CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	is form. 1 Filer ID (Ethics Comm 00090819	ission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRS	ST un J.	MI	OFFICE USE ONLY
NAME				Date Received ELECTRONICALLY FILED
	NICKNAME LAS		SUFFIX	07/17/2023
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUI 3308 Gallop CV	TE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
ADDRESS Change of Address	Augstin TV 70745			Receipt # Amount
Change of Address	Austin, TX 78745			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRS	`T	MI	
TREASURER NAME	Ann		IVII	
	NICKNAME LAS		SUFFIX	
	Rioja	as		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE). AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4524 Grand Cypress Dr	7.1	, GITT,	517(12), 211 GGB2
(Residence or Business)	Austin, TX 78747			
7 CAMPAIGN	AREA CODE PHONE NU	MBER EXTENSION		
TREASURER PHONE	(512) 750-8259	IVIBER EXTENSION		
8 REPORT TYPE	January 15 30	Oth day before election	Runoff	15th day after campaign treasurer
		dir day before election	Kulloli	appointment (officeholder only)
	X July 15 8th	h day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2023	THROUGH	06/30/2023	3
10 ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION TYPE	Other
	Month Day Teal			Outlet
		General	Special	
11 OFFICE	OFFICE HELD (if any)	•	12 OFFICE SOUGHT	(if known)
	Council Member, District 5 Trav	vis	Council Member,	District 5
	1			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Alter, Ryan J.		14 Filer ID 00090819	(Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	ıt the candidate's or offic	committees to support the ceholder's knowledge or otice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME									
Ш	GENERAL										
		COMMITTEE ADDRESS									
	SPECIFIC										
		COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS								
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHEF ARANTEES OF LOANS), UNLESS ITEMIZED	R THAN PLEDGES,	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 0.00							
EXPENDITURE TOTALS	3. TOTAL POLITIC	SS ITEMIZED	\$ 0.00								
	4. TOTAL POLITION	AL EXPENDITURES		\$ 31,352.50							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE S 0.00									
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 46,675.75							
17 AFFADAVIT											
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required								
			Ryan J. Alter								
		Signature	of Candidate or Officeho	older							
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE										
Sworn to and subso	cribed before me, by the s	aid	, this the	day							
		ertify which, witness my hand and seal of office.									
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath										

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SIII	3 of 12
18 FILER NAI Alter, Rya	(Ethics Comm	nission Filers)		
20 SCHEDUL NAME OF	SUBTOT	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	28,051.22
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	31,352.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	LOANS							SCHEDULE	E	
	The Instructio	n Guide explains ho	w to co	omplete this f	orm.	1		ges Schedule E: 1 Rpt: 4/12		
2	FILER NAME Alter, Ryan J.					3	Filer ID	(Ethics Commission Filers	s)	
4	TOTAL OF UN	ITEMIZED LOANS						\$		
5	Date of loan 02/21/2023	7 Name of lender Alter, Ryan		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$14,05	5.00	
6	Is lender a financial institution?	8 Lender address; 3308 Gallop CV Austin, TX 78745	City;	State;	Zip Code			10 Interest Rate 11 Maturity Date	5	
12	Principal occupation	on / Job title (See Instruction	ns)		13 Employer (See Instructions City of Austin	s)				
14	Description of Coll X None				15 Check if personal funds we	ere c	leposited	l into political account (See Instructions)		
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code	•••••		19 Amount Guaranteed (\$	5)	
20	Principal occupation	n On			21 Employer (See Instructions	s)				
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)		
	05/19/2023	Alter, Ryan						\$13,99	6.22	
	Is lender a financial institution?	Lender address; 3308 Gallop Cv	City;	State;	Zip Code			Interest Rate Maturity Date	5	
	Dringing aggregation	Austin, TX 78745 on / Job title (See Instruction	20)		Employer (See Instructions	2)				
	City Council Mer	,	15)		City of Austin					
	Description of Coll X None	ateral			Check if personal funds were deposited into political account (See Instructions)					
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$	B)	
	X not applicable	Guarantor address;	City;	State;	Zip Code					
	Principal occupation	on			Employer (See Instructions	s)				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Comm	ission Filers)	
	Sch: 1/8 Rpt: 5/12	Alter, Ryar						00090819		·	
4	Date	5 Payee name)								
	05/19/2023	Alter, Ryar									
6	Amount (\$) \$524.53	7 Payee addre 3308 Gallo		State; Zip Co	ode						
		Austin, TX	78745								
8	PURPOSE OF EXPENDITURE		See Categories listed at the top of yment/Reimbursemen		(b)		TX,	officeholder living	plete Schedule T. g expense		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ight			Office he	eld		
	Date	Payee name									
	05/19/2023	Alter, Ryar	1								
	Amount (\$) \$375.47	Payee addre 3308 Gallo Austin, TX	p Cv	State; Zip Co	ode						
	PURPOSE	(a) Category (s	See Categories listed at the top of	f this schedule)	(b)	Description					
	OF EXPENDITURE	I	yment/Reimbursemer			Check if travel of	TX,	officeholder living			
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ight			Office he	eld		
	Date	Payee name	<u> </u>								
	06/30/2023	Frost Bank									
	Amount (\$) \$10.00	Payee addre 2421 E 7th	•	State; Zip Co	ode						
		Austin, TX	78702								
	PURPOSE OF EXPENDITURE	(a) Category (s Accounting	See Categories listed at the top or J/Banking	f this schedule)	(b)	므		de of Texas. Com officeholder livinເ	plete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ight			Office he	eld		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	nplet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 6/12	Alter, Ryan J.		00090819
4	Date	5 Payee name		<u>.</u>
	05/31/2023	Frost Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$10.00	2421 E 7th St		
		Austin, TX 78702		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking	Į	Check if travel outside of Texas. Complete Schedule T.
			Ļ	Check if Austin, TX, officeholder living expense Service Fee
			•	3614166 1 66
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		Cindo noid
_	Date	Payee name		
	04/28/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Code	le.	
	\$10.00	2421 E 7th St		
	720.00			
		Austin, TX 78702		
	PURPOSE		′h) ı	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	י ,כי.]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, toocarraing, Earnaing	Ì	Check if Austin, TX, officeholder living expense
			,	Service Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	ht	Office held
	Date	Payee name		
	03/31/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$10.00	2421 E 7th St		
		Austin, TX 78702		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) [Description
	EXPENDITURE	Accounting/Banking	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
ı				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 7/12	Alter, Ryan J. 00090819
4 Date	5 Payee name
02/28/2023	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	2421 E 7th St
	Austin, TX 78702
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Service Fee
	Scrvice i ee
O Commission ONLY if discost	Constitute / Office helder mores Office accords
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
01/31/2023	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	2421 E 7th St
	Austin, TX 78702
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Service Fee
	GGI VIGO I CC
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/23/2023	George Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	4704 Cabob St
	Austin, TX 78744
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 8/12	Alter, Ryan J.		00090819
4	Date	5 Payee name		·
	05/19/2023	Y-Strategy		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$407.66	3110 Manor Rd Ste H		
		Austin, TX 78722		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Accounting/Banking	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Credit Card Fee
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	01/13/2023	Y-Strategy		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$3,296.28	3110 Manor Rd Ste H		
		Austin, TX 78722		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Phones
				Thomas
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	02/22/2023	Y-Strategy		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$254.97	3110 Manor Rd Ste H	40	
	,			
		Austin, TX 78722		
	PURPOSE		/b\	Description .
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Phones
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorare to benefit C/OI	1		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 9/12	Alter, Ryan J.		00090819
4 Date	5 Payee name		-
02/22/2023	Y-Strategy		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$100.00	3110 Manor Rd Ste H		
	Austin, TX 78722		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF	Consulting Expense	l`´Ē	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Design
		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held
Date	Payee name		
02/22/2023	Y-Strategy		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$158.17	3110 Manor Rd Ste H		
	Austin, TX 78722		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Printing
		'	······································
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held
expenditure to benefit C/O		J	
Date	Payee name		
02/22/2023	Y-Strategy		
Amount (\$)	Payee address; City; State; Zip City;	ode	
\$600.00	3110 Manor Rd Ste H	·ouc	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Austin, TX 78722		
PURPOSE		/b) D	No contractions
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Cortilact Labor		Check if Austin, TX, officeholder living expense
		S	Sign Delivery
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
experiorare to benefit C/O	. 1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 10/12	Alter, Ryan J. 00090819
4 Date	5 Payee name
02/22/2023	Y-Strategy
6 Amount (\$) \$7,644.94	7 Payee address; City; State; Zip Code 3110 Manor Rd Ste H
	Austin, TX 78722
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2023	Y-Strategy Y-Strategy
Amount (\$) \$4,241.92	Payee address; City; State; Zip Code 3110 Manor Rd Ste H
	Austin, TX 78722
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phones
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/19/2023	Y-Strategy
Amount (\$) \$608.91	Payee address; City; State; Zip Code 3110 Manor Rd Ste H
	Austin, TX 78722
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phones
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 11/12	Alter, Ryan J.		00090819
4	Date	5 Payee name		L
	05/19/2023	Y-Strategy		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
-	\$2,719.77	3110 Manor Rd Ste H		
		Austin, TX 78722		
8	PURPOSE	1	(h)	Deparintion
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Texts
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
	experialiture to beliefit C/OI	'		
	Date	Payee name		
	05/19/2023	Y-Strategy		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$8,609.88	3110 Manor Rd Ste H		
		Austin, TX 78722		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Mail
				iviaii
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	giit	Office field
	Date	Device name		
	05/19/2023	Payee name Y-Strategy		
			do	
	Amount (\$) \$150.00	Payee address; City; State; Zip Co. 3110 Manor Rd Ste H	ue	
	φ130.00	3110 Marior Ru Ste II		
		Auctin TV 70722		
		Austin, TX 78722		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
				Design
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
	•			The Instruction Guide explains	how to com	plete this form.				
1	Total pages Schedule F1: Sch: 8/8 Rpt: 12/12	2	FILER NAME Alter, Ryan				3	Filer ID 00090819	(Ethics Commission Filers)	
Ļ	-	<u> </u>					<u> </u>			
4	Date 05/19/2023	5	Payee name Y-Strategy	,						
6	Amount (\$)	7	Payee addre	ess; City; State	e; Zip Code	e				
	\$1,500.00		3110 Mano	or Rd Ste H						
			Austin, TX	78722						
8	PURPOSE	(a)	Category (S	See Categories listed at the top of this so	hedule) (I	Description				
	OF EXPENDITURE		Advertising	Expense					nplete Schedule T.	
						Online Ads	1, 1 A	, officeholder livin	g expense	
						Offilite Aus				
Ļ	0 1: 01:11/1/1/1		0 1:1 : (0.5		0"			0.00		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	Office sough	nt		Office h	ela	
l										