### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MPAC COVER SHEET PG 1

| _  |  |   |   |  |  |  |  |
|----|--|---|---|--|--|--|--|
| Tł | ne MPAC Instruction (  | 2 Total pages filed:<br>4                           |   |  |  |  |  |
| 3  | COMMITTEE NAME   | OFFICE USE ONLY                                     |   |  |  |  |  |
|    | Habla Y Vota Actio   | ר Fund  |   |  |  |  |  |
|    |  | Date Received<br>ELECTRONICALLY FILED<br>01/04/2024 |   |  |  |  |  |
| 4  |  | ADDRESS / PO BOX; APT / SUITE #; CITY;              | STATE; ZIP  |  |  |  |  |
|    | ADDRESS  | P.O. Box 19712                                      |   |  |  |  |  |
|    | Change of Address  | Austin, TX 78760                                    |   | Date Hand-delivered or Date Postmarked |  |  |  |
| 5  | CAMPAIGN   | MS / MRS / MR FIRST                                 | MI  |  |  |  |  |
|    | TREASURER  | Dr. Susana  |   | Receipt # Amount                       |  |  |  |
|    | NAME   | DI. Susana  |   |  |  |  |  |
|    |  |   |   | Date Processed                         |  |  |  |
|    |  | NICKNAME LAST                                       | SUFFIX  |  |  |  |  |
|    |  | Carranza  |   | Date Imaged                            |  |  |  |
|    |  | Carranza  |   |  |  |  |  |
| 6  | CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE); APT              | / SUITE #; CITY; STA                                      | TE; ZIP CODE                           |  |  |  |
| ľ  | TREASURER  |   | $100 \text{ Int} \pi$ , $0 \text{ Int}$ , $0 \text{ Int}$ |  |  |  |  |
|    | STREET   | 40 N. IH35 Apt #4B1                                 |   |  |  |  |  |
|    | ADDRESS<br>(Residence or Business)   |   |   |  |  |  |  |
|    |  | Austin, TX 78701                                    |   |  |  |  |  |
| 7  | CAMPAIGN   | STREET ADDRESS OR PO BOX; APT                       | / SUITE #; CITY; STA                                      | ATE; ZIP CODE                          |  |  |  |
|    | TREASURER  | 40 N. IH35 Apt #481                                 |   |  |  |  |  |
|    | MAILING<br>ADDRESS   |   |   |  |  |  |  |
|    |  | Austin, TX 78701                                    |   |  |  |  |  |
| 8  | CAMPAIGN   | AREA CODE PHONE NUMBER                              | EXTENSION   |  |  |  |  |
|    | TREASURER<br>PHONE   | (512) 981-3732                                      |   |  |  |  |  |
|    |  | (0) 00 0.0_   |   |  |  |  |  |
| 9  | REPORT TYPE  |   | n day after campaign<br>surer termination                 | Dissolution (Attach PAC-DR)            |  |  |  |
| 10 | MONTHLY  |   | L July 5  | October 5                              |  |  |  |
|    | REPORT FILING<br>DEADLINE  | X January 5 April 5                                 | July 5  |  |  |  |  |
|    |  | February 5 May 5                                    | August 5  | November 5                             |  |  |  |
|    |  | March 5 June 5                                      | September 5   | December 5                             |  |  |  |
|    |  |   |   |  |  |  |  |
| 11 | L PERIOD<br>COVERED  | Month Day Year THROUGH                              | Month   | Day Year                               |  |  |  |
|    | COVERED  | 11/26/2023  | 12/25/2   | 023                                    |  |  |  |
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|    |  |   |   |  |  |  |  |
|    | GO TO PAGE 2   |   |   |  |  |  |  |
| Fo | Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.f1b8c3f1 |   |   |  |  |  |  |

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME 13 Filer   |   |  |             | (Ethics Commission Filers) |  |  |
|--|---|--|-------------|----------------------------|--|--|
| Habla Y Vota Action Fund   0008  |   |  |             | 7                          |  |  |
| 14 COMMITTEE<br>ACTIVITY   | 1. Candidates<br>(Identify by name or, if   | A. Supported   |             |                            |  |  |
|  | applicable, classify by party.)   |  |             |                            |  |  |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.)  |   | B. Opposed   |             |                            |  |  |
|  | 2. Measures   | A. Supported   |             |                            |  |  |
|  | (Describe by date and location<br>of election and nature of issue.)                       |  |             |                            |  |  |
|  |   | B. Opposed   |             |                            |  |  |
|  | <ol> <li>Officeholders<br/>Assisted</li> </ol>  |  |             |                            |  |  |
|  | (Identify by name or, if applicable, classify by party.)                                  |  |             |                            |  |  |
| 15 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS,<br>CONTRIBUTIONS M  | D POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | \$          | 0.00                       |  |  |
|  | 2. TOTAL POLITICA   | L CONTRIBUTIONS  | \$          | 0.00                       |  |  |
| EXPENDITURE<br>TOTALS  | EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                    |  | \$          | 0.00                       |  |  |
|  | 4. TOTAL POLITICA   | LEXPENDITURES  | \$          | 10.00                      |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br>OF THE REPORTING PERIOD |  | DAY \$      | 620.83                     |  |  |
| OUTSTANDING<br>LOAN TOTALS   |   | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD  | THE \$      | 0.00                       |  |  |
| 16 AFFIDAVIT   |   |  | •           |                            |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is<br>true and correct and includes all information required to be reported by me<br>under Title 15, Election Code. |   |  |             |                            |  |  |
|  |   |  |             |                            |  |  |
|  |   |  | a Carranza  |                            |  |  |
|  |   | Signature of Ca  | mpaign Trea | surer                      |  |  |
| AFFIX NOTARY STAMP / SEAL ABOVE  |   |  |             |                            |  |  |
| Sworn to and subscribed before me, by the said, this the   |   |  |             | day                        |  |  |
| of   | of, 20, to certify which, witness my hand and seal of office.                             |  |             |                            |  |  |
|  |   |  |             |                            |  |  |
| Signature of officer ad  | ninistering oath  | Printed name of officer administering oath   | Title of o  | fficer administering oath  |  |  |
| Forms provided by Texas E  | thics Commission  | www.ethics.state.tx.us   |             | Version V3.5.1.f1b8c3f1    |  |  |

| SUBTOTALS - MPAC   | FORM MPAC   |                           |
|--|---|---------------------------|
|  | C   | OVER SHEET PG 3<br>3 of 4 |
| 17 COMMITTEE NAME<br>Habla Y Vota Action Fund                                    | (Ethics Commission Filers)  |                           |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |   | SUBTOTAL AMOUNT           |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | . SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   |                           |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   |   | \$                        |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | SCHEDULE B: PLEDGED CONTRIBUTIONS   |                           |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO                  | 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               |                           |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA                | 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION |                           |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                   | ANIZATION   | \$                        |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR<br>ORGANIZATION   | 2   | \$                        |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR                   | ORGANIZATION  | \$                        |
| 9. SCHEDULE E: LOANS   |   | \$                        |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION            | S   | <b>\$</b> 10.00           |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     |   | \$                        |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION             | ONS   | \$                        |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                |   | \$                        |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | ONS   | \$                        |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>TO FILER | RETURNED  | \$                        |
|  |   | I                         |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | EXPENDITURE CATEGOR<br>Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>al Committee Legal Services<br>The Instruction Guide explains h | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|--|---|
| 1 Total pages Schedule F1:  | 2 FILER NAME  | 3  | Filer ID (Ethics Commission Filers)   |
| Sch: 1/1 Rpt: 4/4   | Habla Y Vota Action Fund  |  | 00086577  |
| 4 Date  | 5 Payee name  |  |   |
| 11/30/2023  | Frost Bank  |  |   |
| 6 Amount (\$)<br>\$10.00  | 7 Payee address; City; State;<br>P.O. Box 1600  | Zip Code   |   |
| Expenditure from<br>corporate funds   | San Antonio, TX 78296   |  |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this sche<br>Fees   | Check if travel outsi  | de of Texas. Complete Schedule T.<br>officeholder living expense  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | L Candidate/Officeholder name O<br>H  | ffice sought   | Office held   |
|   |   |  |   |
|   |   |  |   |