

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Alterman Management Group PAC

ADDRESS (number and street)

14703 Jones Maltsberger Rd

Check if different
than previously
reported. (ACC)

San Antonio

TX

78247

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00652883

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Streets, Rod, , ,

Signature of Treasurer

Streets, Rod, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Alterman Management Group PACReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
07		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
09		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2025</td></tr></table>	Y	Y	Y	Y	Y	2025						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Alterman Management Group PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2025

To:

M M / D D / Y Y Y Y Y
09 30 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6529.00

15934.00

(ii) Unitemized

1827.43

5921.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8356.43

21855.43

(b) Political Party Committees

.00

.00

(c) Other Political Committees

(such as PACs).....

.00

.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8356.43

21855.43

12. Transfers From Affiliated/Other

Party Committees.....

.00

.00

13. All Loans Received

7000.00

14000.00

14. Loan Repayments Received.....

.00

.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

.00

.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

.00

.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

.00

.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

.00

.00

(b) Levin Funds (from Schedule H5)

.00

.00

(c) Total Transfers (add 18(a) and 18(b))..

.00

.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

15356.43

35855.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15356.43

35855.43

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures	106.69	304.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106.69	304.08
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	46500.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	.00	.00
29. Other Disbursements (Including Non-Federal Donations).....	.00	.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share.....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20106.69	46804.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20106.69	46804.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8356.43	21855.43
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8356.43	21855.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	106.69	304.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	106.69	304.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Andrada, Donald, R, ,

Mailing Address 8235 Middle Point

City
San AntonioState
TXZip Code
78250FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SERVICE MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18559

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blanton, Christopher, A, ,

Mailing Address 237 Allemania Dr

City
New BraunfelsState
TXZip Code
78132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
VICE PRESIDENT - SAN ANTONIO

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18598

Amount of Each Receipt this Period

300.00

☐ Memo Item

6 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bright, Nathen, Gerald, ,

Mailing Address 2100 Trede Drive

City
AustinState
TXZip Code
78745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
WHSE/DELIVERY

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18580

Amount of Each Receipt this Period

78.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

573.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burke, Steven, A, ,

Mailing Address 10004 Dolerite Dr

City
Fort WorthState
TXZip Code
76131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SENIOR SAFETY COORDINATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18586

Amount of Each Receipt this Period

130.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Debraska, Leonard, , ,

Mailing Address 3444 West State Hwy 72

City
KenedyState
TXZip Code
78119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
ASSIST. DIRECTOR M&S

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18561

Amount of Each Receipt this Period

325.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Deschaine, David, F, ,

Mailing Address 722 Old Settlers Drive

City
San MarcosState
TXZip Code
78666FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18582

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 27
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flint, Rodney, L.,

Mailing Address 8640 Wagner Rd

City
New BraunfelsState
TXZip Code
78132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SENIOR PROJECT MGR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18562

Amount of Each Receipt this Period

325.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garner, Jason, D.,

Mailing Address 15314 Spring Dew

City
San AntonioState
TXZip Code
78247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
MANPOWER & SAFETY COORDINAT

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18581

Amount of Each Receipt this Period

260.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gasperson, Laurie, Diane, ,

Mailing Address 3114 Pinto Pass

City
San AntonioState
TXZip Code
78147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
OPS FINANCE COORDINATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18588

Amount of Each Receipt this Period

200.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heath, Martin, John, ,

Mailing Address 1927 Maroon Creek

City
San AntonioState
TXZip Code
78260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SERVICE MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18574

Amount of Each Receipt this Period

130.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hernandez, Steven, Anthony, ,

Mailing Address 263 County Road 4643

City
HondoState
TXZip Code
78861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18563

Amount of Each Receipt this Period

130.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kasper, Tiffany, Wright, ,

Mailing Address 844 Secretariat Dr

City
CiboloState
TXZip Code
78108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
A/R ASSOCIATE

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18578

Amount of Each Receipt this Period

220.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koenning, Carl, , ,

Mailing Address 8520 Quail Ridge

City
San AntonioState
TXZip Code
78263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18564

Amount of Each Receipt this Period

130.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Larose, Emile, Honore, ,

Mailing Address 1026 Twin River

City
Canyon LakeState
TXZip Code
78133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18579

Amount of Each Receipt this Period

130.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lawhead, Karen, , ,

Mailing Address 13101 Fm 775

City
FloresvilleState
TXZip Code
78114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
DIRECTOR OF FINANCE

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18565

Amount of Each Receipt this Period

325.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mendoza, Paul, M, ,

Mailing Address 30705 Horseshoe Path

City
BulverdeState
TXZip Code
78163FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SENIOR PROJECT MGR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18566

Amount of Each Receipt this Period

650.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oliver, Nancy, Lea, ,

Mailing Address 10306 Kosub Road

City
San AntonioState
TXZip Code
78223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SERVICE COORDINATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18568

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Padalecki, Gregory, A, ,

Mailing Address 2834 Olive Avenue

City
SchertzState
TXZip Code
78154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
DIRECTOR ESTIMATING

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18569

Amount of Each Receipt this Period

650.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1495.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pierce, Carl, A, ,

Mailing Address 2901 Slough Drive

City
TempleState
TXZip Code
76502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
ESTIMATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18577

Amount of Each Receipt this Period

260.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramirez, Eloy, J, ,

Mailing Address 217 Great Oaks Blvd

City
La VerniaState
TXZip Code
78121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18575

Amount of Each Receipt this Period

375.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. San Miguel, Amalia, A, ,

Mailing Address 826 John Page Dr

City
San AntonioState
TXZip Code
78228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PURCHASING ASSISTANT

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18558

Amount of Each Receipt this Period

91.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

726.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skloss, Patrick, J, ,

Mailing Address PO Box 871

City
PothState
TXZip Code
78147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
ESTIMATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18570

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Streets, Rod, B, ,

Mailing Address 2227 Winding Vw

City

San Antonio

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
CHIEF FINANCIAL OFFICER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18594

Amount of Each Receipt this Period

325.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tabbert, Timothy, W, ,

Mailing Address 720 Gleaming Springs Dr.

City

Schertz

State

TX

Zip Code

78154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
SERVICE MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18567

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 27
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Teel, Erich, , ,

Mailing Address 770 Northpark Ridge

City
New BraunfelsState
TXZip Code
78130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
ESTIMATOR

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18576

Amount of Each Receipt this Period

195.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zapata, Harvey, , ,

Mailing Address 411 Monticello Circle

City
DevineState
TXZip Code
78016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALTERMAN MANAGEMENT GROUP INC.Occupation (for Individual)
PROJECT MANAGER

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11Ai-CNP18571

Amount of Each Receipt this Period

325.00

☐ Memo Item

13 Payroll Deduction(s)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

520.00

6529.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 27
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alterman Management Group Inc.

Mailing Address 7805 N Loop 1604 E

City
San AntonioState
TXZip Code
78233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2025**Transaction ID : SA13-LN9**

Amount of Each Receipt this Period

6000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alterman Management Group Inc.

Mailing Address 7805 N Loop 1604 E

City
San AntonioState
TXZip Code
78233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2025**Transaction ID : SA13-LN10**

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13000.00

13000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address P.O. Box 659754

City
San AntonioState
TXZip Code
78265

Purpose of Disbursement

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21b-EX125

Amount of Each Disbursement this Period

35.55

☐ Memo Item Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address P.O. Box 659754

City
San AntonioState
TXZip Code
78265

Purpose of Disbursement

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21b-EX125

Amount of Each Disbursement this Period

37.11

☐ Memo Item Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address P.O. Box 659754

City
San AntonioState
TXZip Code
78265

Purpose of Disbursement

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21b-EX125

Amount of Each Disbursement this Period

34.03

☐ Memo Item Administrative/Salary/Overhead Expenses**SUBTOTAL** of Disbursements This Page (optional).....▶

106.69

TOTAL This Period (last page this line number only).....▶

106.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name (Last, First, Middle Initial)

A. Jeffries For CongressMailing Address C/o The Stratthdee Group
P.O. Box 15096City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

012

Category/
Type

Candidate Name

Jeffries, Hakeem, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1258

Amount of Each Disbursement this Period

2000.00

☐ Memo Item Donations

Full Name (Last, First, Middle Initial)

B. ESCA PACMailing Address ATTN: Venn Strategies LLC
750 9th Street NW Suite 650City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

012

Category/
Type

Candidate Name

ESCA PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1250

Amount of Each Disbursement this Period

5000.00

☐ Memo Item Donations

Full Name (Last, First, Middle Initial)

C. Maggie For NH

Mailing Address PO Box 298

City
ConcordState
NHZip Code
03302

Purpose of Disbursement

012

Category/
Type

Candidate Name

Hassan, Maggie, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1251

Amount of Each Disbursement this Period

1000.00

☐ Memo Item Donations**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name (Last, First, Middle Initial)

A. Stand with Sanchez

Mailing Address 415 New Jersey Avenue SE #1

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

012

Category/
Type

Candidate Name

Sanchez, Linda, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1251

Amount of Each Disbursement this Period

5000.00

☐ Memo Item Donations**B. Daines For Montana**Mailing Address C/o The Elevated Group
410 1st Street SE2nd FloorCity
WashingtonState
DCZip Code
20003

Purpose of Disbursement

012

Category/
Type

Candidate Name

Daines, Steve, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify)

State: MT

District:

2026 General

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1256

Amount of Each Disbursement this Period

1000.00

☐ Memo Item Donations**C. Thune Victory Committee**Mailing Address 228 South Washington St.
Suite 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

012

Category/
Type

Candidate Name

Thune Victory Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX125

Amount of Each Disbursement this Period

3000.00

☐ Memo Item Donations**SUBTOTAL** of Disbursements This Page (optional)..... ►

9000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alterman Management Group PAC

Full Name (Last, First, Middle Initial)

A. Cassidy Leadership FundMailing Address P.O. Box 80505
C/O CC CobaughCity
Baton RougeState
LAZip Code
70898

Purpose of Disbursement

012

Category/
Type

Candidate Name

Cassidy Leadership Fund

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23-EX1257

Amount of Each Disbursement this Period

3000.00

☐ Memo Item Donations

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

20000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN6

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

10000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
07 12 2024

Date Due

M M / D D / Y Y Y Y Y Y
12 31 2024

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN7

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

7000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
07 18 2024

Date Due

M M / D D / Y Y Y Y Y Y
12 31 2024

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN8

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2025

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

7000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
04 / 24 / 2025

Date Due

M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN9

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2025

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

6000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
08 / 01 / 2025

Date Due

M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN10

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2025

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

7000.00

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
09 09 2025

Date Due

M M / D D / Y Y Y Y Y Y
12 31 2025

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Alterman Management Group PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
Alterman Management Group Inc.N ☐ Memo Item

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address 7805 N Loop 1604 E

City

Live Oak

State

TX

ZIP Code

78233

Original Amount of Loan

5000.00

Cumulative Payment To Date

1500.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
05 / 15 / 2024

Date Due

M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500.00

TOTALS This Period (last page in this line only)..... ►

40500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Alterman Management Group PAC		Transaction ID : SC10-LN9-001		FEC IDENTIFICATION NUMBER C C00652883	
LENDING INSTITUTION (LENDER) Full Name Alterman Management Group Inc.		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00 %</div>	
		Mailing Address 7805 N Loop 1604 E		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY 08 / 01 / 2025</div></div>	
City San Antonio	State TX	Zip Code 78233	Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY 12 / 31 / 2025</div></div>		Back Ref SC10-LN9
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY 08 / 01 / 2025</div></div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">6000.00</div>			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY / / </div></div>		Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Streets, Rod, , , Signature _____				DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY 08 / 01 / 2025</div></div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Streets, Rod, , , Signature Streets, Rod, , ,				DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YY 08 / 01 / 2025</div></div>	
				Title Treasurer	

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Alterman Management Group PAC		Transaction ID : SC10-LN10-001		FEC IDENTIFICATION NUMBER C C00652883	
LENDING INSTITUTION (LENDER) Full Name Alterman Management Group Inc.		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">7000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00 %</div>	
Mailing Address 7805 N Loop 1604 E		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 09 / 2025</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">12 / 31 / 2025</div>	
City San Antonio	State TX	Zip Code 78233	Back Ref SC10-LN10		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 09 / 2025</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">7000.00</div>			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div>		Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">.00</div>			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;"> / / </div>		Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Streets, Rod, , , Signature _____		DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 09 / 2025</div>			
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Streets, Rod, , , Signature Streets, Rod, , ,		DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 09 / 2025</div>			
Title Treasurer					