CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	Filer ID (Eth	ics Commission Filers	S) 2 10ta	al pages filed:			OFFICE	E USE ONLY
	00090487			7			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIR	ST		MI		CALLY FILED
	OFFICEHOLDER NAME		Ale	xander P			10/06/2020	
	IVAIVIL	NICKNAME	LAS	 ST		SUFFIX		
			Stre	enger			Data Hand daliyora	ed or Date Postmarked
4	ORIGINAL	January 15	Ru	ınoff	Othe	(specify)	Date Hand-delivere	d of Date Postifiarked
	REPORT TYPE	July 15	XEX	ceeded \$500 limi	it —		Receipt #	Amount
		30th day before ele		th day after camp				
		8th day before elec		pointment (officel nal Report (Attach	,,		Date Processed	
 5	ORIGINAL PERIOD	Month Day	Year		Month Day	Year	Date Imaged	
-	COVERED	07/01/2020		THROUGH	09/30/2020		Date illiaged	
3	EXPLANATION OF (CORRECTION						
	Filed Incorrect Data b	ased on Frost Bank T	ransaction R	ecords. Modifie	ed Report to show in	ndividual donato	r/donation informa	tion.
	Also Campaign filed	incorrect report for the	o 500 dollar li	mit ve the 20 d	lay roport. Contacto	nd City Clark for	Clarification and re	acubmit
	Also, Campaign licu	incorrect report for the	c 500 dollar li	mit vs. the so u	ay report. Contacte	d City Cicik ioi	Ciariication and re	Submit.
,	AFFIDAVIT							
,	AFFIDAVIT				ear, or affirm, under	penalty of perju	ury, that this correc	cted report is true
,	AFFIDAVIT				ear, or affirm, under correct.	penalty of perju	ury, that this correc	cted report is true
7	AFFIDAVIT			and				eted report is true
,	AFFIDAVIT			and	correct.	ny and all applic	cable statements:	·
•	AFFIDAVIT			and	correct. ck the box next to a Semiannual repo	ny and all applic		riginal report
7	AFFIDAVIT			and	correct. ck the box next to a Semiannual repo was made in good	ny and all applic orts: I swear, I faith and witho	cable statements:	riginal report ead or to
7	AFFIDAVIT			and Chec	correct. ck the box next to a Semiannual repo was made in good misrepresent the i	ny and all applic orts: I swear, I faith and witho nformation cont	cable statements: or affirm that the or ut an intent to misl ained in the report.	riginal report ead or to
7	AFFIDAVIT			and	correct. ck the box next to a Semiannual repo was made in good misrepresent the i Other reports:	ny and all applic orts: I swear, I faith and witho nformation cont I swear, or affir	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing th	riginal report ead or to his corrected
7	AFFIDAVIT			and Chec	correct. ck the box next to a Semiannual repo was made in good misrepresent the i Other reports: report not later tha	ny and all applice of the control of	cable statements: or affirm that the or ut an intent to misl ained in the report.	riginal report ead or to his corrected date I learned
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7		TAMP / SEAL ABOVE		and Chec	correct. ck the box next to a Semiannual repo was made in good misrepresent the i Other reports: report not later that that the report as swear, or affirm, the filed was made in	orts: I swear, or affirm and the 14th business and all applications or affirm and the 14th business and any error or good faith.	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the inaccurate or inco omission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
7	AFFIX NOTARY ST			and Chec	Semiannual repo was made in good misrepresent the in Other reports: report not later that that the report as swear, or affirm, the filled was made in	orts: I swear, I faith and without formation cont I swear, or affirman the 14th businoriginally filed is not any error or good faith. Alexander Fature of Candida	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the inaccurate or inco omission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
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7	AFFIX NOTARY ST	TAMP / SEAL ABOVE tribed before me, by th	ne said	and Chec	Semiannual repo was made in good misrepresent the in Other reports: report not later that that the report as swear, or affirm, the filled was made in	orts: I swear, I faith and without formation cont I swear, or affirman the 14th businoriginally filed is not any error or good faith. Alexander Fature of Candida	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the inaccurate or inco omission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
7	AFFIX NOTARY ST		ne said to certify whic	and Chec	Semiannual repo was made in good misrepresent the in Other reports: report not later that that the report as swear, or affirm, the filled was made in	orts: I swear, I faith and without formation cont I swear, or affirman the 14th businoriginally filed is not any error or good faith. Alexander Fature of Candida	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the inaccurate or inco omission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
7	AFFIX NOTARY ST		ne said to certify whic	and Chec	Semiannual repo was made in good misrepresent the in Other reports: report not later that that the report as swear, or affirm, the filled was made in	orts: I swear, I faith and without formation cont I swear, or affirman the 14th businoriginally filed is not any error or good faith. Alexander Fature of Candida	cable statements: or affirm that the or ut an intent to misle ained in the report. m, that I am filing thess day after the inaccurate or inco omission in the rep	riginal report ead or to his corrected date I learned implete. I port as originally
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	e this form.	1 Filer ID (Ethics Commi 00090487		2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER		FIRST		MI	OFFICE USE ONLY
NAME		Alexander P		SUFFIX	Date Received ELECTRONICALLY FILED
		Strenger		· 	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / S 8001 S IH35	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
ADDRESS	433				Receipt # Amount
Change of Address	Austin, TX 78744				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME		FIRST Matthew		MI	
		AST Moscatelli		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO B 7916 Crystalbrook W	OX PLEASE);	AP [.]	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Austin, TX 78724				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (203) 885-4457	NUMBER E	EXTENSION		
8 REPORT TYPE	January 15	30th day before 8th day before e		Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2020	ТН	IROUGH	Month Day 09/30/202	Year 20
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT Council Member	(if known) r, District 2 District 2
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 7

13 C / OH NAME	Strenger, Alexander	P	14 Filer ID 00090487	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive n						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	_	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 601.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 62.35			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 570.65			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFADAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Alex	ander P Strenger				
		Signature of	Candidate or Officeho	lder			
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE					
Sworn to and subsc	ribed before me, by the s	aid	, this the	day			
of	, 20, to c	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

		JVLK 3	4 of 7		
	ER NAN	(Ethics Cor	nmission Filers)		
l	SCHEDULE SUBTOTALS NAME OF SCHEDULE				OTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	601.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	62.35
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.	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	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete thi	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7		
2	FILER NAME Strenger, Alexander P				Filer ID (Ethics Commission 00090487	on Filers)
4	Date 5 Full name of contributor			7	Amount of Contribution (\$)	\$400.00
		TX 78758	- I			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction:	s)		
	Date 09/01/2020				Amount of Contribution (\$)	\$1.00
		TX 78724				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Date 09/16/2020	Full name of contributor out-of-state PAC (II Spataro, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction:	 s)		
		·				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 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

	Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 6/7	Strenger, Alexander P		00090487
4	Date	5 Payee name		•
	09/22/2020	CARSTICKERS.COM		
6	Amount (\$) \$32.00	7 Payee address; City; State; Zip Co	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2x4' Banner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour	ght	Office held
	Date	Payee name		
	09/01/2020	Stripe Payments		
	Amount (\$) \$0.35	Payee address; City; State; Zip Co	de	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment Transaction Fee Assessed By Payment Processor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held
	Date	Payee name		
	09/03/2020	Stripe Payments		
	Amount (\$) \$19.90	Payee address; City; State; Zip Co	de	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment Transaction Fee Assessed By Payment Processor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul	ght	Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
_	Sch: 2/2 Rpt: 7/7	Strenger, Alexander P		00090487
1	Date			
•	09/16/2020	5 Payee name Stripe Payments		
_			Zin Codo	
6	Amount (\$) \$10.10	7 Payee address; City; State; TX	Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nsaction Fee Assessed By Payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name O	ffice sought	Office held