

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) 00080403 | 2 Total pages filed: 13 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Carlos G. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Quezada | SUFFIX | | Date Received ELECTRONICALLY FILED 02/26/2024 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2823 E. Southcross Blvd. San Antonio, TX 78223 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # Amount | | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Norma | MI | | | |
| | NICKNAME | LAST Cavazos | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 310 E. Ashley Rd. San Antonio, TX 78221 | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (210) | 378-0431 | | | | |
| 8 REPORT TYPE | <input 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 checked="" 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 | Month | Day | Year |
| | 01/26/2024 | | | 02/24/2024 | | |
| 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 13

| | |
|--|---|
| 13 C / OH NAME Quezada, Carlos G. (Mr.) | 14 Filer ID (Ethics Commission Filers) 00080403 |
|--|---|

| | | | | | | | | | | | |
|---|--|--|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|
| 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 style="width:100%"> <tr> <td style="width:30%">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) | \$ | 6,865.24 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 10,093.82 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 10,442.36 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 20,000.00 |

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.

Mr. Carlos G. Quezada
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**FORM C/OH
COVER SHEET PG 3**

3 of 13

| | | | |
|--|---|--------------------------------|----------------------------|
| 18 FILER NAME Quezada, Carlos G. (Mr.) | | 19 Filer ID 00080403 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT | |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 5,865.24 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,000.00 |
| 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 | \$ | 6,093.82 |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 4,000.00 |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/13 |
| 2 FILER NAME Quezada, Carlos G. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3JS&E Properties LLC <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040 | 7 Amount of Contribution (\$) \$750.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allright Construction <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Christian (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) political consulting | | Employer (See Instructions) ESS |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubay, Abigail (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) nurse | | Employer (See Instructions) Methodist Hospital |
| Date 02/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Justin (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78202 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) crisis response clinician | | Employer (See Instructions) Center for Healthcare Services |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13 |
| 2 FILER NAME Quezada, Carlos G. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayer, Joel (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Farmington, NM 87401 | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 02/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plylar, David (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78247 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Carlos (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78221 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Guadalupe (Mrs.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78214 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 02/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quezada, Maria (Ms.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Converse, TX 78109 | |
| Principal occupation / Job title (See Instructions) organizer | | Employer (See Instructions) Texas State Teacher Assoc. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13 |
| 2 FILER NAME Quezada, Carlos G. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Parent PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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: 7/13 | |
| 2 FILER NAME Quezada, Carlos G. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00080403 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/24/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emyan Strategies | 8 Amount of contribution (\$) \$1,000.00 | 9 In-kind contribution description compliance and ethics reporting |
| | 7 Contributor address; City; State; Zip Code San Antonio, TX 78261 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 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
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: 1/4 Rpt: 8/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/24/2024 | 5 Payee name Anedot | |
| 6 Amount (\$) \$7.81 | 7 Payee address; City; State; Zip Code 1920 McKinney Ave, 7th Floor Dallas, TX 75201 | |
| 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 online contribution processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/29/2024 | Payee name Election Support Services | |
| Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| 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 consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/14/2024 | Payee name Election Support Services | |
| Amount (\$) \$2,200.00 | Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| 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 block walking |
| 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: 2/4 Rpt: 9/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/15/2024 | 5 Payee name Election Support Services | |
| 6 Amount (\$) \$1,250.00 | 7 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| 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 direct mail |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/22/2024 | Payee name Election Support Services | |
| Amount (\$) \$726.76 | Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232 | |
| 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 printing and advertising for candidate meet and greet |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/31/2024 | Payee name Frost Bank | |
| Amount (\$) \$5.00 | Payee address; City; State; Zip Code 111 W Houston St San Antonio, TX 78205 | |
| 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 service charge/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: 3/4 Rpt: 10/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 01/29/2024 | 5 Payee name GoDaddy | |
| 6 Amount (\$) \$9.58 | 7 Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284 | |
| 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 campaign email |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name GoDaddy | |
| Amount (\$) \$9.58 | Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284 | |
| 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 campaign email |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/22/2024 | Payee name GoDaddy | |
| Amount (\$) \$14.86 | Payee address; City; State; Zip Code 2150 E Warner Rd Tempe, AZ 85284 | |
| 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 campaign domain hosting |
| 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: 4/4 Rpt: 11/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 |
|--|---|--|

| | |
|-----------------------------|----------------------------------|
| 4 Date 01/30/2024 | 5 Payee name Mailchimp |
|-----------------------------|----------------------------------|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$362.44 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|----------------------------------|--|

| | | |
|---------------------------------|--|---|
| 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 campaign email marketing monthlhy |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------|
| Date 02/05/2024 | Payee name Wix |
|--------------------|-------------------|

| | |
|-----------------------|--|
| Amount (\$) \$7.79 | Payee address; City; State; Zip Code 500 Terra A Francois Blvd Suite 600 San Franciscoq, CA 94158 |
|-----------------------|--|

| | | |
|-------------------------------|--|--|
| 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 campaign email |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 12/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 | | | |
| 4 Date 01/29/2024 | 5 Payee name Morales, Anthony (Mr.) | | | | |
| 6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 306 Worley Drive San Antonio, TX 78228 | | | | |
| 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 field coordinator/block walking coordinator | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 02/05/2024 | Payee name Morales, Anthony (Mr.) | | | | |
| Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 306 Worley Drive San Antonio, TX 78228 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense field coordinator/block walking coordinator | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |
| Date 02/12/2024 | Payee name Morales, Anthony (Mr.) | | | | |
| Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 306 Worley Drive San Antonio, TX 78228 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense field coordinator/block walking coordinator | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate/Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 13/13 | 2 FILER NAME Quezada, Carlos G. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00080403 |
| 4 Date 02/19/2024 | 5 Payee name Morales, Anthony (Mr.) | |
| 6 Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 306 Worley Drive San Antonio, TX 78228 | |
| 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 field coordinator/block walking coordinator |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate/Officeholder name | Office sought Office held |