

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090003		2 Total pages filed: 35		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Alison		MI	ELECTRONICALLY FILED 10/28/2020	
	NICKNAME	LAST Alter		SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
		09/25/2020	THROUGH		10/24/2020	

6 EXPLANATION OF CORRECTION
The Loan section of the cover sheet was incorrect, there is only a \$2,500 outstanding loan.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Alison Alter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

**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 this form.		1 Filer ID (Ethics Commission Filers) 00090003	2 Total pages filed: 35			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		Alison				
	NICKNAME	LAST	SUFFIX	Date Received ELECTRONICALLY FILED 10/28/2020		
		Alter				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	4401 Bellvue Ave					
	Austin, TX 78756			Receipt # Amount		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Dr.	Jeremi			
	NICKNAME	LAST	SUFFIX			
		Suri				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	4401 Bellvue Ave					
	Austin, TX 78756					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512)	323-6245				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		09/25/2020		THROUGH	10/24/2020	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		11/03/2020		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 35

13 C / OH NAME Alter, Alison	14 Filer ID (Ethics Commission Filers) 00090003
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.											
<table style="width:100%"> <tr> <td style="width:30%">COMMITTEE TYPE</td> <td style="width:70%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,636.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 109,267.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 63,195.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00

17 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.

Alison Alter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Alter, Alison	19 Filer ID (Ethics Commission Filers) 00090003
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,608.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 28.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 109,267.74
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/25 Rpt: 5/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkinson, Dane	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 1401 W. 39 1/2 St Austin, TX 78756	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre and Fields LP PAC	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 12708 Riata Vista Circle STE A-109 Austin, TX 78727	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allbritton, Anissa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 4801 Greystone Drive Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonelli, Kendall & John	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 4314 Bellvue Ave Austin, TX 78756	
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Antonelli's Cheese Shop
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arndt, Timothy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3915 Becker Ave Austin, TX 78751	
Principal occupation / Job title (See Instructions) Project Mgr		Employer (See Instructions) 360 Energy Savers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/25 Rpt: 6/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arsers, Emily <hr/> 6 Contributor address; City; State; Zip Code 8020 Bottlebrush Dr Austin, TX 78750	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Assistant Professor		9 Employer (See Instructions) UTHealth School of Public Health
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Firefighters Association PAC <hr/> Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Robin <hr/> Contributor address; City; State; Zip Code 8601 White Cliff Dr Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Archeologist		Employer (See Instructions) TPWD
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Molly <hr/> Contributor address; City; State; Zip Code 4100 Jackson Ave #230 Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binder, Bob <hr/> Contributor address; City; State; Zip Code 406 Sterzing Street 2nd Floor Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Bob Binder and Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/25 Rpt: 7/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blodgett, Terrell <hr/> 6 Contributor address; City; State; Zip Code 4100 Jackson Ave Unit #250 Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braden, Al <hr/> Contributor address; City; State; Zip Code 2810 W FRESCO DR Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradstreet, Frederick <hr/> Contributor address; City; State; Zip Code 8308 Appalachian Drive Austin, TX 78759	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pyschologist		Employer (See Instructions) Self
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brier, Bennett <hr/> Contributor address; City; State; Zip Code 4112 Idlewild Road Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) VA
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brimer, Richard <hr/> Contributor address; City; State; Zip Code 6417 Yaupon Drive Austin, TX 78759	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/25 Rpt: 8/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/08/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Shayna <hr/> 6 Contributor address; City; State; Zip Code 6900 Edgefield Drive Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) EP		9 Employer (See Instructions) Chez Boom Audio
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunch, William <hr/> Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Save Our Springs Alliance
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, GRAYSON <hr/> Contributor address; City; State; Zip Code 2621 W 45th St Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) KSA
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartsonis, Ellen <hr/> Contributor address; City; State; Zip Code 4200 Hycrest Dr Austin, TX 78759	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) N/A
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffin, Judith <hr/> Contributor address; City; State; Zip Code 3206 Greenlee Drive Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) University of Texas at Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/25 Rpt: 9/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, James <hr/> 6 Contributor address; City; State; Zip Code 1208 W 39th St Austin, TX 78756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physicist		9 Employer (See Instructions) Retired
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Santiago <hr/> Contributor address; City; State; Zip Code 5602 Palisade Court Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Grayson <hr/> Contributor address; City; State; Zip Code 2621 W 45th St Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) KSA
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dithmer, Theresa <hr/> Contributor address; City; State; Zip Code 5838 Westslope Drive Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered nurse		Employer (See Instructions) Retired
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dow, Lisa <hr/> Contributor address; City; State; Zip Code 6109 Shadow Mountain Drive, Au Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions) Community Volunteer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/25 Rpt: 10/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dure, Ann <hr/> 6 Contributor address; City; State; Zip Code PO Box 301990 Austin, TX 78703	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Development Manager		9 Employer (See Instructions) University of Texas at Austin
Date 10/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eby, Ann <hr/> Contributor address; City; State; Zip Code 5401 Mt. Bonnell Rd. Please notify: Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Retired
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckhardt, Sarah <hr/> Contributor address; City; State; Zip Code 1001 Lorrain St. Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskridge, Laurel <hr/> Contributor address; City; State; Zip Code 4213 Bellvue Ave Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) St. Stephen's Episcopal School
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faget, Carol <hr/> Contributor address; City; State; Zip Code 5305 Rain Creek Pkwy Austin, TX Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired pediatrician		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/25 Rpt: 11/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faget, Carol	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 5305 Rain Creek Pkwy Austin, TX Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fero, Mary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 2713 Pegram Ave Austin, TX 78757	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Norma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8801 Westbluff Circle Austin, TX 78759	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2100 Mountainview Rd Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Rachel and Dale	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 4812 Shoalwood Avenue Austin, TX 78756	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Miller Gray LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/25 Rpt: 12/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Betsy <hr/> 6 Contributor address; City; State; Zip Code 3009 WASHINGTON SQUARE Austin, TX 78705	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) University of Texas at Austin
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Alex <hr/> Contributor address; City; State; Zip Code 7117 WOOD HOLLOW DR APT 724 Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Linda <hr/> Contributor address; City; State; Zip Code 5800 Taylor Draper Cove Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannan, Erin <hr/> Contributor address; City; State; Zip Code 6910 Hart Ln apt 603 Austin, TX 78731	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Samsung
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman and David Hume, Joan <hr/> Contributor address; City; State; Zip Code 2708 Maria Anna Rd Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 13/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Evan <hr/> 6 Contributor address; City; State; Zip Code 11 Ridgeway Ave West Orange, NJ 07052	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Stryker
Date 10/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Sarah <hr/> Contributor address; City; State; Zip Code 5301 Welcome Glen Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Social Impact		Employer (See Instructions) Entercom
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazeltine, Cheryl <hr/> Contributor address; City; State; Zip Code 7115 Sungate Drive Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Writer
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecker, Marvin <hr/> Contributor address; City; State; Zip Code 1319 Wilson Heights Dr Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hemingson, Carol <hr/> Contributor address; City; State; Zip Code 2509 West 45th St Austin, TX 78756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/25 Rpt: 14/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Andrew	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 4211 Marathon Blvd Austin, TX 78756	
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) University of Texas at Austin
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3310 Meredith Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houghton, Mari	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 3219 Bridle Path Austin, TX 78703	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, John	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1812 West Avenue No. 202 Austin, TX 78701	
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Dell Technologies
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iscoe, Neil	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3415 Mount Barker Dr Austin, TX 78731	
Principal occupation / Job title (See Instructions) Technology Executive		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/25 Rpt: 15/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iverson, Brent <hr/> 6 Contributor address; City; State; Zip Code 1316 Thaddeus Cove Astin, TX 78746	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Faculty member		9 Employer (See Instructions) University of Texas at Austin
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Carpenter <hr/> Contributor address; City; State; Zip Code 4701 Hilwin Circle Austin, TX 78756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Melinda <hr/> Contributor address; City; State; Zip Code 6801 Tree Fern Ln Austin, TX 78750	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State employee		Employer (See Instructions) Texas Commission on Environmental Quality
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Edith <hr/> Contributor address; City; State; Zip Code 4201 Bellvue Avenue Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kessler, David <hr/> Contributor address; City; State; Zip Code 5303 tortuga trail Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas cardiac arrhythmia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 16/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/20/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khataw, Nahid <hr/> 6 Contributor address; City; State; Zip Code 7914 Bee Caves Rd Austin, TX 78746	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Accurate Cad and Technical Services
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopas, Edward <hr/> Contributor address; City; State; Zip Code 8406 Alta Mesa Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krutsinger, Dennis <hr/> Contributor address; City; State; Zip Code 7208 Oak Shores Drive Austin, TX 78730	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Avi <hr/> Contributor address; City; State; Zip Code 260 Addie Roy Road, Ste 130 Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Kuware, Inc
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laing, Marie <hr/> Contributor address; City; State; Zip Code 10613 SIERRA OAKS Austin, TX 78759	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/25 Rpt: 17/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Carole <hr/> 6 Contributor address; City; State; Zip Code 4003 Edgefield Ct Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liberal Austin Democrats <hr/> Contributor address; City; State; Zip Code P.O. Box 49712 Austin, TX 78765	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loehlin, James <hr/> Contributor address; City; State; Zip Code 4013 Idlewild Road Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loomis, Mina <hr/> Contributor address; City; State; Zip Code 4412 Sinclair Ave Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maher, Mary Beth <hr/> Contributor address; City; State; Zip Code 2410 West 8th St Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Online Investor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/25 Rpt: 18/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malik, Hussain <hr/> 6 Contributor address; City; State; Zip Code 7804 Heathercrest Circle Austin, TX 78731	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) Self
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansbridge, Bruce <hr/> Contributor address; City; State; Zip Code 5217 Old Spicewood Springs Rd #805 Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Retired
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Scott <hr/> Contributor address; City; State; Zip Code 1600 County Road 128 Burnet, TX 78611	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Coats Rose, P.C.
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHorse, Catherine <hr/> Contributor address; City; State; Zip Code 5202 Turnabout Lane Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nonprofit program director		Employer (See Instructions) United Way for Greater Austin
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHorse, Cathy <hr/> Contributor address; City; State; Zip Code 5202 Turnabout Lane Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nonprofit Program Director		Employer (See Instructions) United Way for Greater Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/25 Rpt: 19/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, JoAnn	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6902 Edgefield Dr Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Financial planning		9 Employer (See Instructions) Retired
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeroy, Leah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1400 Concordia Ave Austin, TX 78722		
Principal occupation / Job title (See Instructions) Pet-sitting		Employer (See Instructions) Self-employed
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medrano, Margarita	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5605 Palisade Ct. Austin, TX 78731		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menyhert, Steve	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1507 Mohle Dr Austin, TX 78703		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) BuildASign.com
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menyhert, Steve	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1507 Mohle Dr Austin, TX 78703		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) BuildASign.com

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/25 Rpt: 20/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, Susan <hr/> 6 Contributor address; City; State; Zip Code 4112 Speedway Austin, TX 78751	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEELY, MARY ANN <hr/> Contributor address; City; State; Zip Code 1908 Barton Pky Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Elizabeth <hr/> Contributor address; City; State; Zip Code 4116 Burney Dr. Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) United Church of Christ
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neeld, Elizabeth <hr/> Contributor address; City; State; Zip Code 6706 Beauford Drive Austin, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Self
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordstrom, Phillip <hr/> Contributor address; City; State; Zip Code 6311 Maury Holw Austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/25 Rpt: 21/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowlin, James	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 3302 Far View Drive Austin, TX 78730		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) EGP
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OConnell, Aaron	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 801W 5th ST Apt 2806 Austin, TX 78703		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT austin
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orange, Arnold and Margit	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 8806 Point West Dr Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, VELVA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1601 Ridgemont Dr. Austin, TX 78723		
Principal occupation / Job title (See Instructions) DISTRICT CLERK		Employer (See Instructions) TRAVIS COUNTY
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parvin, Mayukh	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11901 Palisades pkwy Austin, TX 78732		
Principal occupation / Job title (See Instructions) Radiology Tech		Employer (See Instructions) HCA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 22/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty, Carol <hr/> 6 Contributor address; City; State; Zip Code 4905 Fairview Dr Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Clergy		9 Employer (See Instructions) Retired
Date 09/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Lorene <hr/> Contributor address; City; State; Zip Code 8125 Forest Mesa Drive Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisklak, Ben <hr/> Contributor address; City; State; Zip Code 13319 Alchester Lane Houston, TX 77079	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Slate Real Estate Partner
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pisklak, Carrie <hr/> Contributor address; City; State; Zip Code 13319 Alchester Lane Houston, TX 77079	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pisklak orthodontics
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollan, Thomas <hr/> Contributor address; City; State; Zip Code 4017 Walnut Clay Drive Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/25 Rpt: 23/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popinsky, Sydelle <hr/> 6 Contributor address; City; State; Zip Code 4411 Spicewood Springs RD 2201 Austin, TX 78759	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popinsky, Sydelle <hr/> Contributor address; City; State; Zip Code 4411 Spicewood Springs Rd. 2201 Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popinsky, Sydelle <hr/> Contributor address; City; State; Zip Code 4411 Spicewood Springs Rd 2201 Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Neva <hr/> Contributor address; City; State; Zip Code 3014 Windsor Rd Austin, TX 78703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTMAN, MICHAEL <hr/> Contributor address; City; State; Zip Code 3922 Dry Creek Drive Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/25 Rpt: 24/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Katherine	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 5804 Trailridge Circle Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Katherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5804 Trailridge Circle Austin, TX 78731		
Principal occupation / Job title (See Instructions) Software developer		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jane H	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1000 Glen Oaks Ct Austin, TX 78702		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Stuart	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5810 Long Ct. Austin, TX 78730		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Self
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 11607 WINDERMERE MDWS Austin, TX 78759		
Principal occupation / Job title (See Instructions) Homeschool parent		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/25 Rpt: 25/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Gwendolyn <hr/> 6 Contributor address; City; State; Zip Code 4856 Twin Valley Drive Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shocket, Rixhard <hr/> Contributor address; City; State; Zip Code 6611 Jamaica Ct Austin, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silberstein, Juanita <hr/> Contributor address; City; State; Zip Code 4100 Jackson Ave Apartment 352 Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow-Weaver, Andrea <hr/> Contributor address; City; State; Zip Code 11101 Comiso Pala Path Austin, TX 78726	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Socolov, Emily <hr/> Contributor address; City; State; Zip Code 917 Connecticut Drive Austin, TX 78758	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) University of Texas at Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/25 Rpt: 26/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/12/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Eric and Shari	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 6112 Highland Hills Drive Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Ryan
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Jennifer	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 5658 Sugar Hill Drive Houston, TX 77056		
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions) Self
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Mark	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 5658 Sugar Hill Drive Houston, TX 77056		
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Slate Real Estate Partners
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogner, Coni	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 8703 mountainwood cir Austin, TX 78759		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) SAFE Alliance
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonewall Democrats of Austin PAC	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 40898 Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/25 Rpt: 27/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAEBEL, KAY <hr/> 6 Contributor address; City; State; Zip Code 4200 JACKSON #1007 Austin, TX 78731	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) NONE		9 Employer (See Instructions) RETIRED
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thatcher, Bri <hr/> Contributor address; City; State; Zip Code 4807 Fern Hollow Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Photographer
Date 10/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Deborah <hr/> Contributor address; City; State; Zip Code 4612 Shoal Creek Blvd Austin, TX 78756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Domestic Violence Specialist		Employer (See Instructions) TDFPS
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Ben <hr/> Contributor address; City; State; Zip Code 3600 Bee Caves Road Suite 100 Austin, TX 78746	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Consort Inc.
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Auken-SCHULTZ, Retta <hr/> Contributor address; City; State; Zip Code 4105 Cat Mountain Dr Austin, TX 78731	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/25 Rpt: 28/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Selena 6 Contributor address; City; State; Zip Code 235 Northridge Dr. San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) University of Texas at Austin
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Jay and Polly Contributor address; City; State; Zip Code 4707 Balcones Dr. Austin, TX 78731	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas at Austin
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sarah Contributor address; City; State; Zip Code 5801 Sandalwood Holw Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Marts & Lundy
Date 10/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Mark Contributor address; City; State; Zip Code 4311 Sinclair Avenue Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson and Dana Kuykendall, Mark Contributor address; City; State; Zip Code 4311 Sinclair Ave Austin, TX 78756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 29/35
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003
4 Date 10/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Lucia <hr/> 6 Contributor address; City; State; Zip Code 3204 Cherry Lane Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Musician, teacher, retired		9 Employer (See Instructions) Austin Symphony, retired
Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Janet <hr/> Contributor address; City; State; Zip Code 5903 Cone Cir Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youman MD, J Dudley <hr/> Contributor address; City; State; Zip Code 4007 Edgemont Dr Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/35	
2 FILER NAME Alter, Alison		3 Filer ID (Ethics Commission Filers) 00090003	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/14/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polger, Michelle	8 Amount of contribution (\$) \$28.00	9 In-kind contribution description Stamps
	7 Contributor address; City; State; Zip Code 6308 Mesa Grande Dr Austin, TX 78749	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Managing Director		11 Employer (FOR NON-JUDICIAL) (See instructions) St Edwards	
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)			

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
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

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 F1: Sch: 1/5 Rpt: 31/35	2 FILER NAME Alter, Alison	3 Filer ID (Ethics Commission Filers) 00090003
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4 Date 10/24/2020	5 Payee name Donateway
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6 Amount (\$) \$578.62	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2020	Payee name M & G Sign Placement
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Amount (\$) \$833.00	Payee address; City; State; Zip Code 6410 Ponca Street Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2020	Payee name M & G Sign Placement
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Amount (\$) \$1,568.00	Payee address; City; State; Zip Code 6410 Ponca Street Austin, TX 78741
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/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: Sch: 2/5 Rpt: 32/35	2 FILER NAME Alter, Alison	3 Filer ID (Ethics Commission Filers) 00090003
4 Date 09/26/2020	5 Payee name Opinon Analysts Inc.	
6 Amount (\$) \$12,000.00	7 Payee address; City; State; Zip Code 4005 Wrightwood Rd Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2020	Payee name The Austin Chronicle	
Amount (\$) \$1,545.00	Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2020	Payee name The Austin Chronicle	
Amount (\$) \$1,545.00	Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
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

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 F1: Sch: 3/5 Rpt: 33/35	2 FILER NAME Alter, Alison	3 Filer ID (Ethics Commission Filers) 00090003
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4 Date 10/13/2020	5 Payee name The Austin Chronicle
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6 Amount (\$) \$1,545.00	7 Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/20/2020	Payee name The Austin Chronicle
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Amount (\$) \$1,545.00	Payee address; City; State; Zip Code 4000 N IH 35 Austin, TX 78751
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2020	Payee name Y Strategy
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Amount (\$) \$13,000.00	Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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

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 F1: Sch: 4/5 Rpt: 34/35	2 FILER NAME Alter, Alison	3 Filer ID (Ethics Commission Filers) 00090003
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4 Date 10/19/2020	5 Payee name Y Strategy
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6 Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phonebanking
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2020	Payee name Y Strategy
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Amount (\$) \$1,244.00	Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2020	Payee name Y Strategy
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Amount (\$) \$47,153.48	Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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

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 F1: Sch: 5/5 Rpt: 35/35	2 FILER NAME Alter, Alison	3 Filer ID (Ethics Commission Filers) 00090003
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4 Date 10/19/2020	5 Payee name Y Strategy
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6 Amount (\$) \$15,760.64	7 Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2020	Payee name Y Strategy
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Amount (\$) \$3,800.00	Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Communications and Graphic Design
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2020	Payee name Y Strategy
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Amount (\$) \$1,150.00	Payee address; City; State; Zip Code 3110 Manor Rd Suite H Austin, TX 78723
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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