FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00089399 3 COMMITTEE NAME **OFFICE USE ONLY** I Support Alamo Colleges PAC Date Received **ELECTRONICALLY FILED** 04/23/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 212 W. Laurel Date Hand-delivered or Date Postmarked San Antonio, TX 78212 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Esperanza NAME NICKNAME LAST **SUFFIX** Andrade STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 212 W. Laurel STREET **ADDRESS** (Residence or Business) San Antonio, TX 78212 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 212 W. Laurel MAILING **ADDRESS** San Antonio, TX 78212 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 982-3034 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 03/25/2025 **THROUGH** 04/23/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/03/2025 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Con	nmission Filers)
I Support Alamo College	es PAC		00089399		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	.D (officeholder)		
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE (Candidate or Measure)		Prop A	Month 05/03/2	Day 2025	Year
ASSIST	X Measure	DESCRIPTION			
(Officeholder)		Alamo Community Colleges District Prop	oosition A bond	l proposal	
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THAI EES OF LOANS, OR CONTRIBUTIONS MADE ILESS ITEMIZED	N PLEDGES,	\$	\$0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$152,691.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURES		\$	\$0.00
	4. TOTAL POLITICAL E	XPENDITURES		\$	\$169,859.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$73,859.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	OUNT OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE LAST	\$	\$0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		Ms. Espera	anza Andrade		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	_
Sworn to and subscribed	before me, by the said	, t	his the		day
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administe	ring oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 24							
17 CO	MMITTE	(Ethics Commis	sion Filers)				
I S	upport .	Alamo Colleges PAC	00089399		,		
		E SUBTOTALS					
l	ME OF		SUBTOTA	L AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	62,794.81		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
۷.	Ш	SCHEDGE AZ. NON MONETARY (IN KIND) FOR TICAL CONTRIBOTIONS		P			
_							
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ID.				
4.	X	ORGANIZATION	TK.	\$	89,896.63		
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$			
		LABOR ORGANIZATION		, , , , , , , , , , , , , , , , , , ,			
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	 			
0.	Ш	SCHEDOLE D. FLEDGED CONTRIBOTIONS TROM CORPORATION OR EABORY	DIGANIZATION	Þ			
7.	Ш	SCHEDULE E: LOANS		\$			
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	169,859.64		
9.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
				ļ —			
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE				
10.	Ш	SCHEDULE 13. PONCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	5113	\$			
11.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
13.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	<u> </u>			ļ —			
14		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED				
14.	Ш	TO FILER		\$			
				1			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/24		
2	FILER NAME I Support Ala	amo Colleges PAC		3	Filer ID (Ethics Commission 00089399	on Filers)	
4			7	Amount of Contribution (\$)	\$1,041.98		
8	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	9 Employer (See Instructions)			
_	- Timoipai occa	pation / cos title (eee metactions)	Campioyer (Geo mondono	,			
	Date Full name of contributor out-of-state PAC (ID#:) 04/21/2025 Flintco LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
		St. Louis, MO 63114					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 04/11/2025 Gessner Engineering Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,208.65	
		Bryan, TX 77803					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Gomez, Leo Contributor address; City; State; Zip Code San Antonio, TX 78251)		Amount of Contribution (\$)	\$1,041.98	
			Employer (See Instructions)			
	Economic D		Brooks Development Au	the			
Date O4/04/2025 Full name of contributor out-of-state PAC (ID#:) Gonzalez, Connie Contributor address; City; State; Zip Code San Antonio, TX 78203			Amount of Contribution (\$)	\$208.65			
	Principal occu Chief Strate	pation / Job title (See Instructions) gy Officer	Employer (See Instructions Brooks Development Au		ority		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/24	
2	FILER NAME I Support Ala	amo Colleges PAC		3	Filer ID (Ethics Commissi 00089399	on Filers)
		7	Amount of Contribution (\$)	\$15,000.00		
0	Dringing oggu	San Antonio, TX 78216	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/10/2025 Katie, Harvey Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.73
	Dringing Lagran	San Antonio, TX 78212	Empley on (Co.s. Instructions			
Principal occupation / Job title (See Instructions) President Employer (See Instruction K Harvey Brand Trust)			
	Date Full name of contributor out-of-state PAC (ID#:) 04/03/2025 Killen, Griffin & Farrimond PLLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#:_Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78260			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Marmon Mok LP Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / 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: 3/5 Rpt: 6/24		
2	FILER NAME I Support Ala	amo Colleges PAC		3	Filer ID (Ethics Commission 00089399	on Filers)	
4			7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	San Antonio, TX 78205 pation / Job title (See Instructions)	Employer (See Instructions				
_	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	<i>,</i>			
	Date Full name of contributor out-of-state PAC (ID#:) 04/04/2025 Phillips, Connie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$104.48	
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)	Employer (See Instructions)			
		evelopment Manager	ECS Limited	,			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00	
		San Antonio, TX 78207					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Project Control Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_ Smothers, Patricia Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$260.73	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/24	
2	FILER NAME I Support Ala	umo Colleges PAC		3	Filer ID (Ethics Commissi 00089399	on Filers)
4			7	Amount of Contribution (\$)	\$15,000.00	
_	Daine in all account	Dallas, TX 75219	10 Fundamental (Contraction)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) O4/18/2025 Styron, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,041.98
	Dringing aggr	San Antonio, TX 78232	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Engineer Employer (See Instruction Self)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 The Sabinal Group Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,604.48
		San Antonio, TX 78205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ True North Consulting Group LLC Contributor address; City; State; Zip Code Hewitt, TX 76643)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ WestEast Design Group LLC Contributor address; City; State; Zip Code San Antonio, TX 78215			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/24
2	FILER NAME	amo Colleges PAC		3 Filer ID (Ethics Commission Filers) 00089399
4	Date 04/17/2025	 Full name of contributor)	7 Amount of Contribution (\$) \$521.15
		Houston, TX 77057		
8	Principal occu CEO	upation / Job title (See Instructions)	Employer (See Instructions Welcome Group	s)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/3 Rpt: 9/24
2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	I Support Ala	umo Colleges PAC		00089399
4	Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)
	04/04/2025	Alamo Architects		\$5,000.00
		6 Corporation / Labor Organization address; City; State; Zip Code		
		San Antonio, TX 78204		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	04/01/2025	Byrne Construction Services		\$5,208.65
		Corporation / Labor Organization address; City; State; Zip Code		
		Fort Worth, TX 76110		
F	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	04/02/2025	Facility Programming and Consulting		\$5,208.65
		Corporation / Labor Organization address; City; State; Zip Code		·
		San Antonio, TX 78215		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	03/27/2025	Foster CM Group Inc.		\$1,041.98
		Corporation / Labor Organization address; City; State; Zip Code		
		San Antonio, TX 78217		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	04/14/2025	Foster GM Group, Inc.		\$5,000.00
		Corporation / Labor Organization address; City; State; Zip Code		
		San Antonio, TX 78217		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	04/09/2025	GGC Engineers, Inc.		\$1,000.00
		Corporation / Labor Organization address; City; State; Zip Code		
L		San Antonio, TX 78213		
	Date	Corporation / Labor Organization name		Amount of contribution (\$)
	04/01/2025	GKW Engineering, Inc.		\$260.73
		Corporation / Labor Organization address; City; State; Zip Code		
L		San Antonio, TX 78229		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 2/3 Rpt: 10/24
2	FILER NAME	ımo Colleges PAC	3	Filer ID (Ethics Commission Filers) 00089399
4	Date 04/01/2025	Corporation / Labor Organization name IMEG Consultants Corp. Corporation / Labor Organization address; City; State; Zip Code	7	Amount of contribution (\$) \$2,500.00
		Rockwell, IL 61201		
	Date 04/11/2025	Corporation / Labor Organization name Lockwood Andrews & Newnam, Inc. Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$10,000.00
		Houston, TX 77042		
	Date Corporation / Labor Organization name 04/04/2025 Nunnelly Corporation / Labor Organization address; City; State; Zip Code			Amount of contribution (\$) \$5,000.00
		San Antonio, TX 78209		
	Date 04/01/2025	Corporation / Labor Organization name O'Connell Robertson Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$10,000.00
		Austin, TX 78704		
	Date 04/03/2025	Corporation / Labor Organization name Page Southerland Page, Inc. Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$5,425.99
		Austin, TX 78701		
	Date 04/18/2025	Corporation / Labor Organization name Parra & Company Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$1,041.98
		San Antonio, TX 78205		
	Date 04/18/2025	Corporation / Labor Organization name Perkins & Will Corporation / Labor Organization address; City; State; Zip Code		Amount of contribution (\$) \$5,208.65
		San Antonio, TX 78215		
L				

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule C1: Sch: 3/3 Rpt: 11/24				
2 FILER NAME I Support Ala	umo Colleges PAC	3 Filer ID (Ethics Commission Filers) 00089399		
4 Date 04/04/2025	 5 Corporation / Labor Organization name Pfluger Architects, Inc. 6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78704 	7 Amount of contribution (\$) \$10,000.00		
Date 04/21/2025	Corporation / Labor Organization name R-S-C-R, Inc. Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78201	Amount of contribution (\$) \$3,000.00		
Date 03/25/2025	Corporation / Labor Organization name Satterfield & Pontikes Construction, Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00		
Date 03/28/2025	Houston, TX 77041 Corporation / Labor Organization name Terracon Consultants, Inc. Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$5,000.00		
Date 04/15/2025	San Antonio, TX 78216 Corporation / Labor Organization name Vaughn Construction Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) \$5,000.00		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 12/24	I Support Alamo Colleges PAC 00089399
4	Date	5 Payee name
	04/16/2025	ASM Global San Antonio LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,871.97	3331 General Hudnell Dr
		San Antonio, TX 78226
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Equipment rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.48	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 2/13 Rpt: 13/24	I Support Alamo Colleges PAC O0089399
4	Date	5 Payee name
	04/01/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.73	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
_	DUDDOCE	·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Complete Categories
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fees
		Croult out a processing roos
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
T	Date	Payee name
	04/01/2025	Anedot
	Amount (\$)	
	\$208.65	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.65	1340 Poydras St
	Φ200.03	
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 com	plete this form.
1	Total pages Schedule F1: Sch: 3/13 Rpt: 14/24	FILER NAME I Support Alamo Colleges PAC	3 Filer ID (Ethics Commission Filers) 00089399
4	Date 04/03/2025	5 Payee name Anedot	
6	Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112	е
8	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 Credit card processing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
	Date 04/04/2025	Payee name Anedot	
	Amount (\$) \$41.98	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112	e
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date 04/04/2025	Payee name Anedot	
	Amount (\$) \$8.65	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112	e
	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 Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/13 Rpt: 15/24	I Support Alamo Colleges PAC 00089399
4	Date	5 Payee name
	04/04/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.48	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit dard processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.73	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Greate data processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.65	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit card processing rees
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gu	Sa		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
_	Total name - Oct - 1 1 51	_			5011	,		_	Files ID	(Ethiop Committee = =	lore\
1	Total pages Schedule F1: Sch: 5/13 Rpt: 16/24	ı	FILER NAME I Support Alamo Colleges Pa	AC			;		Filer ID 00089399	(Ethics Commission F	iers)
4	Date	5	Payee name								
	04/14/2025		Anedot								
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Cod	le					
	\$10.30		1340 Poydras St								
			Ste 1770								
			New Orleans, LA 70112								
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking]	<u> </u>		de of Texas. Com		
	LAFENDITORE						_		officeholder living	expense	
							Credit card pro	OC	essing fees		
Ļ		<u> </u>	11.1.1.25								
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Offic	ce soug	ht			Office he	eld	
	Date	l	Payee name								
	04/15/2025		Anedot								
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	le					
	\$208.65		1340 Poydras St								
			Ste 1770								
			New Orleans, LA 70112								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking			ļ			de of Texas. Com		
							Credit card pro		officeholder living	expense	
							Credit card pro	UC	cssing ices		
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Offic	ce soug	ıht			Office he	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	04/17/2025		Anedot								
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	le					
	\$21.15		1340 Poydras St								
			Ste 1770								
			New Orleans, LA 70112								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Accounting/Banking	,			Check if travel or		de of Texas. Com		
	LAFLINDITORE						ш		officeholder living	expense	
							Credit card pro	OC	essing tees		
	Complete ONLY if direct	$\overline{\Gamma}$	andidato/Officeholder name	O#:	20.601/2	ıht			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name	Offic	ce soug	IIIL			Office ne	au	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/13 Rpt: 17/24	I Support Alamo Colleges PAC 00089399
4	Date	5 Payee name
	04/18/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.98	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit card processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/18/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.98	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fees
		Credit data processing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/22/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.73	1340 Poydras St
		Ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit cord proceeding foce
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 18/24	I Support Alamo Colleges PAC 00089399
4	Date	5 Payee name
	04/04/2025	CSG, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$30,038.46	212 W Laurel
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital advertising
		Signal day or doing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/15/2025	CSG, Inc.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$87,500.00	212 W Laurel
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Direct mail
		2.000
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2025	CSG, Inc.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	212 W Laurel
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter data and platform
		Voici data and platform
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 8/13 Rpt: 19/24	I Support Alamo Colleges PAC 00089399			
4	Date	5 Payee name			
	04/04/2025	CSG, Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$150.00	212 W Laurel			
		San Antonio, TX 78212			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF Advertising Expense Check if travel outside of Texas. Complete					
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Domain registration and hosting			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/03/2025	Calvillo, Michael			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$120.00	9523 Fall Pass			
		San Antonio, TX 78251			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Event security			
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold			
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	04/04/2025	Check Depot			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.41	4922 Point Royal Rd			
		Spring Hill, TN 37174			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	ZA ZADITORZ	Check order			
		Check order			
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
_	Tatal manage Calculate Ed.	<u> </u>	C Files ID (Files Commission Files)		
1	Total pages Schedule F1: Sch: 9/13 Rpt: 20/24	I Support Alamo Colleges PAC	3 Filer ID (Ethics Commission Filers) 00089399		
4	Date 03/28/2025	5 Payee name Del Bosque, Crystal			
	03/20/2023	Dei Bosque, Crystai			
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 6338 Regency Court San Antonio, TX 78249			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
ľ	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Galaries/ Wages/ Contract Eabor	, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/03/2025	Elite Bartending Services			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$386.45	1868 Grandstand Dr			
		San Antonio, TX 78238			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Solicitation// undraising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
		Event expens			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/03/2025	FedEx			
	Amount (\$)	Payee address; City; State; Zip Code	·		
	\$294.93	4418 Broadway			
		San Antonio, TX 78209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T.		
	EXI ENDITORE		, TX, officeholder living expense		
		Printing			
_	Complete ONL V if direct	Candidate/Officeholder name Office accords	Office hold		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 21/24	I Support Alamo Colleges PAC	00089399
4	Date	5 Payee name	
	04/03/2025	Flores, Stephanie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$120.00	315 Nopal St	
		San Antonio, TX 78210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	rel outside of Texas. Complete Schedule T.
	LAPENDITORE	I — I —	stin, TX, officeholder living expense
		Event secu	rity
_	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		000
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/20/2025	IBC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.55	130 E Travis St	
		San Antonio, TX 78205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Service fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
_	Date	Payee name	
	04/01/2025	JVC Media	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,247.50	6856 Alamo Downs Pky	
	Ψ0,247.30	0030 Allamo Downs Fiky	
		San Antonio, TX 78238	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trav	rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Trinking Expense	stin, TX, officeholder living expense
		Sign printin	g
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/13 Rpt: 22/24 I Support Alamo Colleges PAC 00089399 4 Date Payee name 04/04/2025 K Harvey Brand Partners 6 Amount (\$) Payee address; City; State; Zip Code \$11,895.00 825 E Locust St San Antonio, TX 78212 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2025 K Harvey Brand Partners Amount (\$) Payee address; City; State; Zip Code \$4,831.13 825 E Locust St San Antonio, TX 78212 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Creative services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2025 K Harvey Brand Partners Amount (\$) Payee address: City: State; Zip Code \$230.04 825 E Locust St San Antonio, TX 78212 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Collateral material Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/13 Rpt: 23/24	I Support Alamo Colleges PAC 00089399
4	Date	5 Payee name
	03/25/2025	Norma Denham & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	15706 Knoll Cliff
		San Antonio, TX 78247
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising consulting
		T unuturality consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/15/2025	Norma Denham & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$821.81	15706 Knoll Cliff
	**	
		San Antonio, TX 78247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Catering
		Catering
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2025	Shack, Edward
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	4410 Bellvue
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Compliance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Commit Credit Card Payment			nmittee	Legal Services The Instruction	Guide explains		ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 13/13 Rpt: 24/24			amo Colleges	PAC					00089399	
4	Date	5	Payee name								
	03/31/2025		SignBusters	i							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$4,440.00		330 W Baet	z Blvd							
			San Antonio								
8	PURPOSE OF				at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Advertising	Expense				<u> </u>		de of Texas. Com	
								Sign installati		officeholder living	g expense
								Sigit iristaliati	OII		
_	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:					000				055	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Office sou	gnt			Office he	eid
	Date		Payee name								
	04/18/2025		SignBusters								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$2,000.00		330 W Baet	z Blvd							
			San Antonio	, TX 78221							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				—		de of Texas. Com	
								Poll dressing	, IX,	officeholder living	j expense
								Poli dressing			
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:					0.00				055	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	(Office sou	gnt			Office he	eia