

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2022, covering calendar year ending December 31, 2021.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
11

ACCOUNT #
00090819

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Ryan J.</p>	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/12/2022	
	NICKNAME; LAST; SUFFIX <p style="text-align: center;">Alter</p>		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3308 Gallop CV Austin, TX 78745	Receipt #	
	<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (512) 289-2524	Date Imaged	

4 REASON FOR FILING STATEMENT	<input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)
	<input type="checkbox"/> ELECTED OFFICER _____ (INDICATE OFFICE)
	<input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)
	<input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)
	<input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
	<input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)
	<input type="checkbox"/> OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Alter, Ryan J.	FILER ID 00090819
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Texas Senate ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1100 Congress Ave. Austin, TX 78701 General Counsel POSITION HELD	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Juan Hinojosa Senate Campaign ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1421 Austin, TX 78767 General Counsel POSITION HELD	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

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INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Alter, Ryan J.	FILER ID 00090819
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3308 Gallop CV Austin, TX 78745	
4 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Travis	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Alter, Rita	
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

INTERESTS IN REAL PROPERTY

PART 7A

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Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	<table border="0"> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Alter, Ryan J.</td> <td>00090819</td> </tr> </table>	FILER NAME	FILER ID	Alter, Ryan J.	00090819
FILER NAME	FILER ID				
Alter, Ryan J.	00090819				
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5912 Harold Court Austin, TX 78721				
4 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.00000 lots Travis				
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Adrianna, Moreno				
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS					

INTERESTS IN REAL PROPERTY

PART 7A

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1 FILER INFORMATION	FILER NAME Alter, Ryan J.	FILER ID 00090819
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1660 Indian Wood Cir. Muamee, OH 43537	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 Lucas	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Nistel Family Limited Partnership	
6 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$46,580 or more	

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Alter, Ryan J. FILER ID 00090819
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) 5912 & 5916 Harold Court LLC 3308 Gallop CV Austin, TX 78745
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Nistel Family Limited Partnership P.O. Box 23214 Toledo, OH 43623
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

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OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Alter, Ryan J. FILER ID 00090819									
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) 5912 & 5916 Harold Court LLC 3308 Gallop CV Austin, TX 78745									
3 BUSINESS TYPE	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Professional Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____								
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Nistel Family Limited Partnership P.O. Box 23214 Toledo, OH 43623									
BUSINESS TYPE	<table border="0"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input checked="" type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Professional Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____								
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

Empty space for additional business associations
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ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Alter, Ryan J. FILER ID 00090819				
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) 5912 & 5916 Harold Court LLC 3308 Gallop CV Austin, TX 78745				
3 BUSINESS TYPE	Corporation				
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 850 982 892">DESCRIPTION</th> <th data-bbox="982 850 1531 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1014">Real estate</td> <td data-bbox="982 892 1531 1014">At least \$46,580 or more</td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Real estate	At least \$46,580 or more
DESCRIPTION	CATEGORY				
Real estate	At least \$46,580 or more				

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Nistel Family Limited Partnership P.O. Box 23214 Toledo, OH 43623				
BUSINESS TYPE	Limited Partnership				
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 1509 982 1551">DESCRIPTION</th> <th data-bbox="982 1509 1531 1551">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 1551 982 1680">Commercial real estate</td> <td data-bbox="982 1551 1531 1680">At least \$46,580 or more</td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Commercial real estate	At least \$46,580 or more
DESCRIPTION	CATEGORY				
Commercial real estate	At least \$46,580 or more				

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Alter, Ryan J.</td> <td>00090819</td> </tr> </table>	FILER NAME	FILER ID	Alter, Ryan J.	00090819						
FILER NAME	FILER ID										
Alter, Ryan J.	00090819										
2 BUSINESS ASSOCIATION	<table> <tr> <td colspan="2">NAME AND ADDRESS</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> (Check If Filer's Home Address)</td> </tr> <tr> <td colspan="2">5912 & 5916 Harold Court LLC</td> </tr> <tr> <td colspan="2">3308 Gallop CV</td> </tr> <tr> <td colspan="2">Austin, TX 78745</td> </tr> </table>	NAME AND ADDRESS		<input checked="" type="checkbox"/> (Check If Filer's Home Address)		5912 & 5916 Harold Court LLC		3308 Gallop CV		Austin, TX 78745	
NAME AND ADDRESS											
<input checked="" type="checkbox"/> (Check If Filer's Home Address)											
5912 & 5916 Harold Court LLC											
3308 Gallop CV											
Austin, TX 78745											
3 BUSINESS TYPE	Corporation										
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____										
5 LIABILITIES	<table> <thead> <tr> <th>DESCRIPTION</th> <th>CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Construction loan</td> <td>At least \$46,580 or more</td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Construction loan	At least \$46,580 or more						
DESCRIPTION	CATEGORY										
Construction loan	At least \$46,580 or more										

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2021, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Ryan J. Alter

Signature of Filer

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

STATEMENT OF FINANCIAL INFORMATION

FORM SFI
COVER SHEET

1 NAME	TITLE; FIRST; MI <p style="text-align: center;">Ryan J.</p> <hr style="border-top: 1px dashed black;"/> NICKNAME; LAST; SUFFIX <p style="text-align: center;">Alter</p>	PAGE # 10	ACCOUNT # 00090819
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3308 Gallop CV Austin, TX 78745 <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/27/2022 Receipt #	
3 Spouse or Domestic Partner whose financial activity you are reporting	Rita Alter 3308 Gallop CV Austin, TX 78745 Mom SPOUSE	HD / PM Date Processed Date Imaged	Amount
4 REASON FOR FILING STATEMENT	<div style="margin-bottom: 10px;"> <input type="checkbox"/> MAYOR <input type="checkbox"/> CITY COUNCIL MEMBER <input type="checkbox"/> CITY STAFF/EMPLOYEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> BOARD MEMBER </div> <p>This form should be filed by the following City officials -- Mayor, City Council Members, and Candidates -- for the period of January 1 through December 31, 2022.</p> <p>Filing Deadlines: Mayor & Council Members must file the statement (covering the previous calendar year) not later than April 30 of each year. Except that outgoing Mayor & Council Members who have not been re-elected must file the statement (covering the previous calendar year) not later than the 30th day after the end of their term in office. Candidates must file the statement (covering the previous calendar year) within five working days after the deadline for filing for their respective offices. Except that incumbent Candidates are not required to refile if an identical statement covering the previous calendar year has already been filed.</p> <p>For all filers: Statements must be received by the City Clerk on the day stated above. When the deadline falls on a Saturday, Sunday, or City holiday, the deadline is extended to the next day which is not a Saturday, Sunday, or City holiday.</p> <p>This statement must be signed under oath. In reporting information required by this form, a City official shall include the same information as it pertains to his or her spouse or domestic partner, by separate listing. However, a separate report for the City official's spouse or domestic partner is not required.</p>		

OCCUPATION INCOME

PART 1

List all sources of occupational income that exceeded 10% of your gross income or \$5,000 in salary, bonuses, commissions or professional fees, or \$20,000 in payment for goods, products or non-professional services per source.

1 NAME OF EMPLOYER OR SOURCE OF INCOME	Texas Senate
2 BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE 1100 Congress Ave Austin, TX 78701
3 NATURE OF OCCUPATION OR BUSINESS	Government
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	

NAME OF EMPLOYER OR SOURCE OF INCOME	Texas Senate Campaign Juan Hinojosa
BUSINESS ADDRESS	ADDRESS CITY STATE ZIP CODE P.O. Box 1421 Austin, TX 78767
NATURE OF OCCUPATION OR BUSINESS	Government
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input checked="" type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

MEMO	Salary supplement
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OTHER BUSINESS OWNERSHIPS/INTERESTS

PART 5

List the names of any corporation, partnership, limited partnership, or other entity in which you held, owned, acquired, or sold stock, or any other equity ownership having a value exceeding \$5,000 or equivalent to 5% or more of the stock or equity in the entity, at any time during the reporting period.

1 NAME OF COMPANY OR ENTITY

5912 & 5916 Harold Court LLC

2 MEMO

REAL PROPERTY OWNERSHIP OR SALE

PART 8

List and describe all real property in which you hold any legal or beneficial interest, including real property for which you have entered into a contract for sale. The description should be sufficient to locate the property, and include the street address if any, and the present use of the property.

1 STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 3308 Gallop CV Austin, TX 78745
2 DESCRIPTION OF PROPERTY	Home
3 PRESENT USE OF PROPERTY	Home

4 MEMO

STREET ADDRESS OF PROPERTY	ADDRESS CITY STATE ZIP CODE 5912 Harold Court Austin, TX 78721
DESCRIPTION OF PROPERTY	Investment
PRESENT USE OF PROPERTY	Investment

MEMO

LOANS/DEBTS/FINANCIAL LIABILITIES (PERSONAL)

PART 12

List all loans, debts, and other financial liabilities you have which are in excess of \$5,000 which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Revolution Mortgage
2 RATE OF INTEREST, IF ANY	4.5
3 DATE OBLIGATION WAS INCURRED	2022-02-10
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input checked="" type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount

5 MEMO	500,000
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LOANS/DEBTS/FINANCIAL LIABILITIES (BUSINESS)

PART 12B

List all loans, debts, and other financial liabilities in excess of \$5,000 of any corporation, partnership, limited partnership, professional corporation or other entity in which you own or control at least a 5% interest, which are presently outstanding or which existed at any time during the reporting period.

1 NAME OF LENDER/CREDITOR/OBLIGEE	Capstone Capital Partners
2 RATE OF INTEREST, IF ANY	12
3 DATE OBLIGATION WAS INCURRED	2021-02-02
4 CATEGORY OR AMOUNT	<input type="checkbox"/> At least \$1 but less than \$10,000 <input type="checkbox"/> At least \$10,000 but less than \$20,000 <input type="checkbox"/> At least \$20,000 but less than \$50,000 <input type="checkbox"/> At least \$50,000 but less than \$75,000 <input type="checkbox"/> At least \$75,000 but less than \$100,000 <input checked="" type="checkbox"/> \$100,000 or more, report to nearest \$100,000 <input type="checkbox"/> Enter an Amount
5 MEMO	6,400,000

BOARDS OF DIRECTORS (MEMBERSHIP & POSITION)

PART 13

List all boards of directors of which you are a member and the offices or executive positions which you hold in corporations, partnerships, limited partnerships, professional corporations, or other entities, including non-business entities. (Do not include positions on corporations or other entities owned by the City of Austin or created by the City Council.)

1 NAME OF ORGANIZATION	5912 & 5916 Harold Court LLC
2 POSITION HELD	Manager-Member

3 MEMO

STATEMENT OF FINANCIAL INFORMATION

PARTS MARKED "NOT APPLICABLE" BY FILER

- N/A Part 1 - Occupation Income
- N/A Part 2 - Self-employment/Professional Corp./Small Business Income
- N/A Part 3 - Non-Occupation Income
- N/A Part 4 - Gifts
- N/A Part 5 - Other Business Ownership/Interests
- N/A Part 6 - Bonds/Notes/Commercial Paper
- N/A Part 7 - Other Income Sources
- N/A Part 8 - Real Property Ownership or Sale
- N/A Part 9 - Real Property, Business Entity
- N/A Part 10 - Loans as Lender/Creditor
- N/A Part 11 - Guarantor/Co-Signer to Loans/Transactions
- N/A Part 12 - Loans/Debts/Financial Liabilities (Personal)
- N/A Part 12b - Loans/Debts/Financial Liabilities (Business)
- N/A Part 13 - Boards of Directors (Membership & Position)

STATEMENT OF FINANCIAL INFORMATION AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the preceding Financial Statement of Information is in all things true and correct and fully shows all information required to be reported pursuant to City Code Section 2-7-72 for the reporting period indicated.

Ryan J. Alter

Signature of Filer