CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commi 00085960		2 Total pages filed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr.	David J.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	02/04/2024
	TWO TWO THE	Alcorta		33.1	
4 CANDIDATE /	ADDRESS / PO BOX; AP		·V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	12000 Dessau Rd.	1/3011L#, C.1	Τ,	ZIF CODE	Butter Hand Source De Land Control of the Control o
MAILING ADDRESS	#716				Receipt # Amount
Change of Address	Austin, TX 78754				
	Austin, 17 10154				Date Processed
					Date Imaged
					Dale illayeu
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	David J.			
	NICKNAME	LAST		SUFFIX	
		Alcorta			
2.0.1.2.10.1	2-2-5-1 12-2-5-00 (NO D	2 20 4 21 5 4 0 5 4		= : 0.1175 ". OITV	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	; STATE; ZIP CODE
ADDRESS	12000 Dessau Rd. #716				
(Residence or Business)	#716 Austin, TX 78754				
	Austin, 17 10134				
7 CAMPAIGN TREASURER		ONE NUMBER E	EXTENSION		
PHONE	(540) 818-6141				
8 REPORT	 				
TYPE	X January 15	30th day before	e election	Runoff	15th day after campaign treasurer
	- · · · · · · · · · · · · · · · · · ·	City describations			appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2023		HROUGH	12/31/202	
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	LIP	rimary	Runoff	Other
		│ ☐G	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	「 (if known)
	None				
		60.1			
		GO I	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Alcorta, David J. (Mr.) 14 Filer ID 00085960		•	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES			\$ 36.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 133.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr.	David J. Alcorta	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
	, 20, to certify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 7

				3 OT /
18 FILER NAME Alcorta, David	(Ethics Commiss	sion Filers)		
20 SCHEDULE SUE NAME OF SCHE	SUBTOTAL	_ AMOUNT		
1. X SCH	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2. X SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X SCH	HEDULE E: LOANS		\$	0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	36.00
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	0.00
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	0.00
10. SCH	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCH	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	
			•	

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/7
2 FILER NAME Alcorta, David J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085960
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:)	8 Amount of pledge (\$) In-kind description (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru	ctions)

	LOANS						SCHE	DULE E
	The Instruction Guide explains how to complete this form.				1		ges Schedule E: 1 Rpt: 5/7	
2	FILER NAME Alcorta, David J.	. (Mr.)			3	Filer ID 000859	(Ethics Commis	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amoun	t (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							11 Maturity Date	9
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	nstructions)			
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political acc	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Gua	ranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	istructions)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains	how to comp	plete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 1/2 Rpt: 6/7	Alcorta, David J. (Mr.)		00085960	
4	Date	5 Payee name		<u>'</u>	
	07/31/2023	United Heritage Credit Union			
6	Amount (\$)	7 Payee address; City; State;	; Zip Code	е	
	\$6.00	P.O. Box 202020			
		Austin, TX 78720			
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	iedule) (k	b) Description	
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Banking Fees	
				J	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sough	ht Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			_
	08/31/2023	United Heritage Credit Union			
	Amount (\$)	Payee address; City; State;	; Zip Code	е	
	\$6.00	P.O. Box 202020			
		Austin, TX 78720			
	PURPOSE OF	(a) Category (See Categories listed at the top of this sch	ledule) (b	b) Description	
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Banking Fees	
	Complete ONLY if direct		Office sough	ht Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/30/2023	United Heritage Credit Union			
	Amount (\$)	•	; Zip Code	e	
	\$6.00	P.O. Box 202020			
		Austin, TX 78720			
	PURPOSE OF	(a) Category (See Categories listed at the top of this sch	ledule) (b	b) Description	
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Banking Fees.	
	Complete ONLY if direct		Office sough	ht Office held	
	expenditure to benefit C/OI	1			
L					

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 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)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	2 FILER NAME Alcorta, David J. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085960
4	Date 10/31/2023	5 Payee name United Heritage Credit Union	
6	Amount (\$) \$6.00	7 Payee address; City; State; Zip Code P.O. Box 202020	
8	PURPOSE OF EXPENDITURE	Austin, TX 78720 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/30/2023	Payee name United Heritage Credit Union	
	Amount (\$) \$6.00	Payee address; City; State; Zip Code P.O. Box 202020	
	PURPOSE OF EXPENDITURE	Austin, TX 78720 (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 Banking Fees.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 12/31/2023	Payee name United Heritage Credit Union	
	Amount (\$) \$6.00	Payee address; City; State; Zip Code P.O. Box 202020	
		Austin, TX 78720	
	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 Banking Fees.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held