

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087920	2 Total pages filed: 171				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kristian	MI MI	OFFICE USE ONLY			
	NICKNAME	LAST Carranza	SUFFIX				
Date Received ELECTRONICALLY FILED 01/16/2024							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 831436 San Antonio, TX 78283			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Darren	MI MI				
	NICKNAME	LAST Meritz	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 831436 San Antonio, TX 78283						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(915) 274-2501							
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
07/01/2023 12/31/2023							
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
03/05/2024			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 118			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 171

13 C / OH NAME Carranza, Kristian	14 Filer ID (Ethics Commission Filers) 00087920
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	COMMITTEE TYPE	COMMITTEE NAME								
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS								
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	70,025.17
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	17,097.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,282.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Kristian Carranza
 Signature of Candidate or Officeholder

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 Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Carranza, Kristian		19 Filer ID 00087920	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	69,392.98
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	632.19
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	17,097.24
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	4.96

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/125 Rpt: 4/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abline, James <hr/> 6 Contributor address; City; State; Zip Code Punta Gorda, FL 33982	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abuabara, Mama <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Leah <hr/> Contributor address; City; State; Zip Code St George, UT 84770	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agho-Otoghile, Delilah <hr/> Contributor address; City; State; Zip Code Houston, TX 77099	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Future Project
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Koby <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/125 Rpt: 5/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiza, Cecily <hr/> 6 Contributor address; City; State; Zip Code Burbank, CA 91505	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alarcon, Silvina <hr/> Contributor address; City; State; Zip Code Washington, DC 20032	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Campaign Instructor		Employer (See Instructions) Latino Victory Project
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albers, Marilynne <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94133	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alemdar, Can <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Grantworks
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Robert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) AS&D

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/125 Rpt: 6/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, June <hr/> 6 Contributor address; City; State; Zip Code Milwaukee, WI 53217	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Property Management		9 Employer (See Instructions) Rosenthal Associates inc
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almendarez, Yvette <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pediatrics		Employer (See Instructions) Physician
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amin, Juliana <hr/> Contributor address; City; State; Zip Code Cumberland, RI 02864	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amundson, Kris <hr/> Contributor address; City; State; Zip Code Astoria, OR 97103	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Network Engineer		Employer (See Instructions) Panthalassa
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Catherine <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53215	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/125 Rpt: 7/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelosante, Kayla <hr/> 6 Contributor address; City; State; Zip Code West Springfield, VA 22152	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fcps
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antelo, Cristina <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Ferox Strategies
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aoki, Elizabeth <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Game Producer		Employer (See Instructions) Probably Monsters
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arant, Dylan <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Of Staff		Employer (See Instructions) US House
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Christian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/125 Rpt: 8/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardiente, Nicolette <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78256	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Community Engagement Manager		9 Employer (See Instructions) Asian Texans For Justice
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Astle, Andrea <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pastry Cook		Employer (See Instructions) Reverie Bakeshop
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avellar, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Performance Management Ltd.		Employer (See Instructions) Executive
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avellar, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Performance Management Ltd.
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avellar, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Performance Management Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/125 Rpt: 9/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, William	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78259		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bracewell Llp
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, William	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bracewell LLP
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azios, Aaron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Community Engagement Coordinator		Employer (See Instructions) Harris County
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baars, Cassandra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pompano Beach, FL 33069		
Principal occupation / Job title (See Instructions) Deputy Finance Director		Employer (See Instructions) FL Democratic Party
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baez, Daisy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Coral Gables, FL 33134-6905		
Principal occupation / Job title (See Instructions) Health Care Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/125 Rpt: 10/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baiza, Matthew	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78250	
8 Principal occupation / Job title (See Instructions) NextGen America		9 Employer (See Instructions) Texas Organizing Director
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baiza, Matthew	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78250	
Principal occupation / Job title (See Instructions) Texas State Director		Employer (See Instructions) Nextgen America
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Lauren	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Daryl	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Asheville, NC 28803	
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Natural Resources Defense Council
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banta, Molly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richmond, VA 23229	
Principal occupation / Job title (See Instructions) Deputy Coordinated Campaign Director		Employer (See Instructions) DSCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/125 Rpt: 11/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Heide <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76087	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Me
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Carolina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Carolina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Carolina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera Mason, Alyssa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) CCDMD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/125 Rpt: 12/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barsenas, James <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78221	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Quotations		9 Employer (See Instructions) Bell and McCoy
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barshop, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Managing Director of Development		Employer (See Instructions) City Year San Antonio
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Karen <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33712	Amount of Contribution (\$) \$3.34
Principal occupation / Job title (See Instructions) Acupuncturist & Herbalist		Employer (See Instructions) Self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Christian <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/125 Rpt: 13/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayarena, Andrew <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Real Estate
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Hannah <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Healthcare Engagements Analyst		Employer (See Instructions) Booz Allen Hamilton
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckendorf, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Apex Consulting
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckmann, Jen <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Re:Rooted Urban Winery
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhardt, Katherine <hr/> Contributor address; City; State; Zip Code Lafayette, LA 70505	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/125 Rpt: 14/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software developer		9 Employer (See Instructions) Wolfram Research
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Wolfram Research
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Bhuvanesh Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Wolfram Research
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biagtan, Elsie Contributor address; City; State; Zip Code Temecula, CA 92592	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstone, Melissa Contributor address; City; State; Zip Code Birmingham, AL 35205	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/125 Rpt: 15/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakeney, Sandra <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53704	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Program/Policy Analyst		9 Employer (See Instructions) The Management Group
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Victory <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Blue Victory Communications
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocco, Veronica <hr/> Contributor address; City; State; Zip Code Orlando, FL 32817	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogle, Clark <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Tennis Coach		Employer (See Instructions) Self-Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, William <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physiologist		Employer (See Instructions) BodyFix Method

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/125 Rpt: 16/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borrero, Diandra <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradlow, Lisa <hr/> Contributor address; City; State; Zip Code Scarsdale, NY 10583	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) self
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady-Sharp, Robert <hr/> Contributor address; City; State; Zip Code Melbourne, FL 32940	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Robert Brady-Sharp
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainerd, Lauren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/125 Rpt: 17/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Nancy <hr/> Contributor address; City; State; Zip Code St Louis, MO 63127	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buitron, Andres <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Financial Examiner		Employer (See Instructions) FINRA
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunk, Denise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) attorney
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busch, Rachel <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15237	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Patient Account Billing Analystp		Employer (See Instructions) Pittsburgh Mercy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/125 Rpt: 18/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CabelloHavrda, Melissa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Melissa Cabello Havrda
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Cynthia <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Providence St Peters Hospital
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camm, Wanda <hr/> Contributor address; City; State; Zip Code Chesapeake, VA 23325	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Sophia A. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Corporate Communications		Employer (See Instructions) Indeed.com
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canfield, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/125 Rpt: 19/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracoza, Vanessa <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19125	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) City of Philadelphia		9 Employer (See Instructions) Director of Community Engagement
Date 10/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Elizabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) U.S. House of Representatives
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carranza, Vernetta <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Texas Health Staffing Services
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrithers, Deborah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Tim <hr/> Contributor address; City; State; Zip Code Saint Clair Shores, MI 48080	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Us Epa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/125 Rpt: 20/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Margaret <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartsonis, Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Market Research		Employer (See Instructions) self
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Aaron <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Magnify Strategies
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Colleen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas, Andrew <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Casillas Law Firm PLLC		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/125 Rpt: 21/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casta Pecora, Marianna	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code La Jolla, CA 92037		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Amanda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78202		
Principal occupation / Job title (See Instructions) Social Media Manager		Employer (See Instructions) Whataburger
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Elizabeth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) H-E-B
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Katherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) It Trainer		Employer (See Instructions) Inova
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Lucinda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Del Rio, TX 78840		
Principal occupation / Job title (See Instructions) Insurance Specialist Facilitator		Employer (See Instructions) Usaa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/125 Rpt: 22/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Maria D <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78228	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cearley, Janet <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Challinor, Benjamin <hr/> Contributor address; City; State; Zip Code Sparks, NV 89431	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nevada Director Of Public Policy		Employer (See Instructions) Alzheimer'S Association
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kathleen <hr/> Contributor address; City; State; Zip Code Danville, CA 94506	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Tax Lawyer		Employer (See Instructions) Chevron Corporation
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Kirby <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Michelle Vallejo for Congress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/125 Rpt: 23/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Kirby <hr/> 6 Contributor address; City; State; Zip Code Austin TX, TX 78744	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Campaign Manager		9 Employer (See Instructions) Michelle Vallejo For Congress
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Ron <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85014	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavarin, Victor <hr/> Contributor address; City; State; Zip Code Armona, CA 93202-0863	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) County Of Kings

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/125 Rpt: 24/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu de León, Chris <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77074	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Deputy Chief of Staff		9 Employer (See Instructions) Harris County
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicerchia, José <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cirelli, Mary E <hr/> Contributor address; City; State; Zip Code Verona, NJ 07044	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Alexander <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Haynes and Boone LLP		Employer (See Instructions) Attorney
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Albert <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/125 Rpt: 25/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Kim <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30345	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Library Technician		9 Employer (See Instructions) DeKalb County
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Lauren <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACLU Of Tx
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Melvin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Kimi <hr/> Contributor address; City; State; Zip Code Carson City, NV 89701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11209	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) You Gotta Believe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/125 Rpt: 26/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Alta <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Fundraiser		9 Employer (See Instructions) University
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contrino, Dylan <hr/> Contributor address; City; State; Zip Code Union, NJ 07083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Michelle <hr/> Contributor address; City; State; Zip Code Kelso, WA 98626	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corless, Barbara <hr/> Contributor address; City; State; Zip Code Kew Gardens, NY 11415	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corna, Denise <hr/> Contributor address; City; State; Zip Code Oneonta, NY 13820	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Childcare Provider		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/125 Rpt: 27/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornacchia, Kelly <hr/> 6 Contributor address; City; State; Zip Code Severna Park, MD 21146	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Daniel <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Ceo		Employer (See Instructions) Protein Architects
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Tom <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cristobal, Gabriela <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions) White House
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Esther <hr/> Contributor address; City; State; Zip Code Fort Myers, FL 33966	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/125 Rpt: 28/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullen, Michael <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89106	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Claire <hr/> Contributor address; City; State; Zip Code Norway, ME 04268	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Hebron Academy
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Czerwinski, William <hr/> Contributor address; City; State; Zip Code Newton, MA 02460	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Northeastern University School Of Law
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Czerwinski, William <hr/> Contributor address; City; State; Zip Code Newton, MA 02460	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Northeastern University School Of Law
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dameron, Aquiles <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) The Management Center		Employer (See Instructions) Training and Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/125 Rpt: 29/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dandeneau, Jim	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Underhill, VT 05489	
8 Principal occupation / Job title (See Instructions) Vermont Democratic Party		9 Employer (See Instructions) Executive Director
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniele, Tayhlor	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code Houston, TX 77021	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Resonance
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darling, Adele Kelley	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Lakewood, OH 44107	
Principal occupation / Job title (See Instructions) Taxonomist		Employer (See Instructions) Self
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Claudette	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Washington, DC 20008-5605	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Non Profit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/125 Rpt: 30/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Wendy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Senior Advisor		9 Employer (See Instructions) Planned Parenthood Texas Votes
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day-Reynolds, Lennon <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Luna, Erick <hr/> Contributor address; City; State; Zip Code Von Ormy, TX 78073	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Of Staff		Employer (See Instructions) City Of San Antonio
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSisto, Nancy <hr/> Contributor address; City; State; Zip Code Aiken, SC 29803	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delahousie, Sharyn <hr/> Contributor address; City; State; Zip Code Duarte, CA 91010	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/125 Rpt: 31/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Deb <hr/> 6 Contributor address; City; State; Zip Code West Boylston, MA 01583	7 Amount of Contribution (\$) \$1.05
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Delaney Healthcare
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demerath, Janelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Rachel <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37409	Amount of Contribution (\$) \$2.10
Principal occupation / Job title (See Instructions) PT		Employer (See Instructions) Enhabit Home Health
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessormeau, Pamela <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471	Amount of Contribution (\$) \$3.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devore, Courtney <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Baker Mckenzie

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/125 Rpt: 32/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Madeleine <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Political Activist		9 Employer (See Instructions) none
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter, Rita <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Assistant		Employer (See Instructions) Baylor College Of Medicine
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiLeo, Tracy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Killam Companies
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiNardo, Nancy <hr/> Contributor address; City; State; Zip Code Trumbull, CT 06611	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Greg <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-5539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/125 Rpt: 33/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Greg <hr/> 6 Contributor address; City; State; Zip Code Altadena, CA 91001-5539	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Salesman		9 Employer (See Instructions) Democratic Party of Wisconsin
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Greg <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-5539	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Staffer		Employer (See Instructions) Democratic Party Of Wisconsin
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Greg <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-5539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Snake Oil Salesman		Employer (See Instructions) Democratic Party Of Wisconsin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickerson, Laura <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, Denae <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/125 Rpt: 34/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Victoria <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Md2 Austin
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolloff, Anne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorner, Allison <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78250	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dougherty, Peter <hr/> Contributor address; City; State; Zip Code Washington, DC 20010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Purple Strategies
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubois, Marit <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/125 Rpt: 35/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Christian <hr/> 6 Contributor address; City; State; Zip Code Rahway, NJ 07065	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Chief Of Staff		9 Employer (See Instructions) Office Of Senator Joseph Cryan
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dukes, Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Andrianna <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Democracy forward
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Marc <hr/> Contributor address; City; State; Zip Code Cooper City, FL 33026	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Marc <hr/> Contributor address; City; State; Zip Code Cooper City, FL 33026	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/125 Rpt: 36/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Marc <hr/> 6 Contributor address; City; State; Zip Code Cooper City, FL 33026	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Marc <hr/> Contributor address; City; State; Zip Code Cooper City, FL 33026	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Alexander <hr/> Contributor address; City; State; Zip Code Carmel, CA 93923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Nick <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickhoff, Jamie <hr/> Contributor address; City; State; Zip Code Littleton, CO 80127	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/125 Rpt: 37/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenhauer, Patrick <hr/> 6 Contributor address; City; State; Zip Code Billings, MT 59102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elledge, Richard <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) State of Texas
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elridge, Colmon <hr/> Contributor address; City; State; Zip Code Georgetown, KY 40324	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Council of State Governments		Employer (See Instructions) Director
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elridge, Colmon <hr/> Contributor address; City; State; Zip Code Georgetown, KY 40324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Council of State Governments

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/125 Rpt: 38/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elridge, Colmon <hr/> 6 Contributor address; City; State; Zip Code Georgetown, KY 40324	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Council of State Governments
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elridge, Colmon <hr/> Contributor address; City; State; Zip Code Georgetown, KY 40324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Council of State Governments
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elridge, Colmon <hr/> Contributor address; City; State; Zip Code Georgetown, KY 40324	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Council Of State Governments
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Analysse <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Liaison		Employer (See Instructions) HUD
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Heartwell ATX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/125 Rpt: 39/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eze, Alfred <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farias, Katie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State Of Texas
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Andrew <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Audrey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Lane <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Houston Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/125 Rpt: 40/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florence, Trish	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78261	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Jack	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richmond, VA 23219	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Cindy V	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Retail Merchandiser		Employer (See Instructions) Crossmark
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foxx, Deja	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code New York, NY 10025	
Principal occupation / Job title (See Instructions) Content creator		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Dan	Amount of Contribution (\$) \$3.34
	Contributor address; City; State; Zip Code Erlanger, KY 41018	
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Latonia Baptist Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/125 Rpt: 41/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friend, Emma <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Grassroots Mobilization		9 Employer (See Instructions) WFP
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagarin, Gregory <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08003	Amount of Contribution (\$) \$2.34
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Atkins
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaillard, Corinne <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70130	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Noneya
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galhouse, Michael <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cybersecurity Engineer		Employer (See Instructions) Southern California Edison
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Ann <hr/> Contributor address; City; State; Zip Code Lakewood, CO 80227	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/125 Rpt: 42/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallegos, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Pueblo, CO 81004	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Business Development - NGO		9 Employer (See Instructions) Fair Trade Certified - USA
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ganguly, Ram <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90278	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Domingo <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Emmanuel <hr/> Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Seeker Strategies
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jorge <hr/> Contributor address; City; State; Zip Code State College, PA 16801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Penn State Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/125 Rpt: 43/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garlich, Jill <hr/> 6 Contributor address; City; State; Zip Code Chesterfield, MO 63005	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) Slay industries
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Lauren <hr/> Contributor address; City; State; Zip Code Providence, RI 02906	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Gabe Amo For Congress
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Linda <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33704	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Canterbury School of Florida
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jose <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Natalie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Regional Organizing Director		Employer (See Instructions) Nextgen America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/125 Rpt: 44/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gattine, Andrew M <hr/> 6 Contributor address; City; State; Zip Code Westbrook, ME 04092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Andrew Gattine
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geison, Shannon <hr/> Contributor address; City; State; Zip Code Portland, OR 97202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Cheryl <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliam, Lance <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) WSG-RE LLC
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ortiz Jones for Congress <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Gina Ortiz Jones For Congress		Employer (See Instructions) Gina Ortiz Jones For Congress

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/125 Rpt: 45/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Ortiz Jones for Congress <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78245	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Candidate Committee		9 Employer (See Instructions) Candidate Committee
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gingerella, Lisa <hr/> Contributor address; City; State; Zip Code Andover, NJ 07821-4029	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaser, Terry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldhush, Carolyn <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10011	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Moore
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Mary Beth <hr/> Contributor address; City; State; Zip Code Anderson, IN 46011	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Associate Director		Employer (See Instructions) Interlocal Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/125 Rpt: 46/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Mary Beth <hr/> 6 Contributor address; City; State; Zip Code Anderson, IN 46011	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Associate Director		9 Employer (See Instructions) Interlocal Association
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goll, Michelle <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Cristina <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Leonel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Economic Development		Employer (See Instructions) Brooks Development Authoritu
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonima, Francisco <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive Coach		Employer (See Instructions) Francisco Gonima Executive Coaching & Strategy Llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/125 Rpt: 47/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzaba, Julianna <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Fundraiser		9 Employer (See Instructions) Liffund
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Aaron <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Expedia
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Emilio <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Emilio Gonzales		Employer (See Instructions) Rwe
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erika <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Staamp
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/125 Rpt: 48/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Peter <hr/> 6 Contributor address; City; State; Zip Code Wolfeboro, NH 03894	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Finance Director		9 Employer (See Instructions) Lucas Kunce For Missouri
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Marsha <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Mary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greiff, Sharon <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Gwynn <hr/> Contributor address; City; State; Zip Code Colebrook, CT 06021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/125 Rpt: 49/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Failla <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75150	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Flight Attendant		9 Employer (See Instructions) Delta Air Lines
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grundy, Grace <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Grace Grundy
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Javier <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cra		Employer (See Instructions) Inc Research
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Joaquin <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Director Of New Organizing		Employer (See Instructions) CCC
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Joaquin <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Director Of New Organizing		Employer (See Instructions) Ccc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/125 Rpt: 50/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Gloria <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Guadalupe <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) Self
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Irma <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) San Antonio Bar Association
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadley, Monica <hr/> Contributor address; City; State; Zip Code Fairfield, IA 52556	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Aeron Lifestyle Technology Inc.
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallgrimson, Anna <hr/> Contributor address; City; State; Zip Code Oregon City, OR 97045	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Store Manager		Employer (See Instructions) Ugg

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/125 Rpt: 51/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-6870	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) National Instruments
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haq, Alex <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Miami Dade College		Employer (See Instructions) Auxiliary Aid Specialist
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hare, Stacie <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Share Our Strength
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hare, Stacie <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Share Our Strength

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/125 Rpt: 52/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hare, Stacie <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Share Our Strength
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Ron <hr/> Contributor address; City; State; Zip Code Columbia Heights, MN 55421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Resilient Cities Network
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Lizza <hr/> Contributor address; City; State; Zip Code Volente, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Communications Strategy Consultant		Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Mallory <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Patrick <hr/> Contributor address; City; State; Zip Code Bismarck, ND 58504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self; Anytime Works

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/125 Rpt: 53/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastedt, Margaret <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Technician		9 Employer (See Instructions) IODP
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatcher, Brenda <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heigl, Kari <hr/> Contributor address; City; State; Zip Code East Aurora, NY 14052	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Director of Funding		Employer (See Instructions) Community Services for Every1
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Judy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Tyler <hr/> Contributor address; City; State; Zip Code Sparta, WI 54656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/125 Rpt: 54/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Virginia <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87507	7 Amount of Contribution (\$) \$33.34
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Santa Fe Bound REB
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heredia, Luis A <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Us Senate
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) BCDP
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mngr		Employer (See Instructions) Bcdp
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Irene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mngr		Employer (See Instructions) Bcdp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/125 Rpt: 55/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Irene <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Mngr		9 Employer (See Instructions) BCDP
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Jon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Regional Candidate Fundraising Director		Employer (See Instructions) DCCC
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Pescador Public Strategies
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Laura <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Olivia <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Digital Strategy		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/125 Rpt: 56/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Olivia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Strategist		9 Employer (See Instructions) Self-Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Christian <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mdm Ventures
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Christian <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mdm Ventures
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Gillian Rose <hr/> Contributor address; City; State; Zip Code Clarendon Hills, IL 60514	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Finance Associate		Employer (See Instructions) PAC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/125 Rpt: 57/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hissam, Timothy <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) Tax Examining Tech		9 Employer (See Instructions) Irs
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Eileen <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eric <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Texas State Director		Employer (See Instructions) Employer
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eric <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Texas State Director		Employer (See Instructions) Employer
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eric <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Texas State Director		Employer (See Instructions) Employer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/125 Rpt: 58/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Todd <hr/> 6 Contributor address; City; State; Zip Code Benton, LA 71006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Todd <hr/> Contributor address; City; State; Zip Code Benton, LA 71006	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingshead, Anne <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly, Ellen <hr/> Contributor address; City; State; Zip Code Elkhorn, WI 53121	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Ethan <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/125 Rpt: 59/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Alex <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Communications		9 Employer (See Instructions) Bloomberg Indg
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Ryann <hr/> Contributor address; City; State; Zip Code Patchogue, NY 11762	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions) Department Of State
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Melissa <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Technical Program Manager		Employer (See Instructions) Google
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurtado, Herlinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC Voluntary Fund <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/125 Rpt: 60/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Maria <hr/> 6 Contributor address; City; State; Zip Code Rio Grande City, TX 78582	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Political Coordinator		9 Employer (See Instructions) ACLU Of TX
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idzik, Susie <hr/> Contributor address; City; State; Zip Code Redwood City, CA 94062	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Internicola, Jennifer <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Logix Inc
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacsohn, Dani <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45202	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) Ohio House Of Representatives
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivy, Sylvia <hr/> Contributor address; City; State; Zip Code Streetman, TX 75859-3239	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/125 Rpt: 61/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobo, Hugo <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60656	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Self employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaramillo, Hernan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Category Manager		Employer (See Instructions) Zachry
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasso, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasso, Patricia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Jackson for Congress <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27603	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/125 Rpt: 62/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessen, Susan	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code Painesville, OH 44077		
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jin, Jessica	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Brooklyn, NY 11216		
Principal occupation / Job title (See Instructions) Product Marketing Manager		Employer (See Instructions) Chapter
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Caitlin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagle River, WI 54521		
Principal occupation / Job title (See Instructions) Deputy Exec Dir		Employer (See Instructions) BLC
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Glenda	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Parkin, AR 72373		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jo Anne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Helotes, TX 78023		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/125 Rpt: 63/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Matthew <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Francis Energy		9 Employer (See Instructions) Government Affairs
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Sheppard <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KETNER, DEBORAH <hr/> Contributor address; City; State; Zip Code Houston, TX 77017	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karasek, Dennis <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karle-Zenith, Lenny <hr/> Contributor address; City; State; Zip Code Ridgewood, NY 11385	Amount of Contribution (\$) \$3.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/125 Rpt: 64/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Kristina N. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kastl Law P.C.
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Angelica Luna <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Alk
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kawasaki, Guy <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062	Amount of Contribution (\$) \$166.67
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Susan <hr/> Contributor address; City; State; Zip Code Lakewood, OH 44107	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Larsen, Bridget <hr/> Contributor address; City; State; Zip Code Des Moines, IA 50314-1612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Grocery		Employer (See Instructions) Trader Joes

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/125 Rpt: 65/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Mark <hr/> 6 Contributor address; City; State; Zip Code Rancho Cucamonga, CA 91730	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) None
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilduff, Britten <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilpatrick, Darlene <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Philip <hr/> Contributor address; City; State; Zip Code Mount Rainier, MD 20712	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Staffer		Employer (See Instructions) Wh
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph <hr/> Contributor address; City; State; Zip Code Glen Flora, TX 77443	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/125 Rpt: 66/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchen, Sebastian <hr/> 6 Contributor address; City; State; Zip Code Louisville, KY 40207	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Kentucky Democratic Party
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitchens, Margaret <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Contract Locksmith		Employer (See Instructions) Fast Trac Locksmith
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kizziar, Katie <hr/> Contributor address; City; State; Zip Code fort davis, TX 79734	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Assistant Director		Employer (See Instructions) University Of Texas At Austin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kness, Julie <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) NTT Data
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knott, Donna <hr/> Contributor address; City; State; Zip Code Richmond, VA 23229	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Chesterfield public schools

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/125 Rpt: 67/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knue, David <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45238	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koos, Matthew <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Of Staff		Employer (See Instructions) Rep Chris Deluzio
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowalski, Nicholas <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraljev, Lee <hr/> Contributor address; City; State; Zip Code Lodi, CA 95240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Program Manager & Professor		Employer (See Instructions) Planned Parenthood Mar Monte & Cosumnes River College
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Adam <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Strategy Associate		Employer (See Instructions) Css

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/125 Rpt: 68/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Amy <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22314	7 Amount of Contribution (\$) \$118.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) University Of Texas At Austin
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Irma <hr/> Contributor address; City; State; Zip Code Newcastle, WA 98059	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Reg Director Contracts		Employer (See Instructions) The Boeing Company
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutner, Jeanney <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30342	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Mangan, Laura L <hr/> Contributor address; City; State; Zip Code Gilbert, AZ 85299	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) SV Probe
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lajaunie, Sophia <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) NY Senate

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/125 Rpt: 69/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lajaunie, Sophia <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20002	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Staff		9 Employer (See Instructions) Ny Senate
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Luis <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) Sodexo
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lau, Roger <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) Democratic National Committee
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMon, Lynne <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78734	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemieux, Doris <hr/> Contributor address; City; State; Zip Code Woodland Hills, CA 91367	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) County of Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/125 Rpt: 70/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Jane <hr/> 6 Contributor address; City; State; Zip Code SAINT PAUL, MN 55108	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Jane <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55108	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leung, Vincent <hr/> Contributor address; City; State; Zip Code Quincy, MA 02171	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Cognism
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levenson, Eve <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) DNC		Employer (See Instructions) Youth Coalitions Director
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Ellen <hr/> Contributor address; City; State; Zip Code Aurora, CO 80014	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ellen Lewis MD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/125 Rpt: 71/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jamie	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78255	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindburg, Eileen	Amount of Contribution (\$) \$33.34
	Contributor address; City; State; Zip Code South Bend, IN 46617	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linden, Gregory	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Oakland, CA 94602	
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) UC Berkeley
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liscano, Miguel	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78744	
Principal occupation / Job title (See Instructions) Dell Technologies		Employer (See Instructions) Consultant
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liuzzi, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Score Real Solutions

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/125 Rpt: 72/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Cathleen <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Everybody Votes Campaign
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Everybody Votes Campaign
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Everybody Votes Campaign
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) State Director		Employer (See Instructions) Everybody Votes Campaign

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/125 Rpt: 73/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Everybody Votes Campaign
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Archives Assistant		Employer (See Instructions) Utsa
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovell, Anthony <hr/> Contributor address; City; State; Zip Code West Barnstable, MA 02668	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubalin, Kendra <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-2046	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) BUSD
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucio, Daniel <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Senior Manager		Employer (See Instructions) Indeed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/125 Rpt: 74/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn, Marcy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Medical group
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCULLUM, Kimberly <hr/> Contributor address; City; State; Zip Code Calumet City, IL 60409	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDougal, Vanessa <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Rapid7
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macias, Karen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Chris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Attorney

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/125 Rpt: 75/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makarechi, Carlo <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19801	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Averie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brylak Law
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Rose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) East Central ISD		Employer (See Instructions) Education
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Rose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) East Central ISD
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Rose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) East Central ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/125 Rpt: 76/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Rose <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78222	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions) East Central Isd
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcum, Kyle <hr/> Contributor address; City; State; Zip Code Columbus, OH 43220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions) Ohio Citizen Action
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marek, Moira <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27609	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Outreach Coordinator		Employer (See Instructions) US House Of Representatives
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mares, John <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Henry Jackson Foundation
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maron, Elizabeth <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19807	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/125 Rpt: 77/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Deborah <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Alamo Community Colleges District
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Elizabeth <hr/> Contributor address; City; State; Zip Code Newburgh, NY 12550	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Denton's US LLP
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Priscila <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Chan Zuckerberg Initiative
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Priscila <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Chan Zuckerberg Initiative

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/125 Rpt: 78/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez Chamorro, Ana <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20090	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Ana Isabel Martinez Chamorro
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary, Thayer <hr/> Contributor address; City; State; Zip Code Schulenberg, TX 78956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Alfreida R <hr/> Contributor address; City; State; Zip Code Fox Island, WA 98333-9664	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Bullivant Houser Bailey
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Taddy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5915	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Taddy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5915	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/125 Rpt: 79/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlpine, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Edmond, OK 73025	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Sec/Treas		9 Employer (See Instructions) Cheryl McAlpine
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClellan, Andria <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23507	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Councilmember		Employer (See Instructions) City of Norfolk
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClellan, Kate <hr/> Contributor address; City; State; Zip Code Portland, ME 04103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Maine Votes/Maine Voices Network
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Michael <hr/> Contributor address; City; State; Zip Code Lakemont, GA 30552	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Moxie Media		Employer (See Instructions) Senior Principal
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollum, Mike <hr/> Contributor address; City; State; Zip Code Lakemont, GA 30552	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Principal		Employer (See Instructions) Moxie Media

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/125 Rpt: 80/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEntire, Michelle <hr/> 6 Contributor address; City; State; Zip Code Elgin, OR 97827	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Software		9 Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, Nancy <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27609	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) City Of Raleigh
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrath, Beverly <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15229	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Vice President Human Resources		Employer (See Instructions) SCIO Health Analytics
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, Deborah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/125 Rpt: 81/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McSweeney, Maureen <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23219	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcvay, Jason <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meacher, Linda <hr/> Contributor address; City; State; Zip Code Placitas, NM 87043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) none
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meehan, Katherine <hr/> Contributor address; City; State; Zip Code Golden Valley, MN 55422	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin, Mamie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/125 Rpt: 82/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meritz, Neal	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Boerne, TX 78015		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merlino, Nicholas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Miami, FL 33181		
Principal occupation / Job title (See Instructions) Campaign manager		Employer (See Instructions) Franz for Governor
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merlino, Nicholas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Miami, FL 33181		
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Franz for Governor
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merlino, Nicholas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Miami, FL 33181		
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Franz For Governor
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merlino, Nicholas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Miami, FL 33181		
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Franz For Governor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/125 Rpt: 83/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Monty <hr/> 6 Contributor address; City; State; Zip Code Huntington Beach, CA 92646	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Renata <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Press Staffer		Employer (See Instructions) US Senate
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Zack <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Flight Attendant		Employer (See Instructions) American Airlines
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minck, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, SC 29440	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minniefeld, Shaon <hr/> Contributor address; City; State; Zip Code Louisville, KY 40211	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/125 Rpt: 84/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moen, Nicole <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55405	7 Amount of Contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Fredrikson & Byron
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monsivais, Jose <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) EEI
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montelongo, Natalie <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-6090	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) WH		Employer (See Instructions) WH
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Celina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) AXR Strategies
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Jane <hr/> Contributor address; City; State; Zip Code Tiverton, RI 02878	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/125 Rpt: 85/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kassie <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Paris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Digital Director		Employer (See Instructions) Sunrise Movement Education Fund
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Jesus <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Legislative Staff		Employer (See Instructions) House Of Representatives
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mori, Yash <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Department Of Defense
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Lacey <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Katie Porter For Senate

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/125 Rpt: 86/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrissey, Maureen <hr/> 6 Contributor address; City; State; Zip Code Mt Kisco, NY 10549	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moyer DeFelice, Rebecca <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Emerge TX
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Lorena <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lab Scientist		Employer (See Instructions) City Of San Antonio
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Donna <hr/> Contributor address; City; State; Zip Code Boxborough, MA 01719	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Michael <hr/> Contributor address; City; State; Zip Code Kensington, MD 20895	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Lake Research Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/125 Rpt: 87/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrieta-Serna, Leonel <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89011	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nonprofit Management		9 Employer (See Instructions) Make The Road States
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neas, Gerald <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74159	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neri, Jorge <hr/> Contributor address; City; State; Zip Code Oak Park, IL 60302	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Neri Group
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsome, Cole <hr/> Contributor address; City; State; Zip Code Goldsboro, NC 27534	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Cause Campaign Partners
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, PhuongMai <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92802	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Director of Special Events		Employer (See Instructions) Planned Parenthood Los Angeles

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/125 Rpt: 88/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholson, Arthur <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Emily <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/125 Rpt: 89/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutwell, Kevin S <hr/> 6 Contributor address; City; State; Zip Code Vail, AZ 85641	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Liddy, Patrick <hr/> Contributor address; City; State; Zip Code Thornton, CO 80260	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Logistics Service Representative		Employer (See Instructions) MedSpeed
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, Lyssa <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglethorpe, Janet <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Fitness Instructor		Employer (See Instructions) Gold'S Gym
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Ground Game Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/125 Rpt: 90/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opp, Kevin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Map
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ost, Lisl <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Chelsie <hr/> Contributor address; City; State; Zip Code Amesbury, MA 01913	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Blayne <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) HCA
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Yolanda <hr/> Contributor address; City; State; Zip Code Manassas, VA 20110	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/125 Rpt: 91/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kajal <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22901	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) DNC
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Rhonda <hr/> Contributor address; City; State; Zip Code Henderson, NV 89012	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Claims Adjuster		Employer (See Instructions) State Farm
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Sarah <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Contest Every Race		Employer (See Instructions) Training Consultant
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Sarah <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Training Consultant		Employer (See Instructions) Contest Every Race
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Sarah <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Training Consultant		Employer (See Instructions) Contest Every Race

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/125 Rpt: 92/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Sarah <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Training Consultant		9 Employer (See Instructions) Contest Every Race
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelayo, Yvonne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) CPS Energy
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pengelly, Kevin <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Clinician		Employer (See Instructions) Arlington County
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pengra, Francey <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Janneth <hr/> Contributor address; City; State; Zip Code Lester Prairie, MN 55354	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Analyst		Employer (See Instructions) USDA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/125 Rpt: 93/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Jose <hr/> 6 Contributor address; City; State; Zip Code Crandall, TX 75114	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Staff		9 Employer (See Instructions) TSTA
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Crystal <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Doe
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrenod, William <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70117	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettis, Tylerree <hr/> Contributor address; City; State; Zip Code Littleton, CO 80127	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipczyk, Brandon <hr/> Contributor address; City; State; Zip Code Palm City, FL 34990	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Bison Strategies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/125 Rpt: 94/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philips and Meachum LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78711	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pixton, Carol <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plassmann, Charles <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poenisch, Gary <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Policky, Cathy <hr/> Contributor address; City; State; Zip Code Westchester, IL 60154	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/125 Rpt: 95/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig <hr/> 6 Contributor address; City; State; Zip Code San Leon, TX 77539	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Greig <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sam <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11222	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) North Shore Strategies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/125 Rpt: 96/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sheryl <hr/> 6 Contributor address; City; State; Zip Code New Waverly, TX 77358	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) SAIC		9 Employer (See Instructions) En Route Instructor
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poyer, David <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Impact Research
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Annette <hr/> Contributor address; City; State; Zip Code Del Mar, CA 92014	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puleo, Kevin <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Cause Campaign Partners
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pushkin, Mike <hr/> Contributor address; City; State; Zip Code Charleston, WV 25302-1907	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Taxi Driver/Musician		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/125 Rpt: 97/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qadri, Zohaib <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Council Member		9 Employer (See Instructions) City Of Austin
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Holly <hr/> Contributor address; City; State; Zip Code Nashville, TN 37204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahn, Bailey <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Andres <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22042	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Forbes Tate
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Lorneza <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Polling And Research		Employer (See Instructions) Equis Research

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/125 Rpt: 98/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Tomas <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78251	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Email		9 Employer (See Instructions) Joe Biden
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rangel, Tomás <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Email & Sms Strategist		Employer (See Instructions) Biden For President
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranjeet, Segeda <hr/> Contributor address; City; State; Zip Code Grayson, GA 30017-2997	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Warner Bros. Discovery
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ravishankar, Sid <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) US Federal Government
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Realini, Janet <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Founder and PI Big Decisions Study		Employer (See Instructions) Healthy Futures of Texas

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/125 Rpt: 99/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Bonnie <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Ramsey <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) DNC
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhart, Gail <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rentschler, Kelsey <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Product Marketer		Employer (See Instructions) Stack Overflow
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Robert <hr/> Contributor address; City; State; Zip Code Covina, CA 91722	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/125 Rpt: 100/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Adelfa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78213	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Habitat for Humanity
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigling, Paula <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Meeting Planner		Employer (See Instructions) Meeting Planning Professionals
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Robert <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, Samantha <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/125 Rpt: 101/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Charles <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Solidarity
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha III, Matt <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78242	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Luis <hr/> Contributor address; City; State; Zip Code Lemon Grove, CA 91945	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Withheld
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Luis <hr/> Contributor address; City; State; Zip Code Lemon Grove, CA 91945	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Withheld
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, James <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/125 Rpt: 102/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogat, Edie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Carol L. <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Professor Emerita		Employer (See Instructions) University of Maryland
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolke, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Janet Bente <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32608	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Performance Improvement Analyst		Employer (See Instructions) FL Dept of Children & Families
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Lawrence <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/125 Rpt: 103/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runk, Karen <hr/> 6 Contributor address; City; State; Zip Code Bay City, TX 77414	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Stpnoc
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Robert <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Blue Pearl Veterinary Specialists
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabo, Helen <hr/> Contributor address; City; State; Zip Code Poway, CA 92064	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Phenix Saenz Llc
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Mathieu <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Lansweeper

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/125 Rpt: 104/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Matilda <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Toni <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Librarian		Employer (See Instructions) Mcallen Isd
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Andrea <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Chase
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Andrea <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Underwriter		Employer (See Instructions) Chase
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Gina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT systems Analyst		Employer (See Instructions) Fin Svc Co.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/125 Rpt: 105/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapira, Susan <hr/> 6 Contributor address; City; State; Zip Code Monroe, OR 97456	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Dana <hr/> Contributor address; City; State; Zip Code Berkeley Heights, NJ 07922	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Senior Consultant		Employer (See Instructions) Taproot Foundation
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoenbaum, Alan <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Alan Schoenbaum Pc
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuette, Anne <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) City Of San Antonio Texas
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwarz, Roxanne <hr/> Contributor address; City; State; Zip Code Lockport, IL 60441	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Library Shelver		Employer (See Instructions) White Oak Library Dist.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/125 Rpt: 106/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Sue <hr/> 6 Contributor address; City; State; Zip Code St. Louis Park, MN 55416	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Actor/Podcast Producer		9 Employer (See Instructions) Sue Scott
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebian lander, Cynthia <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) National education association		Employer (See Instructions) Senior campaign and election specialist
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebian lander, Cynthia <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Campaign and Election Specialist		Employer (See Instructions) National education association
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebian lander, Cynthia <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Campaign And Election Specialist		Employer (See Instructions) National Education Association
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebian lander, Cynthia <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Campaign And Election Specialist		Employer (See Instructions) National Education Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/125 Rpt: 107/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sells, Michelle <hr/> 6 Contributor address; City; State; Zip Code Bothell, WA 98021	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Hospital
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepeda, Martha <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepeda-Garcia, Sarah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Ccrs		Employer (See Instructions) City Of San Antonio
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severinson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-2923	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Leander ISD
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaikh, Sakib <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/125 Rpt: 108/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shellhorn, Barbara <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21212	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Jenny <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217-3400	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Amanda <hr/> Contributor address; City; State; Zip Code Washington, DC 20019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Dnc
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisneros, Alicia <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22302	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skemp, Andrew <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Janicek Law Firm

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/125 Rpt: 109/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Patsy <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97206	7 Amount of Contribution (\$) \$1.05
8 Principal occupation / Job title (See Instructions) Operations and Scheduling Coordinator		9 Employer (See Instructions) DUS
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dorothy <hr/> Contributor address; City; State; Zip Code Mount Sinai, NY 11766	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Nycdoe
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Tx Oncology
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Megan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Ey-Parthenon
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonneman, Karin <hr/> Contributor address; City; State; Zip Code Winona, MN 55987	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winona County

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/125 Rpt: 110/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Amy <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98118	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Hospital
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola, Anissa H <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExxonMobil
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spooner, Kendall <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010-2617	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AP
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staton, Ben <hr/> Contributor address; City; State; Zip Code Colchester, VT 05446	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Courier Newsroom
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steeg, Pamela <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70118	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/125 Rpt: 111/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Collin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Political Director		9 Employer (See Instructions) Lizzie Fletcher For Congress
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steih, Gail <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Lonnie <hr/> Contributor address; City; State; Zip Code Cape Coral, FL 33993	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steves, Myron <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Myron Steves
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stock, Nancy <hr/> Contributor address; City; State; Zip Code Woodridge, IL 60517	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Asset Mgmt		Employer (See Instructions) IBM

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/125 Rpt: 112/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Hilton, Lee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stotz, Beverly <hr/> Contributor address; City; State; Zip Code Las Cruces, NM 88005	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Jerome <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-1323	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Data Science And Web Business		Employer (See Instructions) Self
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strandberg, Katherine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director Of Policy		Employer (See Instructions) Every Body Texas
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Caitlin <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/125 Rpt: 113/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumner, Dylan	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Tallahassee, FL 32303		
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Deliver Strategies
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Sandra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78247-3169		
Principal occupation / Job title (See Instructions) Part-time		Employer (See Instructions) San Antonio ISD
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syrinek, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clifton	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Clinical Therapist		Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Clifton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Clinical Therapist		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/125 Rpt: 114/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrall, Wilson <hr/> 6 Contributor address; City; State; Zip Code Cornwall Bridge, CT 06754	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Risk Consultant		9 Employer (See Instructions) Map
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Mackenzie <hr/> Contributor address; City; State; Zip Code Hopkins, MN 55305	Amount of Contribution (\$) \$1.05
Principal occupation / Job title (See Instructions) Disability		Employer (See Instructions) State
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jared <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self-Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Johnathan <hr/> Contributor address; City; State; Zip Code Kearney, NE 68847	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Event Setup		Employer (See Instructions) Younes Conference Center
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Johnathan <hr/> Contributor address; City; State; Zip Code Kearney, NE 68847	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Conference Setup		Employer (See Instructions) Younes Conference Center

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/125 Rpt: 115/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ryan <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20002	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Ryan Thompson
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shirley <hr/> Contributor address; City; State; Zip Code Ontonagon, MI 49953	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thongsavat, Adam <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Legislative Aide		Employer (See Instructions) City And County Of San Francisco
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thowfeek, Tariq <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Seeker Strategies
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tierney, Jan <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) USEPA

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/125 Rpt: 116/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tornato, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Abington, MA 02351	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Partnership Manager		9 Employer (See Instructions) Murmuration
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Christine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IP		Employer (See Instructions) USAA
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, David <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Santa Clara public schools
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Joyce <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treat, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self

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2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tredici, Michele <hr/> 6 Contributor address; City; State; Zip Code Colonia, NJ 07067	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) ALL-STATE International
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trentham, Michael <hr/> Contributor address; City; State; Zip Code New York, NY 10010	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mars and Co
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ricardo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Elizabeth <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78222	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) East Central ISD
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tully, Christine <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22306	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Program Analyst		Employer (See Instructions) US NAVY/NAVSEA

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2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumonis, Toni <hr/> 6 Contributor address; City; State; Zip Code Laurel, MD 20723	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Nurse Practitioner		9 Employer (See Instructions) Vesta Inc.
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turlish, Cora <hr/> Contributor address; City; State; Zip Code Metuchen, NJ 08840	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Rutgers Prep School
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turney, Andrew <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Contacts Manager		Employer (See Instructions) Mla Geotechnical
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tutt, Joshua <hr/> Contributor address; City; State; Zip Code Somerville, TX 77879	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) End User Support Specialist		Employer (See Instructions) Texas A&M Forest Service
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrrell, Pamela <hr/> Contributor address; City; State; Zip Code Denver, CO 80207-3023	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/125 Rpt: 119/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ucles-Banegas, Christian <hr/> 6 Contributor address; City; State; Zip Code Windsor Heights, IA 50324	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Assistant		9 Employer (See Instructions) City Of Chicago
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez Sr, Carlos H <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Horn, Karen <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Winkle, Laura <hr/> Contributor address; City; State; Zip Code Davis, CA 95616	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UC Davis
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderpoel, Debra E <hr/> Contributor address; City; State; Zip Code Chicopee, MA 01020	Amount of Contribution (\$) \$11.67
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/125 Rpt: 120/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa, Ilaeka	7 Amount of Contribution (\$) \$1.67
6 Contributor address; City; State; Zip Code Dunsmuir, CA 96025		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20002		
Principal occupation / Job title (See Instructions) Political		Employer (See Instructions) DNC
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Michelle	Amount of Contribution (\$) \$23.00
Contributor address; City; State; Zip Code Washington, DC 20009		
Principal occupation / Job title (See Instructions) Latino Director		Employer (See Instructions) Dnc
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Stephanie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dover, NH 03820		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waites, Jessica	Amount of Contribution (\$) \$3.34
Contributor address; City; State; Zip Code Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/125 Rpt: 121/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldman, Rebecca <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Cliff <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Seeker Strategies
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace Bronstein, Dale <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Wine Merchant		Employer (See Instructions) First National Wine & Spirits
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wally, Liz <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Clean Elections Texas
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walther, Linda <hr/> Contributor address; City; State; Zip Code St Paul, MN 55104	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Regions hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/125 Rpt: 122/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Shenghao	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Shenghao Wang
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Taylor	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Kamin Associates
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watt, Timothy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherbee, Noel	Amount of Contribution (\$) \$1.67
	Contributor address; City; State; Zip Code Acton, MA 01720	
Principal occupation / Job title (See Instructions) Billing		Employer (See Instructions) Economised Time Services
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegener, Kyleigh	Amount of Contribution (\$) \$3.34
	Contributor address; City; State; Zip Code Kalamazoo, MI 49001	
Principal occupation / Job title (See Instructions) Communications Analyst		Employer (See Instructions) Stryker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/125 Rpt: 123/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Marta	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkins, Shelly	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Richmond, VA 23235	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Mary	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code Brazoria, TX 77422	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Naomi	Amount of Contribution (\$) \$1.67
	Contributor address; City; State; Zip Code Santa Cruz, CA 95062-4110	
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) San Jose State University
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Anthony	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Washington, DC 20008	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Lpac

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/125 Rpt: 124/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Ann <hr/> 6 Contributor address; City; State; Zip Code White River Junction, VT 05001	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Dartmouth Health
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolhart, Dayna <hr/> Contributor address; City; State; Zip Code St Paul, MN 55116	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) McAfee
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Karen <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46250	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) First Financial Bank
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woog, Amanda <hr/> Contributor address; City; State; Zip Code Blue Hill, ME 04614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Alex <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27609	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Leith Automotive		Employer (See Instructions) Internet Sales

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/125 Rpt: 125/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne, Diana <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94110	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Freshworks
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaciuk, Nicholas <hr/> Contributor address; City; State; Zip Code McKenzie, TN 38201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Fafa
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaciuk, Nicholas <hr/> Contributor address; City; State; Zip Code Lake Worth, FL 33467	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Russell L. Forkey P.A.
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaciuk, Nick <hr/> Contributor address; City; State; Zip Code Mckenzie, TN 38201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yacyshyn, Ferguson <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) University of South Florida

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/125 Rpt: 126/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanez, Lisa <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Freeway insurance		9 Employer (See Instructions) Insurance agent
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, DJ <hr/> Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Outreach		Employer (See Instructions) Harris County
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yovan, Margaret <hr/> Contributor address; City; State; Zip Code Portland, OR 97214	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Procurement Agent		Employer (See Instructions) Clario
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zacarias, Mariafernanda <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) National Engagement Director		Employer (See Instructions) Dccc
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaid, Shereen <hr/> Contributor address; City; State; Zip Code New York, NY 10018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) NYC HHC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/125 Rpt: 127/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zainie, Carla <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zevallos, David <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) DNC
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zevallos, David <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Dnc
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zolno, Peter <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions) Ben Zolno
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyp, Victoria <hr/> Contributor address; City; State; Zip Code Washington, DC 20020	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Academic Specialist		Employer (See Instructions) NDU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/125 Rpt: 128/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Vincent, Lisa <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90049	7 Amount of Contribution (\$) \$1.67
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 129/171	
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/12/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jenn	8 Amount of contribution (\$) \$632.19	9 In-kind contribution description Reception food for Austin fundraiser.
	7 Contributor address; City; State; Zip Code Austin, TX 78746	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Phenix Saenz LLC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/06/2023	5 Payee name 3D Signs	
6 Amount (\$) \$1,516.58	7 Payee address; City; State; Zip Code 8015 W 2nd St Somerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name 7-ELEVEN	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2726 Lockhill-Selma San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name ActBlue	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/10/2023	5 Payee name ActBlue	
6 Amount (\$) \$65.19	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02161	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2023	Payee name ActBlue	
Amount (\$) \$349.76	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02160	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2023	Payee name ActBlue	
Amount (\$) \$160.01	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02159	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/30/2023	5 Payee name ActBlue	
6 Amount (\$) \$43.48	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name ActBlue	
Amount (\$) \$9.88	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02157	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2023	Payee name ActBlue	
Amount (\$) \$197.54	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02156	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/15/2023	5 Payee name ActBlue	
6 Amount (\$) \$23.13	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2023	Payee name ActBlue	
Amount (\$) \$82.00	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2023	Payee name ActBlue	
Amount (\$) \$74.69	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/05/2023	5 Payee name ActBlue	
6 Amount (\$) \$114.96	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02152	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2023	Payee name ActBlue	
Amount (\$) \$184.36	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02151	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2023	Payee name ActBlue	
Amount (\$) \$124.55	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02150	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/41 Rpt:	2	FILER NAME Carranza, Kristian	3	Filer ID (Ethics Commission Filers) 00087920
4	Date 11/26/2023	5	Payee name ActBlue		
6	Amount (\$) \$25.07	7	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02149		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/03/2023		Payee name ActBlue		
	Amount (\$) \$92.20		Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02148		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/10/2023		Payee name ActBlue		
	Amount (\$) \$141.47		Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02147		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/17/2023	5 Payee name ActBlue	
6 Amount (\$) \$232.83	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02146	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2023	Payee name ActBlue	
Amount (\$) \$44.44	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02145	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name ActBlue	
Amount (\$) \$498.73	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/08/2023	5 Payee name Adobe Inc.	
6 Amount (\$) \$22.72	7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Adobe Inc.	
Amount (\$) \$22.72	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name Aloft	
Amount (\$) \$69.94	Payee address; City; State; Zip Code 4108 S Ih35 Austin Tx, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/16/2023	5 Payee name Amazon	
6 Amount (\$) \$182.30	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Ana Isabel Photography	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 900 Brentwood Rd Ne Washington, DC 20018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Ana Isabel Photography	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 900 Brentwood Rd Ne Washington, DC 20018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 11/15/2023	5 Payee name BCDP Primary
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2023	Payee name Best Buy
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Amount (\$) \$34.63	Payee address; City; State; Zip Code 3142 SE Military Dr Suite 110 San Antonio, TX 78223
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2023	Payee name Black Rifle Coffee Company
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Amount (\$) \$5.46	Payee address; City; State; Zip Code 303 W Loop 1604 S San Antonio, TX 78245
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/06/2023	5 Payee name Cake-N-Que Food Truck	
6 Amount (\$) \$28.01	7 Payee address; City; State; Zip Code 12275 Potranco San Antonio, TX 78253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Campaign Verify	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 8605 Westwood Center Vienna, VA 22182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2023	Payee name Chevron	
Amount (\$) \$38.12	Payee address; City; State; Zip Code 567 Enrique M Barrera San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/07/2023	5 Payee name Chevron	
6 Amount (\$) \$39.19	7 Payee address; City; State; Zip Code 2726 Lockhill Selma San An, TX 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Chevron	
Amount (\$) \$31.04	Payee address; City; State; Zip Code 400 S Congress Ave Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2023	Payee name Circle K	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 606 W Theo San Antonio, TX 78225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 09/21/2023	5 Payee name Coastal Bend Tejano Democrats
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 909 Theresa Ave Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2023	Payee name CreditHuman
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Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 1356 San Antonio, TX 78295
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2023	Payee name CreditHuman
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Amount (\$) \$25.00	Payee address; City; State; Zip Code PO Box 1356 San Antonio, TX 78295
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/01/2023	5 Payee name Custom Tees	
6 Amount (\$) \$97.43	7 Payee address; City; State; Zip Code 303 Memorial City W Houston, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2023	Payee name El Chango Loco Fruteria	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1909 Pleasanton Rd San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Fedex Office	
Amount (\$) \$13.53	Payee address; City; State; Zip Code 7900 Legacy Drive Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/08/2023	5 Payee name Google Domains	
6 Amount (\$) \$23.01	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name + Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2023	Payee name Google Domains	
Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name + Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Google Domains	
Amount (\$) \$23.03	Payee address; City; State; Zip Code 1601 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name + Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/30/2023	5 Payee name Halcyon	
6 Amount (\$) \$8.54	7 Payee address; City; State; Zip Code 1414 S Alamo St San Antonio, TX 78210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Halcyon	
Amount (\$) \$4.27	Payee address; City; State; Zip Code 1415 S Alamo St San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2023	Payee name Hunter.io	
Amount (\$) \$49.00	Payee address; City; State; Zip Code 2810 N Church St #5 Wilmington, DE 19802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/26/2023	5 Payee name Hunter.io	
6 Amount (\$) \$49.00	7 Payee address; City; State; Zip Code 2810 N Church St #5 Wilmington, DE 19802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor Research
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Hyatt Regency	
Amount (\$) \$57.79	Payee address; City; State; Zip Code 208 Barton Springs Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Hotel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name Kelly, Jesse	
Amount (\$) \$470.00	Payee address; City; State; Zip Code 918 W Hutchins Pl San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research Assistant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/05/2023	5 Payee name Kelly, Jesse	
6 Amount (\$) \$540.00	7 Payee address; City; State; Zip Code 918 W Hutchins Pl San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research Assistant
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2023	Payee name Lyft Ride	
Amount (\$) \$19.96	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2023	Payee name Lyft Ride	
Amount (\$) \$10.21	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/17/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$16.67	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2023	Payee name Lyft Ride	
Amount (\$) \$16.72	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Lyft Ride	
Amount (\$) \$13.88	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 09/24/2023	5 Payee name Lyft Ride
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6 Amount (\$) \$19.76	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2023	Payee name Lyft Ride
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Amount (\$) \$19.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2023	Payee name Lyft Ride
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Amount (\$) \$9.88	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 09/30/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$14.99	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2023	Payee name Lyft Ride	
Amount (\$) \$22.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Lyft Ride	
Amount (\$) \$10.75	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/10/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$12.78	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Lyft Ride	
Amount (\$) \$16.89	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Lyft Ride	
Amount (\$) \$10.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/11/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$11.94	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Lyft Ride	
Amount (\$) \$12.72	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name Lyft Ride	
Amount (\$) \$20.81	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/13/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$20.97	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name Lyft Ride	
Amount (\$) \$8.38	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name Lyft Ride	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/24/2023	5 Payee name Lyft Ride	
6 Amount (\$) \$18.68	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2023	Payee name Lyft Ride	
Amount (\$) \$40.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Lyft Ride	
Amount (\$) \$21.80	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 11/22/2023	5 Payee name Lyft Ride
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6 Amount (\$) \$25.80	7 Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/23/2023	Payee name Lyft Ride
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Amount (\$) \$12.99	Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2023	Payee name Mailchimp
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Amount (\$) \$73.55	Payee address; City; State; Zip Code 675 Ponce De Leon Ave Ne Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 11/13/2023	5 Payee name Mailchimp
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6 Amount (\$) \$73.55	7 Payee address; City; State; Zip Code 676 Ponce De Leon Ave Ne Suite 5000 Atlanta, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2023	Payee name Mailchimp
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Amount (\$) \$79.95	Payee address; City; State; Zip Code 677 Ponce De Leon Ave Ne Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2023	Payee name Meritz, Darren
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 11406 Whisper Valley San Antonio, TX 78230
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance + Comms Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/13/2023	5 Payee name Meritz, Darren	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 11407 Whisper Valley San Antonio, TX 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance + Comms Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Meritz, Darren	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11408 Whisper Valley San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance + Comms Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Meritz, Darren	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11405 Whisper Valley San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance + Comms Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 09/22/2023	5 Payee name NEBCDP Labor Day Picnic
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6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 7122 San Pedro #114 San Antonio, TX 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Entrance Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/21/2023	Payee name Name Badges
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Amount (\$) \$24.38	Payee address; City; State; Zip Code 12240 Sw 53Rd St Suite 511 Cooper City, FL 33330
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2023	Payee name Numero
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Amount (\$) \$720.00	Payee address; City; State; Zip Code 695 Town Center Dr Costa Mesa, CA 92626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Research Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 11/01/2023	5 Payee name Numero
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6 Amount (\$) \$456.00	7 Payee address; City; State; Zip Code 696 Town Center Dr Costa Mesa, CA 92626
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Research Software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2023	Payee name Numero
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Amount (\$) \$720.00	Payee address; City; State; Zip Code 697 Town Center Dr Costa Mesa, CA 92626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Research Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2023	Payee name Oasis
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Amount (\$) \$33.76	Payee address; City; State; Zip Code 11230 Nacogdoches R San Antonio, TX 78217
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 12/13/2023	5 Payee name Office Depot #30
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6 Amount (\$) \$37.71	7 Payee address; City; State; Zip Code 2101 S Lamar Blvd Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2023	Payee name Prestige Printing
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Amount (\$) \$336.66	Payee address; City; State; Zip Code 9 Burwood Lane San Antonio, TX 78216
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/22/2023	Payee name Prestige Printing
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Amount (\$) \$664.66	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/15/2023	5 Payee name Prestige Printing	
6 Amount (\$) \$267.38	7 Payee address; City; State; Zip Code 9 Burwood Lane San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Rerooted	
Amount (\$) \$1,262.50	Payee address; City; State; Zip Code 623 Hemisfair Blvd San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Food and Drink
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Revival Coffee	
Amount (\$) \$8.04	Payee address; City; State; Zip Code 1405 East 7th St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/30/2023	5 Payee name Revival Coffee	
6 Amount (\$) \$8.04	7 Payee address; City; State; Zip Code 1406 East 7th St Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2023	Payee name San Antonio 107-111 Crofton Ave San An	
Amount (\$) \$6.14	Payee address; City; State; Zip Code 107-111 Crofton Ave San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coffee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Shell Service	
Amount (\$) \$28.75	Payee address; City; State; Zip Code 2215 State Hwy 71 Columbus, TX 78934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/14/2023	5 Payee name Squarespace Inc.	
6 Amount (\$) \$24.52	7 Payee address; City; State; Zip Code 225 Varick St New York Ny, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2023	Payee name Stripes	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 5301 S Staples Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Swedish Hill Bakery	
Amount (\$) \$16.88	Payee address; City; State; Zip Code 1120 W 6th St Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 10/10/2023	5 Payee name Sweetwaters	
6 Amount (\$) \$7.77	7 Payee address; City; State; Zip Code 303 West 15th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2023	Payee name Tandem	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 2707 Roosevelt Ave San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Coffee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2023	Payee name Target	
Amount (\$) \$10.32	Payee address; City; State; Zip Code 2810 SW Military Dr San Antonio, TX 78224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/01/2023	5 Payee name Texas Democratic Party	
6 Amount (\$) \$650.00	7 Payee address; City; State; Zip Code 314 E Highland Blvd Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name Texas Democratic Party	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 314 E Highland Blvd Austin, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Threading Plus	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 2310 SW Military Dr San Antonio, TX 78224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hair and Make Up
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/20/2023	5 Payee name Threading Plus	
6 Amount (\$) \$71.50	7 Payee address; City; State; Zip Code 2310 SW Military Dr San Antonio, TX 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hair and Make Up
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2023	Payee name Ticket Spicket LLC	
Amount (\$) \$8.90	Payee address; City; State; Zip Code 7447 Grape Holly Ln Roanoke, VA 24018	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Ticket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2023	Payee name Tito's Restaurant	
Amount (\$) \$30.55	Payee address; City; State; Zip Code 955 S Alamo St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/04/2023	5 Payee name Tito's Restaurant	
6 Amount (\$) \$44.62	7 Payee address; City; State; Zip Code 955 S Alamo St San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2023	Payee name Tito's Restaurant	
Amount (\$) \$16.73	Payee address; City; State; Zip Code 955 S Alamo St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Tito's Restaurant	
Amount (\$) \$18.12	Payee address; City; State; Zip Code 955 S Alamo St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/22/2023	5 Payee name Tito's Restaurant	
6 Amount (\$) \$22.38	7 Payee address; City; State; Zip Code 955 S Alamo St San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2023	Payee name Towneplace Suites	
Amount (\$) \$58.61	Payee address; City; State; Zip Code 6701 S Padre Island Dr Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Corpus Christi Hotel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Trianon Coffee	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 3652 Bee Caves Road Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920
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4 Date 11/30/2023	5 Payee name Trianon Coffee
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6 Amount (\$) \$17.36	7 Payee address; City; State; Zip Code 3652 Bee Caves Road Austin, TX 78746
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meeting Meal
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2023	Payee name United States Postal Service
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Amount (\$) \$113.00	Payee address; City; State; Zip Code 1140 S Laredo St San Antonio, TX 78204
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/24/2023	Payee name Unites States Post Office
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Amount (\$) \$102.00	Payee address; City; State; Zip Code 12951 Huebner Rd San Antonio, TX 78230
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps for Thank You Postcards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/41 Rpt:	2 FILER NAME Carranza, Kristian	3 Filer ID (Ethics Commission Filers) 00087920	
4 Date 12/10/2023	5 Payee name Westin Riverwalk		
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 420 W Market St San Antonio, TX 78205		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 171/171
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 12/31/2023	5 Name of person from whom amount is received CreditHuman	8 Amount (\$) \$2.08
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78295	
	7 Purpose for which amount is received Checking Account Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2023	Name of person from whom amount is received CreditHuman	Amount (\$) \$1.56
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78295	
	Purpose for which amount is received Checking Account Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2023	Name of person from whom amount is received CreditHuman	Amount (\$) \$1.21
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78295	
	Purpose for which amount is received Checking Account Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2023	Name of person from whom amount is received CreditHuman	Amount (\$) \$0.11
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78295	
	Purpose for which amount is received Checking Account Interest <input type="checkbox"/> Check if political contribution returned to filer	