San Antonio, TX 78216	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 5/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy Meyer Contributor address; City; State; Zip Code 5104 Big Cedar Road CEDAR GROVE, IN 47016	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) RN		Employer (See instructions) Mercy Health
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:
30 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ken Brown

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Partner

9 Employer (See instructions)
Brown & McDonald Law

Date
5/27/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Caroline McDonald

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**100 NE Loop 410 #1385
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)

Date
5/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Apartment Association

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7525 Babcock Road
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
5/28/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jessica Comas

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1411 S Meridian St.
Tallahassee, FL 32301**

Principal occupation / Job title (See instructions)
Administrator

Employer (See instructions)
Florida State University

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:
31 of 31

2 FILER NAME
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Virginia Sandoval

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**6963 Willow Oak
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
IT Scrum Master

9 Employer (See instructions)
USAA

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

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 Angela Aramburu		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			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Angela Aramburu		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
Angela Aramburu

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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 23	2 FILER NAME Angela Aramburu	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2025	5 Payee name Anedot Inc	
6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held		

Date 5/4/2025	Payee name Anedot Inc	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held		

Date 5/4/2025	Payee name Anedot Inc	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held		

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	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: 2 of 23	2 FILER NAME Angela Aramburu	3 Filer ID (Ethics Commission Filers)				
4 Date 5/4/2025	5 Payee name Anedot Inc					
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees					
	(b) Description Online Contribution 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name Angi Taylor Aramburu</td> <td style="width: 50%;">Office sought Council District 9</td> </tr> <tr> <td>Office held</td> <td></td> </tr> </table>			Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9	Office held	
Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9					
Office held						

Date 5/5/2025	Payee name Anedot Inc					
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees					
	Description Online Contribution 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name Angi Taylor Aramburu</td> <td style="width: 50%;">Office sought Council District 9</td> </tr> <tr> <td>Office held</td> <td></td> </tr> </table>			Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9	Office held	
Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9					
Office held						

Date 5/5/2025	Payee name Anedot Inc					
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees					
	Description Online Contribution 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name Angi Taylor Aramburu</td> <td style="width: 50%;">Office sought Council District 9</td> </tr> <tr> <td>Office held</td> <td></td> </tr> </table>			Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9	Office held	
Candidate / Officeholder name Angi Taylor Aramburu	Office sought Council District 9					
Office held						

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	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 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Payee name Kelsey Brandt		
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Campaign Management
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/5/2025	Payee name NGP Van		
Amount (\$) 213.20	Payee address; City; State; Zip Code 655 15th St. NW Washington, DC 20005		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Solicitation/Fundraising		Description VPB Connect
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/5/2025	Payee name Demos Greek		
Amount (\$) 215.49	Payee address; City; State; Zip Code 1205 N Loop 1604 W San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description 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 Angi Taylor Aramburu Office sought Council District 9 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: 4 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2025	5 Payee name Amanda Price		
6 Amount (\$) 106.00	7 Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Walking
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/5/2025	Payee name Scale to Win		
Amount (\$) 744.83	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Solicitation/Fundraising		Description Texting
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/5/2025	Payee name Linda Johnson		
Amount (\$) 364.00	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Walking
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			

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	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: 5 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2025	5 Payee name Donorbox Inc		
6 Amount (\$) 2.75	7 Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/6/2025	Payee name Bryan Naylor		
Amount (\$) 150.66	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Signs
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/6/2025	Payee name Mark Niedenberger		
Amount (\$) 300.00	Payee address; City; State; Zip Code 400 W Bitters Road San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Phone support
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
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	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: 6 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/6/2025	5 Payee name The Strategy Division		
6 Amount (\$) 3500.00	7 Payee address; City; State; Zip Code PO Box 3114 Eldorado Springs, CO 80025		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Mail
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/6/2025	Payee name Anedot Inc		
Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/6/2025	Payee name Anedot Inc		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

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	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: 7 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2025	5 Payee name Anedot Inc		
6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/10/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/12/2025	Payee name Linda Johnson		
Amount (\$) 273.00	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Walking
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 8 of 23	2 FILER NAME Angela Aramburu	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2025	5 Payee name Ranch Hospitality	
6 Amount (\$) 36.31	7 Payee address; City; State; Zip Code 206 W Highland Dr Boerne, TX 78006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description event
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held		
Date 5/12/2025	Payee name Mark Niedenberger	
Amount (\$) 150.00	Payee address; City; State; Zip Code 400 W Bitters Road San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Phone support
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held		
Date 5/12/2025	Payee name Amanda Price	
Amount (\$) 225.00	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Walking
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held		
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	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: 9 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/12/2025	5 Payee name SignupGenius Inc		
6 Amount (\$) 11.99	7 Payee address; City; State; Zip Code 1213 W Morehead St #500 Charlotte, NC 28208		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Solicitation/Fundraising		(b) Description Volunteer Management
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/12/2025	Payee name Viva Politics		
Amount (\$) 800.00	Payee address; City; State; Zip Code 135 Furr Dr. San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Consulting		Description Consulting
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/13/2025	Payee name Anedot Inc		
Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 10 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2025	5 Payee name Anedot Inc		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/13/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/13/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 11 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/2025	5 Payee name 3D Signs		
6 Amount (\$) 864.65	7 Payee address; City; State; Zip Code 7986 1st St Somerset, TX 78069		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Signs/Handbills
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/13/2025	Payee name Little Woodrows		
Amount (\$) 50.00	Payee address; City; State; Zip Code 606 W Afton Oaks Blvd San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/14/2025	Payee name VistaPrint Co		
Amount (\$) 28.34	Payee address; City; State; Zip Code 275 Wyman ST Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description checks
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 12 of 23	2 FILER NAME Angela Aramburu	3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2025	5 Payee name Max & Louies	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 226 W Bitters Rd San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:	(b) Description Event Deposit
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held		
Date 5/14/2025	Payee name Anedot Inc	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held		
Date 5/14/2025	Payee name Anedot Inc	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 13 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2025	5 Payee name Anedot Inc		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/15/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/15/2025	Payee name Anedot Inc		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 14 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/2025	5 Payee name Kelsey Brandt		
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Campaign Management
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/15/2025	Payee name COSA City Tower Garage		
Amount (\$) 10.00	Payee address; City; State; Zip Code 60 N. Flores San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description parking
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/16/2025	Payee name 3D Signs		
Amount (\$) 904.97	Payee address; City; State; Zip Code 7986 1st St Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Signspostcards
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 15 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/2025	5 Payee name Max & Louies		
6 Amount (\$) 374.56	7 Payee address; City; State; Zip Code 226 W Bitters Rd San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:		(b) Description event
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/16/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/16/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 16 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/17/2025	5 Payee name Anedot Inc		
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/19/2025	Payee name Circle K		
Amount (\$) 41.02	Payee address; City; State; Zip Code 16555 Huebner Rd San Antonio, TX 78248		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description gas
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/19/2025	Payee name Cecil Roddy		
Amount (\$) 225.00	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description Walking
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 17 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/19/2025	5 Payee name Lisl Ost		
6 Amount (\$) 162.50	7 Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:		(b) Description Field
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/19/2025	Payee name Mark Niedenberger		
Amount (\$) 300.00	Payee address; City; State; Zip Code 400 W Bitters Road San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Phone support
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/20/2025	Payee name Constant Contact		
Amount (\$) 127.92	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Email service
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 18 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/21/2025	5 Payee name Anedot Inc		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/21/2025	Payee name Anedot Inc		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/21/2025	Payee name Amazon Store		
Amount (\$) 14.06	Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office supplies
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			

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	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: 19 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2025	5 Payee name COSA City Tower Garage		
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 60 N. Flores San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other:		(b) Description parking
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/23/2025	Payee name 3D Signs		
Amount (\$) 986.16	Payee address; City; State; Zip Code 7986 1st St Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Signspostcards
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/23/2025	Payee name Taco Cabana		
Amount (\$) 32.45	Payee address; City; State; Zip Code 15925 San Pedro San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description 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 Angi Taylor Aramburu Office sought Council District 9 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: 20 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2025	5 Payee name Anedot Inc		
6 Amount (\$) 10.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/26/2025	Payee name Anedot Inc		
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			

Date 5/26/2025	Payee name Anedot Inc		
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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: 21 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/26/2025	5 Payee name Mark Niedenberger		
6 Amount (\$) 405.00	7 Payee address; City; State; Zip Code 400 W Bitters Road San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Phone support
	(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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/26/2025	Payee name Cecil Roddy		
Amount (\$) 298.80	Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description Walking
	<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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/27/2025	Payee name Target Store		
Amount (\$) 31.66	Payee address; City; State; Zip Code 18255 Blanco Rd San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other:		Description event supplies
	<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 Angi Taylor Aramburu Office sought Council District 9 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: 22 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2025	5 Payee name Kelsey Brandt		
6 Amount (\$) 2500.00	7 Payee address; City; State; Zip Code 19230 Stone Oak Pkwy #100 San Antonio, TX 78258		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Consulting		(b) Description Campaign Management
	(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 Angi Taylor Aramburu		Office sought Council District 9	Office held
Date 5/27/2025	Payee name Anedot Inc		
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu		Office sought Council District 9	Office held
Date 5/27/2025	Payee name Amazon Store		
Amount (\$) 24.15	Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office supplies
	<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 Angi Taylor Aramburu		Office sought Council District 9	Office held
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	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: 23 of 23	2 FILER NAME Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2025	5 Payee name Anedot Inc		
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 Office held			
Date 5/28/2025	Payee name Anedot Inc		
Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Online Contribution 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 Angi Taylor Aramburu Office sought Council District 9 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 sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 1 of 1	2 FILER NAME Angela Aramburu	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
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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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Angela Aramburu

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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4: 1 of 1	2 FILER NAME Angela Aramburu	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
--	-------------------------------	---------------	-------------

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 Angela Aramburu	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2025	5 Payee Name HECS LLC	
6 Amount (\$) 650.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 21738 Hardy Oak Blvd #101 San Antonio, TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	
	(b) Description office	
	(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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	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 H: 1 of 1	2 FILER NAME Angela Aramburu		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			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			
Date	Candidate / Officeholder name Office sought Office held		
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			

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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 Angela Aramburu	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.)

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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

Angela Aramburu

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

☐ 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

☐ 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

☐ 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

☐ 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 Angela Aramburu		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><input type="checkbox"/> Schedule B-SS</div> </div>		
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		
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Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Angela Aramburu

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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder