CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commi 00087920 | | 2 Total pages fi | led: 48 |
|-------------------------------|---|-------------------|---|------------------------|---------------------------|-------------------|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST Kristian | | MI | OFFICE (| USE ONLY |
| NAME | | | | | Date Received ELECTRONIC | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/15/2024 | |
| | | Carranza | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / P.O. Box 831436 | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered o | r Date Postmarked |
| MAILING ADDRESS | 1.0. Box 001430 | | | | Receipt # | Amount |
| Change of Address | San Antonio, TX 78283 | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | <u> </u> | |
| TREASURER NAME | | Darren | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Meritz | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP ⁻ | r / SUITE #; CITY | ; STA | ATE; ZIP CODE |
| TREASURER ADDRESS | P.O. Box 831436 | | | | | |
| (Residence or Business) | San Antonio, TX 78283 | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (915) 274-2501 | | | | | |
| 8 REPORT TYPE | January 15 | 30th day before | election | Runoff | | mpaign treasurer |
| | X July 15 | 8th day before 6 | election \square | Exceeded modified | appointment (offi | |
| | | - | | reporting limit | | |
| 9 PERIOD COVERED | Month Day Year 02/25/2024 | TH | IROUGH | Month Day 06/30/202 | Year 24 | |
| | 02/20/2024 | | | 00/00/202 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | rimary | ELECTION TYPE Runoff | Other | |
| | 11/05/2024 | | eneral | Special | Culci | |
| | | | onora: | | | |
| 11 OFFICE | OFFICE HELD (if any) | • | | 12 OFFICE SOUGHT | | |
| | | | | State Represen | tative District 118 | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 248

| 13 C / OH NAME | Carranza, Kristian | | 14 Filer ID (I | Ethics Commission Filers) |
|--|----------------------------------|---|---------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information | the candidate's or office | holder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 263,930.07 |
| EXPENDITURE TOTALS | | \$ 0.00 | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 48,718.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 191,088.26 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | |
| | | Kr | istian Carranza | |
| | | Signature of | Candidate or Officehold | der |
| AFFIX NO | TARY STAMP / SEAL AB | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 248

| | | | | | 0 01 240 |
|---------------|----------|---|-------------|-------|-----------------------|
| 18 FIL | ER NAM | 1E | 19 Filer ID | (Ethi | cs Commission Filers) |
| Ca | ırranza, | Kristian | 00087920 | | |
| l . | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 208,656.64 |
| 2. | X | \$ | 55,273.43 | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | \$ | 48,718.98 | | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 22.30 |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|----------|----------------------------|---|--|----|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/141 Rpt: 4/248 | |
| 2 | FILER NAME Carranza, Kı | ristian | | 3 | Filer ID (Ethics Commissio 00087920 | n Filers) |
| 4 | Date 06/25/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$10,000.00 |
| 8 | Principal occu | Washington, DC 20036 pation / Job title (See Instructions) | 9 Employer (See Instructions) | .) | | |
| <u> </u> | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ') | | |
| | Date 03/07/2024 | Full name of contributor out-of-state PAC (ID#:_Abend, Mark Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1.67 |
| | Principal occu | Aventura, FL 33180 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | NA NA | pation / Job title (See Instructions) | NA NA |) | | |
| | Date 04/25/2024 | Full name of contributor out-of-state PAC (ID#:_ Adkisson, Tommy Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78223 | | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions) | Employer (See Instructions) Self Employed | i) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Adler, Stephen Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu Teacher | pation / Job title (See Instructions) | Employer (See Instructions) St Edward's Univ | 5) | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (ID#:_Agnew, Virginia Contributor address; City; State; Zip Code Austin, TX 78703 | | | Amount of Contribution (\$) | \$20.83 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions) Herring & Irwin L.L.P. |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUI | E A1 |
|---|----------------------------------|--|--|---|--|---|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 2/141 Rpt: 5/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/13/2024 | 5 Full name of contributor Aguillen, Dean6 Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Dringing! goog | Washington, DC 20003 pation / Job title (See Instructions) | lo. | Employer (See Instructions | <u>,,</u> | | |
| 0 | Senior Vice I | | 9 | Ogilvy Government Rela | | ons | |
| | Date 06/25/2024 | Full name of contributor Aguirre, B D Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | San Antonio, TX 78228 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | NA | | | NA | | | |
| | Date 05/10/2024 | Full name of contributor Ahmed, Faheem Contributor address; City; Sta | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78738 | | | | | |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions HCA | 5) | | |
| | Date 06/25/2024 | Full name of contributor Alaniz, Linda Contributor address; City; Sta | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | Date 05/20/2024 | Full name of contributor Alarcon, Silvina Contributor address; City; Sta Washington, DC 20032 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Political Dire | pation / Job title (See Instructions) ctor | | Employer (See Instructions Reproductive Freedom | | All | |
| | | | ' | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|----------------------|--|----------|---|------------|
| | The Instruc | ction Guide explains how to co | omplete this forr | n. | 1 | Total pages Schedule A1: Sch: 3/141 Rpt: 6/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/25/2024 | 5 Full name of contributor out Alderete, Christine 6 Contributor address; City; State; Zip | |) | 7 | Amount of Contribution (\$) | \$40.00 |
| _ | District | San Antonio, TX 78228 | - Io | Fundament (Construction | | | |
| 8 | Florist | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self |) | | |
| | Date 06/28/2024 | Full name of contributor out All In PAC Contributor address; City; State; Zip | | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Dallas, TX 75360 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | i illicipal occu | sation 7 oob tide (See Instructions) | | Employer (dee mandenona | , | | |
| | Date 06/30/2024 | Full name of contributor out Allison, Shelley Contributor address; City; State; Zig | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2.00 |
| | | Carrollton, TX 75006 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed |) | | |
| | Date 04/26/2024 | Alter, Alison | t-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Council Mem | pation / Job title (See Instructions) aber | | Employer (See Instructions City of Austin |) | | |
| | Date 05/01/2024 | Full name of contributor out Alvarez, Raul Contributor address; City; State; Zip | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2.50 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | | | l . | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUI | LE A1 |
|---|--------------------------------|---|---|--|----------------|---|--------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 4/141 Rpt: 7/248 | |
| 2 | FILER NAME | iction | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 05/25/2024 | 5 Full name of contributor Alvarez, Raul 6 Contributor address; City; States | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Garland, TX 75043 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions) d | 9 | Employer (See Instructions Not Employed | i) | | |
| | Date 06/30/2024 | Full name of contributor Amatucci, James Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$2.50 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Field Sales | | | Water | | | |
| | Date 03/06/2024 | Full name of contributor Amin, Juliana Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | Cumberland, RI 02864 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Not employe | d | | None | | | |
| | Date 06/10/2024 | Full name of contributor Anbender, Julie Contributor address; City; Sta Washington, DC 20016 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$26.00 |
| | Principal occu Small Busine | pation / Job title (See Instructions) ess Owner | | Employer (See Instructions Ward Circle Strategies |) | | |
| | Date 05/27/2024 | Full name of contributor Anderson, Bruce Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Plunkett, Griesenbeck a | | Mimari | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|----------------------------|--|---|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/141 Rpt: 8/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/14/2024 | Full name of contributor out-of-state PAC (ID#:_Andres, Don Chris Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Washington, DC 20003 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| • | Chief of Staf | | US House | , | | |
| | Date 04/02/2024 | Full name of contributor out-of-state PAC (ID#:_Annie's List Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$720.00 |
| | Principal occu | Austin, TX 78703 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 03/19/2024 | Full name of contributor out-of-state PAC (ID#:_Antelo, Cristina Contributor address; City; State; Zip Code Arlington, VA 22207 | | | Amount of Contribution (\$) | \$100.00 |
| | | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_Apgar, Jonathan Contributor address; City; State; Zip Code San Antonio, TX 78215 | Ferox Strategies | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu CPA | pation / Job title (See Instructions) | Employer (See Instructions Jonathan Apgar CPA PL | | > | |
| | Date 05/02/2024 | Full name of contributor out-of-state PAC (ID#:_Arant, Dylan Contributor address; City; State; Zip Code Washington, DC 20002 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu US House | pation / Job title (See Instructions) | Employer (See Instructions Chief of Staff |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | Ν | IS | | SCHEDUL | E A1 |
|---|---------------------------------|---|----------------|---|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this t | for | m. | 1 | Total pages Schedule A1: Sch: 6/141 Rpt: 9/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/14/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Dringinal occu | pation / Job title (See Instructions) | T _a | Employer (See Instructions | <u>''</u> | | |
| 0 | | Engagement Manager | | Asian Texans for Justice | | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID#: Ardington, Amy Contributor address; City; State; Zip Code Bellville, TX 77418 | |) | | Amount of Contribution (\$) | \$22.00 |
| | Principal occu | pation / Job title (See Instructions) | T | Employer (See Instructions | <u>L</u> S) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 05/16/2024 | Full name of contributor out-of-state PAC (ID#:_Armendariz, Jacqueline Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$20.00 |
| | | Colorado Springs, CO 80910 | _ | | | | |
| | Principal occu Bilingual Adv | pation / Job title (See Instructions) /ocate | | Employer (See Instructions CDLF | s) | | |
| | Date 06/24/2024 | Full name of contributor out-of-state PAC (ID#:_Arnold, Sam Contributor address; City; State; Zip Code Austin, TX 78753 | |) | | Amount of Contribution (\$) | \$4.17 |
| | Principal occu Recruiter | pation / Job title (See Instructions) | | Employer (See Instructions Liaison Resources | 5) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state PAC (ID#:_Arnsparger, John Contributor address; City; State; Zip Code Houston, TX 77059 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRII | BUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|---|--------------|---|----------------|--|-------------|
| | The Instru | ction Guide explains how to comple | ete this for | n. | 1 | Total pages Schedule A1: Sch: 7/141 Rpt: 10/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/20/2024 | Arnsparger, John 6 Contributor address; City; State; Zip Code | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | | Houston, TX 77059 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> S) | | |
| | Date 04/17/2024 | Full name of contributor out-of-state | PAC (ID#: | Not Employed | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Administrato | pation / Job title (See Instructions) r | | Employer (See Instructions Bexar County Home Ca | | | |
| | Date 04/29/2024 | Full name of contributor out-of-state Ausley, Robbie Contributor address; City; State; Zip Code | PAC (ID#: |) | • | Amount of Contribution (\$) | \$250.00 |
| | Dringing agg | Austin, TX 78731 pation / Job title (See Instructions) | | Employer (See Instructions | <u>,,</u> | | |
| | Not employe | | | Not employed | >) | | |
| | Date 04/27/2024 | Avellar, Michael | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Executive | pation / Job title (See Instructions) | | Employer (See Instructions Performance Managem | | Ltd. | |
| | Date 03/18/2024 | Full name of contributor out-of-state Avila, William Contributor address; City; State; Zip Code San Antonio, TX 78258 | | | • | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Bracewell LLP | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------|---|----------------|--|-------------|
| | The Instruc | ction Guide explains how to complete this | s for | m. | 1 | Total pages Schedule A1: Sch: 8/141 Rpt: 11/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/30/2024 | Full name of contributor out-of-state PAC (ID Avila, William Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu Attorney | San Antonio, TX 78258 pation / Job title (See Instructions) | 9 | Employer (See Instructions Bracewell Llp | <u> </u> s) | | |
| | Date 04/30/2024 | Full name of contributor out-of-state PAC (ID Avnery, Susie Contributor address; City; State; Zip Code Dallas, TX 75248 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID Ayala, David Contributor address; City; State; Zip Code |)#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Chicago, IL 60626 pation / Job title (See Instructions) | 1 | Employer (See Instructions | - s) | | |
| | Payroll Servi | ce Rep | | Loyola University Chica | go | | |
| | Date 05/05/2024 | Full name of contributor out-of-state PAC (ID Ayala, Joanna Contributor address; City; State; Zip Code Washington, DC 20016 | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Run for Som | pation / Job title (See Instructions) ething | | Employer (See Instructions Director of Compliance | 5) | | |
| | Date 03/08/2024 | Full name of contributor out-of-state PAC (ID Azios, Aaron Contributor address; City; State; Zip Code Houston, TX 77008 | | | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------|--|--------|--|-------------|
| | The Instruc | ction Guide explains how to complete thi | s for | m. | 1 | Total pages Schedule A1: Sch: 9/141 Rpt: 12/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commissio 00087920 | n Filers) |
| 4 | Date 06/25/2024 | Full name of contributor out-of-state PAC (II Baca, Rafael Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Deireitad | E Palo Alto, CA 94303 | - 10 | Faralassa (Ossalastasstissa | | | |
| 8 | Attorney | pation / Job title (See Instructions) | 9 | Employer (See Instructions Plic | 5) | | |
| | Date 03/17/2024 | Full name of contributor out-of-state PAC (II Baiza, Matthew Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | San Antonio, TX 78250 pation / Job title (See Instructions) | | Employer (See Instructions | -, | | |
| | Texas State | | | NextGen America | ·) | | |
| | Date 05/21/2024 | Full name of contributor out-of-state PAC (II Baiza, Matthew Contributor address; City; State; Zip Code | D#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78250 | | | | | |
| | Principal occu Texas State | pation / Job title (See Instructions) Director | | Employer (See Instructions NextGen America | s) | | |
| | Date 06/17/2024 | Full name of contributor out-of-state PAC (II Baiza, Matthew Contributor address; City; State; Zip Code San Antonio, TX 78250 | | | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Texas State | pation / Job title (See Instructions) Director | | Employer (See Instructions NextGen America | 5) | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAC (II Banta, Molly Contributor address; City; State; Zip Code Richmond, VA 23229 | | | | Amount of Contribution (\$) | \$50.00 |
| | • | pation / Job title (See Instructions) dinated Campaign Director | | Employer (See Instructions DSCC | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL COI | NTRIBUTION | S | | SCHEDULE | ■ A1 |
|---|-------------------------------|--|------------------------|--|----|---|-------------|
| | The Instru | ction Guide explains how to o | complete this form | n. | 1 | Total pages Schedule A1: Sch: 10/141 Rpt: 13/248 | |
| 2 | FILER NAME Carranza, Kı | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 05/19/2024 | Barnea, Uri 6 Contributor address; City; State; 2 | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$15.00 |
| 8 | Principal occu | Billings, MT 59102 pation / Job title (See Instructions) | 9 | Employer (See Instructions | i) | | |
| • | Not Employe | | | Not Employed | , | | |
| | Date 06/29/2024 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Billings, MT 59102 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/17/2024 | | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78251 | | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Frontera Strategy Group | • | | |
| | Date 06/19/2024 | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Frontera Strategy Group | | | |
| | Date 06/30/2024 | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | | | I | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION | ON | 15 | | SCHEDULE A1 |
|---|---------------------------------|--|-----|---|----|---|
| | The Instru | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 11/141 Rpt: 14/248 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Carranza, Kr | istian | | | | 00087920 |
| 4 | Date 03/16/2024 | Full name of contributor out-of-state PAC (ID# Barrientos, Rene Contributor address; City; State; Zip Code | : |) | 7 | Amount of Contribution (\$) \$1,000.00 |
| | | San Antonio, TX 78212 | | | | |
| 8 | Principal occu Ranching | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | |
| | Date 05/30/2024 | Full name of contributor out-of-state PAC (ID# Barrientos, Rene Contributor address; City; State; Zip Code | : |) | | Amount of Contribution (\$) \$1,000.00 |
| | | San Antonio, TX 78212 | _ | | _ | |
| | Principal occu Ranching | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | |
| | Date 05/18/2024 | Full name of contributor ut-of-state PAC (ID#Barshop, Noah Contributor address; City; State; Zip Code | : |) | | Amount of Contribution (\$) \$250.00 |
| | | San Antonio, TX 78240 | | | | |
| | Principal occu Policy Analy: | pation / Job title (See Instructions) | | Employer (See Instructions Bexar County | ;) | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID#Bartos, Janet PContributor address; City; State; Zip Code Little Rock, AR 72223 | : |) | | Amount of Contribution (\$) \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID#Bartsch, Carol Contributor address; City; State; Zip Code League City, TX 77573 | : |) | | Amount of Contribution (\$) \$8.33 |
| | Principal occu Associate Pr | pation / Job title (See Instructions) ofessor | | Employer (See Instructions UTMB | 5) | |
| | | | • | | | |

| | MONET | ARY POLITICAL CONTRIBU | UTIONS | | SCHEDUI | E A1 |
|---|-------------------------------|---|--|-------------|---|------------|
| | The Instru | ction Guide explains how to complete | this form. | | tal pages Schedule A1: h: 12/141 Rpt: 15/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | er ID (Ethics Commission 087920 | on Filers) |
| 4 | Date 06/13/2024 | Full name of contributor | | 7 Am | nount of Contribution (\$) | \$1,000.00 |
| _ | | Houston, TX 77077 | 1 2 | | | |
| 8 | Principal occu President | pation / Job title (See Instructions) | 9 Employer (See Instructions J Turner Research | is) | | |
| | Date 06/27/2024 | Full name of contributor out-of-state PAGE Beckendorf, Michael Contributor address; City; State; Zip Code Austin, TX 78702 | NC (ID#:) | Am | nount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | l IS) | | |
| | Head of Sale | es | Fraiser | | | |
| | Date 05/31/2024 | Full name of contributor out-of-state PAG Becker, Karen K Contributor address; City; State; Zip Code | AC (ID#:) | Am | nount of Contribution (\$) | \$1.00 |
| | | Ponte Vedra Beach, FL 32082 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | Employer (See Instructions Not Employed | ıs) | | |
| | Date 06/11/2024 | Full name of contributor out-of-state PAG Beinhorn, Holly Contributor address; City; State; Zip Code San Antonio, TX 78212 | AC (ID#:) | Am | nount of Contribution (\$) | \$100.00 |
| | Principal occu Perfumer | pation / Job title (See Instructions) | Employer (See Instructions Self | ıs) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state PAGE Beldon, Michael Contributor address; City; State; Zip Code San Antonio, TX 78230 | AC (ID#:) | Am | nount of Contribution (\$) | \$500.00 |
| | Principal occu Contractor | pation / Job title (See Instructions) | Employer (See Instructions Beldon Roofing | ıs) | | |
| | | | ' | | | |

| | MONET | ARY POLITICAL CONTRI | IBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|--|--------------|---|----------------|---|-------------|
| | The Instruc | ction Guide explains how to compl | ete this for | n. | 1 | Total pages Schedule A1: Sch: 13/141 Rpt: 16/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/01/2024 | Bellows, Bambi 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$1.00 |
| 8 | | Chicago, IL 60625 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> S) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state | | Self | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | <u>l</u> S) | | |
| | Date 05/03/2024 | Bernal, Elisa Contributor address; City; State; Zip Code | te PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | San Antonio, TX 78230 pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 06/10/2024 | Full name of contributor out-of-state | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Software Dev | pation / Job title (See Instructions) | | Employer (See Instructions Wolfram Research | <u>l</u> S) | | |
| | Date 06/30/2024 | Bier, Ryan | | | • | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Program Cod | pation / Job title (See Instructions) ordinator | | Employer (See Instructions Free 2 Teach | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | A1 |
|---|-------------------------------|---|-----|------------------------------------|---|---|-----------|
| | The Instruc | ction Guide explains how to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 14/141 Rpt: 17/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 03/15/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$30.00 |
| 8 | | Woodbine, MD 21797 pation / Job title (See Instructions) | 9 | Employer (See Instructions | - s) | | |
| | Date 06/02/2024 | Full name of contributor out-of-state PAC (ID#:_Blackard, Patrick M Contributor address; City; State; Zip Code Round Rock, TX 78681 | | CPB | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Videographe | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Date 04/21/2024 | Full name of contributor out-of-state PAC (ID#:_Blake, Susan Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Psychothera | San Antonio, TX 78230-3532 pation / Job title (See Instructions) | | Employer (See Instructions | i) | | |
| | Date 06/01/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Psychothera | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Date 05/08/2024 | Full name of contributor out-of-state PAC (ID#:_Booth, Heather Contributor address; City; State; Zip Code Washington, DC 20007 | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Self | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CON | | SCHEDULE A1 | | | |
|---|-------------------------------|--|---------------------|---|---|---|-----------|
| | The Instruc | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 15/141 Rpt: 18/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/02/2024 | Borrero, Diandra | -of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Arlington, TX 76016 pation / Job title (See Instructions) | la la | Employer (See Instructions | | | |
| 0 | Not Employe | | 9 | Not Employed |) | | |
| | Date 06/15/2024 | Full name of contributor out Bowles, Cole Contributor address; City; State; Zip | |) | | Amount of Contribution (\$) | \$18.00 |
| | | San Antonio, TX 78253 | | | | | |
| | Principal occu Political Con | pation / Job title (See Instructions) sultant | | Employer (See Instructions Self |) | | |
| | Date 06/12/2024 | Full name of contributor out Brenner, Karen Contributor address; City; State; Zip | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$36.00 |
| | | Austin, TX 78731 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed |) | | |
| | Date 06/26/2024 | Brodsky, Nina | -of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Bookkeeper | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | Date 05/25/2024 | Full name of contributor out Brogden, William Contributor address; City; State; Zip Leander, TX 78641 | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|----------------------------|--|--|---|--------------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this for | n. | 1 | Total pages Schedule A1: Sch: 16/141 Rpt: 19/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 03/25/2024 | 5 Full name of contributor Enough Christopher6 Contributor address; City; State | out-of-state PAC (ID#: te; Zip Code | | 7 | Amount of Contribution (\$) | \$3.13 |
| 8 | Principal occu | Baltimore, MD 21218 pation / Job title (See Instructions) | la la | Employer (See Instructions | <u>:)</u> | | |
| | Software En | | | Tradeswell | " | | |
| | Date 06/28/2024 | Full name of contributor Enosnihan, Kerry Contributor address; City; Star | | | | Amount of Contribution (\$) | \$2.09 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/12/2024 | Full name of contributor [Brown, Robert K Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | 5 | San Antonio, TX 78212 | | - I (0 I i ii | <u></u> | | |
| | Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/27/2024 | Full name of contributor Bryant, Suzanne Contributor address; City; Star Austin, TX 78703 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Law Office of Suzanne I | | ant | |
| | Date 06/27/2024 | Full name of contributor Bryant, Suzanne Contributor address; City; Star Austin, TX 78703 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$100.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | ont | |
| | Attorney | | | Law Office of Suzanne I | ыy | anı | |

| | MONET | ARY POLITICAL C | CONTRIBUTION | IS | SCHEDULE A | 1 |
|---|----------------------------------|---|-------------------------------------|--|---|-------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 Total pages Schedule A1: Sch: 17/141 Rpt: 20/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 Filer ID (Ethics Commission Filers 00087920 | s) |
| 4 | Date 04/26/2024 | 5 Full name of contributor Bueker, Rick6 Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | | 7 Amount of Contribution (\$) \$2 | 7.00 |
| _ | | Pittsboro, NC 27312 | | | | |
| 8 | Principal occu Software De | pation / Job title (See Instructions veloper |) 9 | Employer (See Instructions Duke University Hospita | · · | |
| | Date 06/01/2024 | Full name of contributor Bunker, David Contributor address; City; St | | | Amount of Contribution (\$) | 1.00 |
| | Principal occu | Worcester, MA 01605 pation / Job title (See Instructions |) [| Employer (See Instructions | ns) | |
| | Not Employe | | , | Not Employed | , | |
| | Date 03/15/2024 | Full name of contributor Burgess, Aaron Contributor address; City; St | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$2 | 5.00 |
| | | Houston, TX 77003 | | | | |
| | Principal occu District Direc | pation / Job title (See Instructions ctor |) | Employer (See Instructions Texas House | ns) | |
| | Date 06/18/2024 | Full name of contributor Bush, Robert and Linda Contributor address; City; St Mt Pleasant, TX 75455 | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$2 | 5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions |) | Employer (See Instructions Not Employed | ns) | |
| | Date 06/10/2024 | Full name of contributor Caloustian, Raffi Contributor address; City; Sta | out-of-state PAC (ID#: | | Amount of Contribution (\$) | 55.00 |
| | Principal occu Sales | pation / Job title (See Instructions | | Employer (See Instructions Self | ns) | |
| | | | | | | |

| | MONEI | ARY POLITICAL CONTR | IBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|----------------|---|---------|---|------------|
| | The Instruc | ction Guide explains how to comp | lete this form | n. | 1 | Total pages Schedule A1: Sch: 18/141 Rpt: 21/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 05/30/2024 | Full name of contributor out-of-sta Cantu, Chris Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | San Antonio, TX 78221 | | | | | |
| 8 | Principal occu Consultant | pation / Job title (See Instructions) | 9 | Employer (See Instructions Chris Cantu | 5) | | |
| | Date 06/16/2024 | Full name of contributor out-of-sta Capley, Lea Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | Rowlett, TX 75089-6785 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/29/2024 | Full name of contributor out-of-state Cappio, Gretchen Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | | Seattle, WA 98109 | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Keller Rohrback | 5) | | |
| | Date | Full name of contributor out-of-sta | ate PAC (ID#: |) | Π | Amount of Contribution (\$) | |
| | 06/11/2024 | Carloye, Jennifer Contributor address; City; State; Zip Cod | | | | Amount of Continuation (c) | \$500.00 |
| | Dringing con | Austin, TX 78704 | | Employer (Coo Instructions | <u></u> | | |
| | Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 03/01/2024 | Full name of contributor out-of-sta Carlson, Elizabeth Contributor address; City; State; Zip Cod Arlington, VA 22201 | ate PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Communicat | ons Director | | U.S. House of Represer | ntat | ives | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|---|---------------------------------------|---|----------|---|-------------|
| | The Instruc | ction Guide explains how to | o complete this form | n. | 1 | Total pages Schedule A1: Sch: 19/141 Rpt: 22/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 03/15/2024 | 5 Full name of contributor | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | El Paso, TX 79936 | | | | | |
| 8 | Principal occu Paralegal | pation / Job title (See Instructions) | 9 | Employer (See Instructions Bieganowski Law Group | | | |
| | Date 05/01/2024 | Full name of contributor Casarez, Ruth Contributor address; City; State Austin, TX 78704 | | | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | <u>(</u> | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/08/2024 | Full name of contributor Casavant, Michael Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | Plano, TX 75075-4009 | į. | | | | |
| | Principal occu Senior Produ | pation / Job title (See Instructions) uct Manager | | Employer (See Instructions JPMorgan & Chase | i) | | |
| | Date 05/17/2024 | Full name of contributor Casaverde, Jonathan Contributor address; City; State Weston, FL 33331 | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Associate | pation / Job title (See Instructions) | | Employer (See Instructions Ward Circle Strategies |) | | |
| | Date 06/25/2024 | Full name of contributor Castillo, Adam Contributor address; City; State San Antonio, TX 78238 | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | () | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ΟN | IS | | SCHEDULE | ■ A1 |
|---|--------------------------------|---|----|---|--------|---|-------------|
| | The Instruc | ction Guide explains how to complete this t | or | m. | 1 | Total pages Schedule A1: Sch: 20/141 Rpt: 23/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 06/25/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | | San Antonio, TX 78228 | _ | | _ | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions None | 5) | | |
| | Date 06/27/2024 | Full name of contributor out-of-state PAC (ID#: Cavender, Catriona Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$18.00 |
| | Principal occu | San Antonio, TX 78212 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ;) | | |
| | Attorney | pation / 300 title (See Instructions) | | Hornberger Fuller & Ga | | Inc. | |
| | Date 06/18/2024 | Full name of contributor out-of-state PAC (ID#:_Chandler, Bill Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$100.00 |
| | | Jackson, MS 39215 | | | | | |
| | Principal occu Organizer | pation / Job title (See Instructions) | | Employer (See Instructions MIRA | 5) | | |
| | Date 03/29/2024 | Full name of contributor out-of-state PAC (ID#:_Chao, David Contributor address; City; State; Zip Code Austin, TX 78759 | | | • | Amount of Contribution (\$) | \$6.25 |
| | Principal occu Self Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Self | 5) | | |
| | Date 04/27/2024 | Full name of contributor out-of-state PAC (ID#:_Chapman, Ron Contributor address; City; State; Zip Code Phoenix, AZ 85014 | | | | Amount of Contribution (\$) | \$11.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|--|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 21/141 Rpt: 24/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/19/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Chapman, Ron 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$9.00 |
| 8 | Principal occu | Phoenix, AZ 85014 pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| 0 | Not Employe | | Not Employed | , | | |
| | Date 06/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Chapman, Ron Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Phoenix, AZ 85014 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe | | Not Employed | | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Chapman, Ron Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5.00 |
| | | Phoenix, AZ 85014 | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | Date 06/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Charin, Katherine Contributor address; City; State; Zip Code Austin, TX 78758 | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu TA Coordina | rpation / Job title (See Instructions) ator | Employer (See Instructions HID |) | | |
| | Date 06/07/2024 | Full name of contributor out-of-state PAC (ID#:_ Charnsangavej, Larissa Contributor address; City; State; Zip Code Oakland, CA 94607 | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CON | | SCHEDUI | LE A1 | | |
|---|-------------------------------|--|----------------------------------|--|--------------|---|------------|
| | The Instru | ction Guide explains how to c | omplete this forn | 1. | 1 | Total pages Schedule A1: Sch: 22/141 Rpt: 25/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/15/2024 | Chavez, John | ut-of-state PAC (ID#: ip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Dringinal accu | San Antonio, TX 78247 pation / Job title (See Instructions) | lo lo | Employer (See Instructions | | | |
| 0 | Not Employe | | | Not Employed |) | | |
| | Date 04/21/2024 | Full name of contributor ou Chidgey, Denise Contributor address; City; State; Zi | ut-of-state PAC (ID#:ip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | 5 | San Antonio, TX 78209 | | | | | |
| | Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 04/07/2024 | Full name of contributor ou Christian, David Contributor address; City; State; Zi | ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Dringinal occu | San Antonio, TX 78212 pation / Job title (See Instructions) | 1 | Employer (See Instructions | | | |
| | Attorney | pation / Job title (See Instructions) | | Self | , | | |
| | Date 06/18/2024 | Clark, Ellen R | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 04/19/2024 | Full name of contributor out Clark, Willard Contributor address; City; State; Zites San Antonio, TX 78215 | it-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Lawyer | | | Alford & Clark PLLC | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | S | | SCHEDUI | E A1 |
|---|-------------------------------|---|----------|--|---------|---|------------|
| | The Instruc | ction Guide explains how to complete t | this for | n. | 1 | Total pages Schedule A1: Sch: 23/141 Rpt: 26/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 04/11/2024 | Full name of contributor out-of-state PAC Claunch, David Contributor address; City; State; Zip Code | , |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Dringing! goog | West Lake Hills, TX 78746 pation / Job title (See Instructions) | lo. | Employer (See Instructions | <u></u> | | |
| 0 | Liaison Resc | | 9 | Employer (See Instructions CEO | ·) | | |
| | Date 05/23/2024 | Full name of contributor out-of-state PAC Clausing, Lucinda Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Miami, FL 33155 | - | - | Ĺ | | |
| | Etsy shop | pation / Job title (See Instructions) | | Employer (See Instructions Self employed | 5) | | |
| | Date 03/06/2024 | Full name of contributor out-of-state PAC Clayton, Albert Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78201 | | | | | |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions SAISD | s) | | |
| | Date 03/05/2024 | Full name of contributor out-of-state PAC Cleaver, Debra Contributor address; City; State; Zip Code San Francisco, CA 94117 | |) | | Amount of Contribution (\$) | \$7.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions VoteAmerica | 5) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC Clifford, Natalie Contributor address; City; State; Zip Code San Antonio, TX 78212 | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | . | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | | SCHEDULE A1 | | | |
|---|--------------------------------|--|-----|---|----------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 24/141 Rpt: 27/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID# Cobalis, Vince Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu Not Employe | Austin, TX 78745 pation / Job title (See Instructions) d | 9 | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 05/25/2024 | Full name of contributor out-of-state PAC (ID# | | | - | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Psychiatrist | San Antonio, TX 78216 pation / Job title (See Instructions) | | Employer (See Instructions Self | <u> </u> s) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID# Cohen, Melvin Contributor address; City; State; Zip Code | : | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | San Antonio, TX 78216 pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 06/27/2024 | Full name of contributor out-of-state PAC (ID# Collins, Elton Contributor address; City; State; Zip Code Austin, TX 78745 | |) | | Amount of Contribution (\$) | \$8.33 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | <u> </u> 5) | | |
| | Date 05/10/2024 | Full name of contributor out-of-state PAC (ID# Collins, Karen Contributor address; City; State; Zip Code Austin, TX 78756 | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTR | | SCHEDULI | SCHEDULE A1 | | |
|---|-------------------------------|--|----------------|---|-------------|---|-----------|
| | The Instru | ction Guide explains how to comp | lete this forr | n. | 1 | Total pages Schedule A1: Sch: 25/141 Rpt: 28/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | ı Filers) |
| 4 | Date 03/15/2024 | Conyngham, Karen | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Austin, TX 78746 | | | _ | | |
| 8 | Principal occu Researcher | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 06/30/2024 | Conyngham, Karen | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Austin, TX 78746 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ;) | | |
| | Researcher | pation 7 000 title (Occ modulono) | | Self | , | | |
| | Date 05/25/2024 | Full name of contributor out-of-sta Copley, Victoria Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | Wadsworth, OH 44281-9437 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/29/2024 | Copley, Victoria | |) | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/31/2024 | Corbin, Troy | |) | • | Amount of Contribution (\$) | \$1.00 |
| | Principal occu H&S Consult | pation / Job title (See Instructions) tant | | Employer (See Instructions NW EH&SA | 5) | | |
| | | | I | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|--------------------------------|--|--|--|--------|---|------------|
| | The Instru | ction Guide explains how | v to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 26/141 Rpt: 29/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 05/31/2024 | 5 Full name of contributor Corey, David6 Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu | Dallas, TX 75205 pation / Job title (See Instruction | 5) | 9 Employer (See Instructions | | | |
| Ü | Professor | pation 7 oob title (See motidetion | | UT Southwestern | , | | |
| | Date 05/29/2024 | Full name of contributor Correa, Mario Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$3.00 |
| | | El Paso, TX 79936 | , | | Ĺ | | |
| | Not Employe | pation / Job title (See Instruction | 5) | Employer (See Instructions Not Employed | 5) | | |
| | | | | | _ | | |
| | Date 05/07/2024 | Full name of contributor Cuellar, Erwin Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code | | | Amount of Contribution (\$) | \$50.00 |
| | | Hutto, TX 78634 | | | | | |
| | Principal occu | pation / Job title (See Instruction | 5) | Employer (See Instructions | ;) | | |
| | Controller | | | Fenix Post Tension | , | | |
| | Date 06/20/2024 | Full name of contributor Cummins, Thomas Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78249 | | | | | |
| | Principal occu Union Presid | pation / Job title (See Instruction lent | 5) | Employer (See Instructions Bexar Co Federation of | | achers | |
| | Date 04/30/2024 | Full name of contributor Cutright, Katy Contributor address; City; S Washington, DC 20007 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | | pation / Job title (See Instruction | 5) | Employer (See Instructions | 5) | | |
| | Emerson Co | llective | | Director | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|-----------------------------|---|--|---|---|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 27/141 Rpt: 30/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/29/2024 | Full name of contributor out-of-state PAC (ID#:_Danburg, Debra Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Austin, TX 78704 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions Retired |) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Dao, Andrew Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Houston, TX 77006-1715 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Attorney | patient cos tale (cos monactions) | Daly & Black | , | | |
| | Date 06/01/2024 | Full name of contributor out-of-state PAC (ID#:_ DasGupta, Bhaskar Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$10.00 |
| | | Chicago, IL 60607 | | | | |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions UIC |) | | |
| | Date 06/11/2024 | Full name of contributor out-of-state PAC (ID#:_ DasGupta, Bhaskar Contributor address; City; State; Zip Code Chicago, IL 60607 | | | Amount of Contribution (\$) | \$8.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions UIC |) | | |
| | Date 06/15/2024 | Full name of contributor out-of-state PAC (ID#:_ DasGupta, Bhaskar Contributor address; City; State; Zip Code Chicago, IL 60607 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | Employer (See Instructions UIC |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CO | S | | SCHEDUL | E A1 | |
|---|-------------------------------|--|---------------------------------------|---|---------|---|------------|
| | The Instruc | ction Guide explains how to | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 28/141 Rpt: 31/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/25/2024 | 6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$6.00 |
| 8 | | Bellingham, WA 98229 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 06/27/2024 | Full name of contributor Davis, John Aubry Contributor address; City; State | out-of-state PAC (ID#: | Not Employed | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | San Antonio, TX 78230 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Attorney | | | JA Davis and Associates | 3 | | |
| | Date 06/24/2024 | Full name of contributor De Los Santos, Christina Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$16.66 |
| | | Austin, TX 78757 | | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed |) | | |
| | Date 06/15/2024 | Full name of contributor DeHoyos, Rosemarie Contributor address; City; State San Antonio, TX 78240 | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date 04/10/2024 | Full name of contributor Democracy Engine Contributor address; City; State Washington, DC 20001 | out-of-state PAC (ID#: e; Zip Code | | | Amount of Contribution (\$) | \$243.31 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | I | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-----------------|--|------------------------------|--|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 29/141 Rpt: 32/248 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, K | ristian | | | 00087920 | |
| 4 | Date 04/17/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$47.73 |
| | | Washington, DC 20001 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | |
| | 04/24/2024 | Democracy Engine | | | | \$28.70 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Washington, DC 20001 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 05/01/2024 | Democracy Engine Contributor address; City; State; Zip Code | | | | \$111.95 |
| | | Washington, DC 20001 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | |
| | 05/15/2024 | Democracy Engine | | | | \$7.96 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Washington, DC 20001 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>. </u> | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 05/29/2024 | Democracy Engine | | | | \$96.05 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Washington, DC 20001 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDULE | A1 |
|---|-------------------------------|---|--|---------------------|---|-----------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 30/141 Rpt: 33/248 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, K | ristian | | | 00087920 | |
| 4 | Date 06/05/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Democracy Engine 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$42.34 |
| | | Washington, DC 20001 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/12/2024 | Democracy Engine | | | | \$3.96 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Washington, DC 20001 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/20/2024 | Democracy Engine | | | | \$83.95 |
| | | Contributor address; City; State; Zip Code | | | | |
| | Dain single service | Washington, DC 20001 | Faralassa (Osas kaatuustissa | $\overline{\Gamma}$ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/18/2024 | Deutsch, Barry | | | | \$2.78 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Portland, OR 97266 | | | | |
| | Principal occu Cartoonist | upation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/03/2024 | Devore, Michael | | | | \$5.56 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | Naperville, IL 60540 | | | | |
| | Principal occu Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDUI | E A1 |
|---|----------------------------|--|--------------------------------------|--|--------|---|------------|
| | The Instruc | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 31/141 Rpt: 34/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 04/16/2024 | 5 Full name of contributorDew, Gloria J6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | San Antonio, TX 78232 pation / Job title (See Instructions | s) <u>[9</u> | Employer (See Instructions | | | |
| • | Not Employe | | | Not Employed | -, | | |
| | Date 06/30/2024 | Full name of contributor Dewar, Claire Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,018.00 |
| | Princinal occur | pation / Job title (See Instructions | <u>.)</u> | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | -, | | |
| | Date 03/28/2024 | Full name of contributor DiNardo, Nancy Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$150.00 |
| | | Trumbull, CT 06611 | | | | | |
| | | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | |
| | Not Employe | | | Not Employed | _ | | |
| | Date 03/14/2024 | Full name of contributor Diamond, Greg Contributor address; City; St Altadena, CA 91001-5539 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Salesman | pation / Job title (See Instructions | 5) | Employer (See Instructions Democratic Party of Wis | | nsin | |
| | Date 04/14/2024 | Full name of contributor Diamond, Greg Contributor address; City; St Altadena, CA 91001-5539 | | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Salesman | pation / Job title (See Instructions | 5) | Employer (See Instructions Democratic Party of Wis | | nsin | |
| _ | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-----|--|--------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 32/141 Rpt: 35/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/14/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Altadena, CA 91001-5539 | | | | | |
| 8 | Principal occu Salesman | pation / Job title (See Instructions) | 9 | Employer (See Instructions Democratic Party of Wis | | nsin | |
| | Date 06/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Diamond, Greg Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Altadena, CA 91001-5539 pation / Job title (See Instructions) | ı - | Employer (See Instructions | :, | | |
| | Salesman | sation, 300 title (300 manuchons) | | Democratic Party of Wis | | nsin | |
| | Date 05/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Dubois, Marit Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Lubbock, TX 79414 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 03/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Dukes, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78209 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Dukes, Thomas Contributor address; City; State; Zip Code San Antonio, TX 78209 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
| | | | - | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A1 | | | |
|---|--------------------------------|---|--|-------------|---|-----------|--|
| | The Instru | ction Guide explains how to complete this t | orm. | 1 | Total pages Schedule A1: Sch: 33/141 Rpt: 36/248 | | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) | |
| 4 | Date 03/16/2024 | Full name of contributor out-of-state PAC (ID#: Dunn, Marc Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 | |
| 8 | Principal occu | Cooper City, FL 33026 pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Not Employe | | Not Employed | | | | |
| | Date 04/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Dunn, Marc Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$50.00 | |
| | Deinsinal assu | Cooper City, FL 33026 | Franksian (Cookastii asa | | | | |
| | Not Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | | |
| | Date 05/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Dunn, Marc Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$50.00 | |
| | | Cooper City, FL 33026 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | | |
| | Date 06/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Dunn, Marc Contributor address; City; State; Zip Code Cooper City, FL 33026 | | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed |) | | | |
| | Date 03/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Edwards, Nick Contributor address; City; State; Zip Code Chicago, IL 60613 | | | Amount of Contribution (\$) | \$400.00 | |
| | Principal occu Self Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Self |) | | | |
| | | | | | | | |

| | MONEI | IONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|-------------------------------|---|-------------------------|-----|---|-------------|---|-----------|
| | The Instruc | ction Guide explains how | to complete this fo | orn | m. | 1 | Total pages Schedule A1: Sch: 34/141 Rpt: 37/248 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | istian | | | | | 00087920 | |
| 4 | Date 06/30/2024 | 5 Full name of contributor Edwards, Nick6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Chicago, IL 60613 pation / Job title (See Instructions | 5) | 9 | Employer (See Instructions | () | | |
| Ü | Self Employe | | ,, | • | Self | ', | | |
| | Date 03/25/2024 | Full name of contributor Eilenberger, Bee Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$10.50 |
| | | Palestine, TX 75801 | | | | Ĺ | | |
| | Not Employe | pation / Job title (See Instructions | 5) | | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | _ | Assessment of Ossatzilandians (d) | |
| | Date 06/30/2024 | Full name of contributor Eilenberger, Bee Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$18.00 |
| | | Buda, TX 78610 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | | Employer (See Instructions | 5) | | |
| | Not Employe | ed | | | Not Employed | | | |
| | Date 06/21/2024 | Full name of contributor Einstein, Edwin Contributor address; City; S San Antonio, TX 78230 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | 5) | | |
| | Date 06/20/2024 | Full name of contributor Elizondo, William Contributor address; City; S San Antonio, TX 78216 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Optometrist | pation / Job title (See Instructions | s) | | Employer (See Instructions Retired | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ON | IS | | SCHEDULI | E A1 |
|---|-----------------------------|--|-----|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 35/141 Rpt: 38/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | r Filers) |
| 4 | Date 06/29/2024 | Full name of contributor out-of-state PAC (ID# Elledge, Richard Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78209 | | | | | |
| 8 | Principal occu Physician | pation / Job title (See Instructions) | 9 | Employer (See Instructions State of Texas | 5) | | |
| | Date 03/04/2024 | Full name of contributor out-of-state PAC (ID# Elridge, Colmon Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Georgetown, KY 40324 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Director | , | | Council of State Govern | | ents | |
| | Date 03/17/2024 | Full name of contributor out-of-state PAC (ID# Elridge, Colmon Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 |
| | | Georgetown, KY 40324 | | | | | |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Council of State Govern | | ents | |
| | Date 04/04/2024 | Full name of contributor out-of-state PAC (ID# Elridge, Colmon Contributor address; City; State; Zip Code Georgetown, KY 40324 | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Council of State Govern | | ents | |
| | Date 04/17/2024 | Full name of contributor out-of-state PAC (ID# Elridge, Colmon Contributor address; City; State; Zip Code Georgetown, KY 40324 | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Council of State Govern | | ents | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBI | UTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|----------|---|---------|---|------------|
| | The Instru | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 36/141 Rpt: 39/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/04/2024 | Full name of contributor out-of-state PA Elridge, Colmon Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$50.00 |
| Ω | Principal occu | Georgetown, KY 40324 pation / Job title (See Instructions) | la | Employer (See Instructions | -, | | |
| 0 | | ate Governments | 9 | Director Director | ·) | | |
| | Date 05/17/2024 | Full name of contributor out-of-state PA Elridge, Colmon Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 |
| | D: : 1 | Georgetown, KY 40324 | | 5 1 (2 1 1 1 | <u></u> | | |
| | Director | pation / Job title (See Instructions) | | Employer (See Instructions Council of State Govern | | ents | |
| | Date 03/21/2024 | Full name of contributor out-of-state PA Emily's List Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$2,500.00 |
| | | Washington, DC 20036 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 06/21/2024 | Full name of contributor out-of-state PA Engel, Paul Contributor address; City; State; Zip Code Houston, TX 77005 | |) | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/27/2024 | Full name of contributor out-of-state PAEngel, Paul Contributor address; City; State; Zip Code Houston, TX 77005 | | | • | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | | | | 1.27 | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUI | LE A1 |
|---|--------------------------------|--|--|--|----------|---|--------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 37/141 Rpt: 40/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/30/2024 | 6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code | | 7 | Amount of Contribution (\$) | \$15.00 |
| 0 | Dringing agg | Corpus Christi, TX 78403 | <u> </u> | Employer (See Instructions | ·/_ | | |
| 8 | Disaster Ass | pation / Job title (See Instructions) sistance | 9 | Employer (See Instructions Dept of Homeland Secu | | , | |
| | Date 03/17/2024 | Full name of contributor Escamilla, Pablo Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Houston, TX 77008 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Attorney | | | Escamilla Poneck | • | | |
| | Date 03/19/2024 | Full name of contributor Espinoza, Edward Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | | Austin, TX 78746 | | | | | |
| | Principal occu Communicat | pation / Job title (See Instructions) tions | | Employer (See Instructions Federate Media ATX | 5) | | |
| | Date 06/27/2024 | Full name of contributor Espinoza, Javier Contributor address; City; Sta San Antonio, TX 78216 | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Espinoza & Brock PLLC | | | |
| | Date 06/25/2024 | Full name of contributor Espiritu-Azocar, Melina Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Union Presid | pation / Job title (See Instructions) dent | | Employer (See Instructions Northside AFT | 5) | | |
| | | | <u> </u> | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|--------------------|--|---|---|----------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 38/141 Rpt: 41/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 06/30/2024 | 5 Full name of contributor Espitia, Manuel6 Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| • | Dringing aggr | Nashua, NH 03060 | a [1 | O Employer (Coo Instructionne | | | |
| 8 | | pation / Job title (See Instructions | 3) | 9 Employer (See Instructions Pur for Semothing BAC | | | |
| | Normem Re | gional Director | | Run for Something PAC | _ | | |
| | Date 03/13/2024 | Full name of contributor Essler, James Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78703 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/30/2024 | Full name of contributor Eubanks, Eric Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77098 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Not Employe | | , | Not Employed | ٠, | | |
| | | Full name of contributor | | , | Т | Amount of Contribution (f) | |
| | Date 06/30/2024 | Evbagharu, Odus Contributor address; City; St Katy, TX 77449 | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Communicat | ions Director | | Harris County Democra | tic | Party | |
| | Date 06/30/2024 | Full name of contributor Everett, Gabriela Contributor address; City; St Las Vegas, NV 89141 | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions |) 1 | Employer (See Instructions | <u> </u> | | |
| | Director of A | | , | Three Square Food Bar | | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL CONTRIB | BUTION | IS | | SCHEDUL | E A1 |
|---|---------------------------------|--|-------------|---|----------------|---|-------------|
| | The Instru | ction Guide explains how to complet | te this for | m. | 1 | Total pages Schedule A1: Sch: 39/141 Rpt: 42/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/17/2024 | 5 Full name of contributor out-of-state File Eze, Alfred 6 Contributor address; City; State; Zip Code | - |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Washington, DC 20003 | | | | | |
| 8 | Principal occu Director of V | pation / Job title (See Instructions) oter Contact | 9 | Employer (See Instructions Democratic Congression | | Campaign Committee | |
| | Date 06/14/2024 | Full name of contributor out-of-state F Fahey, Dennis Contributor address; City; State; Zip Code | - | | | Amount of Contribution (\$) | \$5.00 |
| | Dringing! aggs | Denver, CO 80238 | | Employer (Co.) Instructions | <u></u> | | |
| | Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed |) | | |
| | Date 06/08/2024 | Full name of contributor out-of-state F Falteisek, Leslie Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | | Johnson City, TX 78636 | | | <u> </u> | | |
| | Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state F Fehr, Stefan Contributor address; City; State; Zip Code Austin, TX 78704 | |) | | Amount of Contribution (\$) | \$2.08 |
| | Principal occu Social Works | pation / Job title (See Instructions) er | | Employer (See Instructions Austin Public Health | <u> </u> 5) | | |
| | Date 05/23/2024 | Full name of contributor out-of-state F Fernandez, Blakely Contributor address; City; State; Zip Code San Antonio, TX 78205 | PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Bracewell | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CON | NTRIBUTION | S | | SCHEDUI | E A1 |
|---|-------------------------------|---|-----------------------|--|---|---|------------|
| | The Instruc | ction Guide explains how to c | complete this form | n. | 1 | Total pages Schedule A1: Sch: 40/141 Rpt: 43/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/26/2024 | Field, Megan 6 Contributor address; City; State; Z | |) | 7 | Amount of Contribution (\$) | \$20.00 |
| 8 | Principal occu | Austin, TX 78757 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date 05/05/2024 | Figueroa, Sarah Contributor address; City; State; Z | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Austin, TX 78723 pation / Job title (See Instructions) | 1 | Employer (See Instructions |) | | |
| | The Davis G | | | Marketing | , | | |
| | Date 06/28/2024 | Fikes, Amy Contributor address; City; State; Z | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | Dallas, TX 75205-3103 pation / Job title (See Instructions) | 1 | Employer (See Instructions |) | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 06/28/2024 | Full name of contributor of contributor of contributor of contributor of contributor of contributor address; City; State; Z | ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 06/22/2024 | Full name of contributor | ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Sr. Copywrite | er ———————————————————————————————————— | | Radancy | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ON | NS | | SCHEDUL | E A1 |
|---|--------------------------------|--|-----|---|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 41/141 Rpt: 44/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/12/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu | Corpus Christi, TX 78411 pation / Job title (See Instructions) | la | Employer (See Instructions | ;) | | |
| 0 | Not Employe | | | Not Employed |) | | |
| | Date 06/29/2024 | Full name of contributor out-of-state PAC (ID: Finley III, George Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 |
| | Delinational | Corpus Christi, TX 78411 | _ | Formula and (October Instruction | <u></u> | | |
| | Not Employe | pation / Job title (See Instructions) rd | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/19/2024 | Full name of contributor out-of-state PAC (ID: Flato, Catherine Contributor address; City; State; Zip Code | #: |) | | Amount of Contribution (\$) | \$500.00 |
| | | San Antonio, TX 78209-5617 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) rd | | Employer (See Instructions Not Employed | s) | | |
| | Date 04/25/2024 | Full name of contributor out-of-state PAC (ID: Flores, Juan Contributor address; City; State; Zip Code San Antonio, TX 78250 | | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID: Flores, Mary Contributor address; City; State; Zip Code Robstown, TX 78380 | | | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Diagnosticia | pation / Job title (See Instructions) n | | Employer (See Instructions Robstown | s) | | |
| | | | - | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ON | IS | | SCHEDUL | E A1 |
|---|--------------------------------|---|-----|---|----|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 42/141 Rpt: 45/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/23/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$160.00 |
| 8 | Principal occur | San Antonio, TX 78204 pation / Job title (See Instructions) | ٦٥ | Employer (See Instructions | ·/ | | |
| 0 | Not Employe | | 9 | Not Employed | ·) | | |
| | Date 06/01/2024 | Full name of contributor ut-of-state PAC (ID# Flores, Rosemarie Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78221-3808 | | | | | |
| | Principal occup Loan Officer | oation / Job title (See Instructions) | | Employer (See Instructions Legacy Mutual Mortgag | | | |
| | Date 06/30/2024 | Full name of contributor | #: |) | | Amount of Contribution (\$) | \$1.00 |
| | | Robstown, TX 78380 | | | | | |
| | Principal occup Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
| | Date 05/08/2024 | Full name of contributor out-of-state PAC (ID# Foley, Jack Contributor address; City; State; Zip Code Richmond, VA 23219 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Political | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 05/04/2024 | Full name of contributor out-of-state PAC (ID#Fossier, Theresa Contributor address; City; State; Zip Code San Antonio, TX 78205 | #: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occup Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | A1 |
|---|-------------------------------|---|----------|---|---------|---|-----------|
| | The Instruc | ction Guide explains how to complete this fo | orı | m. | 1 | Total pages Schedule A1: Sch: 43/141 Rpt: 46/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 06/26/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$518.00 |
| 8 | Principal occu | San Antonio, TX 78205 pation / Job title (See Instructions) | 9 | Employer (See Instructions | ;) | | |
| Ŭ | Not Employe | | J | Not Employed | , | | |
| | Date 03/09/2024 | Full name of contributor out-of-state PAC (ID#:_Foster, Ollie Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$25.00 |
| | D: : 1 | San Antonio, TX 78204 | | - | <u></u> | | |
| | Nurse | pation / Job title (See Instructions) | | Employer (See Instructions Baptist healthcare | 5) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state PAC (ID#:_Frates, Sarah Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77005 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Nonenone | s) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_Frazier, Jean Contributor address; City; State; Zip Code San Antonio, TX 78209 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 04/13/2024 | Full name of contributor out-of-state PAC (ID#:_Frazier, Jeannie Contributor address; City; State; Zip Code San Antonio, TX 78209 | |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Finance | pation / Job title (See Instructions) | | Employer (See Instructions San Antonio Museum o | | rt | |
| | | | <u> </u> | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|---------------------------------|---|-------------------------------------|---|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 44/141 Rpt: 47/248 | |
| 2 | FILER NAME Carranza, Kr | | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/18/2024 | Full name of contributor French, Druscilla Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| | Dair single goog | Chapel Hill, NC 27514 | <u> </u> | S. Swallows (Con Instruction) | | | |
| 8 | Principal occu Psychologist | ipation / Job title (See Instructions) t |) 9 | Employer (See Instructions Druscilla French | 5) | | |
| | Date 06/11/2024 | Full name of contributor Friday, Cheryl Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | San Diego, CA 92111 upation / Job title (See Instructions) |) | Employer (See Instructions | <u> </u> S) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/25/2024 | Full name of contributor Frogge, Teresa Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78251 | | | | | |
| | Principal occu Letter Carrie | upation / Job title (See Instructions) |) | Employer (See Instructions USPS | 5) | | |
| | Date 04/19/2024 | Full name of contributor Fuller Clark, Martha Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu State Senato | upation / Job title (See Instructions) or |) | Employer (See Instructions State of New Hampshire | | | |
| | Date 06/11/2024 | Full name of contributor Galik, Richard Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | upation / Job title (See Instructions) |) | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | 15 | | SCHEDUI | LE A1 |
|---|---------------------------------|--|--|---|-----|---|--------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 45/141 Rpt: 48/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 05/23/2024 | 5 Full name of contributor [Galloway, Hilliard6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) | \$200.00 |
| | | San Antonio, TX 78242 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Executive Di | rector | | BRIDGE / NEO Philanth | rop | y Inc. | |
| | Date 03/10/2024 | Full name of contributor Galvan, Eva Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78229 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Physician | | | UTHSCSA | | | |
| | Date 04/02/2024 | Full name of contributor [Galvan, Israel Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | | League City, TX 77573 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Engineer | | | GHG Corporation | | | |
| | Date 06/10/2024 | Full name of contributor Garay, Monica Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$26.00 |
| | Principal occu Legislative D | pation / Job title (See Instructions) Director | | Employer (See Instructions Congress | 5) | | |
| | Date 06/30/2024 | Full name of contributor Garcia, Gregory Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions A Wong Fencing | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TION | IS | | SCHEDUL | E A1 |
|---|--------------------------------|--|--------|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete thi | is for | m. | 1 | Total pages Schedule A1: Sch: 46/141 Rpt: 49/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/12/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | <u> </u> | San Antonio, TX 78213 | - 1- | | <u></u> | | |
| 8 | Principal occu Police Dispa | pation / Job title (See Instructions) tcher | 9 | Employer (See Instructions City of San Antonio | 5) | | |
| | Date 05/16/2024 | Full name of contributor out-of-state PAC (II Garcia MD, Catalina E Contributor address; City; State; Zip Code Dallas, TX 75231 | | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | d | | Not Employed | | | |
| | Date 05/30/2024 | Full name of contributor out-of-state PAC (II Garrett, Karen Contributor address; City; State; Zip Code | D#: |) | | Amount of Contribution (\$) | \$20.00 |
| | | Houston, TX 77019 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/23/2024 | Full name of contributor out-of-state PAC (II Garza, Grace Contributor address; City; State; Zip Code San Antonio, TX 78245 | |) | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions | <u>l</u> 5) | | |
| | Date 06/16/2024 | Full name of contributor out-of-state PAC (II Garza, Grace Contributor address; City; State; Zip Code San Antonio, TX 78245 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | ITION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|----------|---|----------|---|------------|
| | The Instruc | ction Guide explains how to complete t | his for | m. | 1 | Total pages Schedule A1: Sch: 47/141 Rpt: 50/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/14/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Deinginglagg | Austin, TX 78736 | | Franksian (Cookastustian | | | |
| 8 | Advisor | pation / Job title (See Instructions) | 9 | Employer (See Instructions Way to Win | 5) | | |
| | Date 05/27/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | San Antonio, TX 78209 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Investor | | | Self | -, | | |
| | Date 03/08/2024 | Full name of contributor | C (ID#: |) | | Amount of Contribution (\$) | \$7.00 |
| | | Abilene, TX 79606 | | | L | | |
| | Counselor | pation / Job title (See Instructions) | | Employer (See Instructions Carol Gindratt | 5) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC Glassner, Sharon Contributor address; City; State; Zip Code Morton Grove, IL 60053 | | | • | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions None | 5) | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC Gober, Kenneth Contributor address; City; State; Zip Code Austin, TX 78759 | (ID#: |) | • | Amount of Contribution (\$) | \$8.33 |
| | Principal occu Lawyer | oation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------|---|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 48/141 Rpt: 51/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/15/2024 | 5 Full name of contributor out-of-state PAG Godfrey, Justin 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | Dringing age | Austin, TX 78721 | lo. | Employer (Coo Instructions | <u></u> | | |
| 8 | Vice Preside | pation / Job title (See Instructions) ent/Treasurer | 9 | Employer (See Instructions Barilla Management Inc | | | |
| | Date 06/23/2024 | Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Austin, TX 78721 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Vice Preside | | | Barilla Management Inc | | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAG Goerner, Jon Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | Dallas, TX 75205 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/24/2024 | Full name of contributor out-of-state PAG Goldin, John Contributor address; City; State; Zip Code Guilford, CT 06437 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAG Goldman, Alex Contributor address; City; State; Zip Code Concord, MA 01742 | | | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu NA | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL CONTRI | IBUTION | S | | SCHEDULE A1 | |
|---|-------------------------------|--|---------------|---|---|---|----|
| | The Instru | ction Guide explains how to compl | ete this forr | n. | 1 | Total pages Schedule A1: Sch: 49/141 Rpt: 52/248 | |
| 2 | FILER NAME Carranza, Kı | istian | | | 3 | Filer ID (Ethics Commission Filers) 00087920 | |
| 4 | Date 04/20/2024 | Full name of contributor out-of-state out-of-st | | | 7 | Amount of Contribution (\$) \$1,000.0 | 10 |
| | | San Antonio, TX 78251 | | | | | |
| 8 | Principal occu Consultant | pation / Job title (See Instructions) | 9 | Employer (See Instructions TelResource |) | | |
| | Date 06/25/2024 | Gomez, Leonel | | | | Amount of Contribution (\$) \$1,000.0 | 10 |
| | Principal occu | San Antonio, TX 78251 pation / Job title (See Instructions) | | Employer (See Instructions |) | | _ |
| | Economic De | | | Brooks Development Au | | ority | |
| | Date 05/31/2024 | Gomoll, Terry | | | | Amount of Contribution (\$) \$1.0 | 10 |
| | | Apopka, FL 32703 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed |) | | |
| | Date 05/01/2024 | Gonima, Maureen | | | | Amount of Contribution (\$) \$250.0 | 10 |
| | Principal occu IHeartMedia | oation / Job title (See Instructions) | | Employer (See Instructions Attorney |) | | |
| | Date 06/25/2024 | Gonzales, Anthony | |) | | Amount of Contribution (\$) \$10.0 | 10 |
| | Principal occu Teacher | oation / Job title (See Instructions) | | Employer (See Instructions NISD |) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|--|------------------|--|---------|---|-------------|
| | The Instru | ction Guide explains how to com | nplete this forr | n. | ı | Total pages Schedule A1: Sch: 50/141 Rpt: 53/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | ı | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/25/2024 | Gonzales, Anthony | -state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$15.00 |
| | | San Antonio, TX 78216 | | | | | |
| 8 | Principal occu Teacher | pation / Job title (See Instructions) | 9 | Employer (See Instructions Northside Independent S | | ool District | |
| | Date 03/26/2024 | Full name of contributor out-of- Gonzales, Shirley Contributor address; City; State; Zip C | | | | Amount of Contribution (\$) | \$250.00 |
| | Deinsinal assu | Durango, CO 81301 | | Frankrian (Cookarationa | <u></u> | | |
| | Business Ov | pation / Job title (See Instructions) vner | | Employer (See Instructions Pedal Peaks | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-Gonzalez, Ernest Contributor address; City; State; Zip C | -state PAC (ID#: |) | • | Amount of Contribution (\$) | \$500.00 |
| | | San Antonio, TX 78259 | | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | Date 04/16/2024 | Goodman, John | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/01/2024 | Goodrich, Donna | -state PAC (ID#: | | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Manuscript E | pation / Job title (See Instructions) Editor | | Employer (See Instructions Jnspg | 5) | | |
| | | | I | 1.5 | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULI | E A1 |
|---|-------------------------------|---|----|---|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 51/141 Rpt: 54/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_Goodwin, Peter Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Wolfeboro, NH 03894 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date 06/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Gore, Gail Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$10.00 |
| | Drive in all account | Bedford, TX 76021 | | Frankrian (Cook lastwictions | <u></u> | | |
| | Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Gosar, Mili Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$50.00 |
| | | Katy, TX 77450 | | | | | |
| | Principal occu DOI | pation / Job title (See Instructions) | | Employer (See Instructions Dcos | 5) | | |
| | Date 06/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Graf, James Contributor address; City; State; Zip Code The Woodlands, TX 77382 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions Graf Acquisition Corp. | 5) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state PAC (ID#:_Graves, Sandra Contributor address; City; State; Zip Code EL Reno, OK 73036 | |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Home Health | pation / Job title (See Instructions) | | Employer (See Instructions All The Little Things Co | | | |
| | HOME HEAR | TOLO | | All the Lime Hilligs Col | uiil | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|--|---|----|---|-------------|
| | The Instruc | ction Guide explains how t | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 52/141 Rpt: 55/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | ı Filers) |
| 4 | Date 06/11/2024 | 5 Full name of contributorGreen, Mary6 Contributor address; City; Stat | out-of-state PAC (ID#: ie; Zip Code |) | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occur | San Antonio, TX 78209 pation / Job title (See Instructions) | | Employer (See Instructions | .) | | |
| Ü | Not Employe | | | Not Employed | ') | | |
| | Date 03/29/2024 | Full name of contributor Guerra, Javier Contributor address; City; Stat | | | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78744 | | | | | |
| | Principal occu CRA | pation / Job title (See Instructions) | | Employer (See Instructions INC Research | 5) | | |
| | Date 05/08/2024 | Full name of contributor Cuerra Jr, Esmeraldo Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Castroville, TX 78009 | | | | | |
| | Principal occu Manager | pation / Job title (See Instructions) | | Employer (See Instructions Austin Hose | i) | | |
| | Date 05/31/2024 | Full name of contributor Gutfeld, Karen Contributor address; City; Stat Glendale, CA 91204 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | () | | |
| | Date 06/15/2024 | Full name of contributor Gutierrez, Irma Contributor address; City; Stat San Antonio, TX 78212 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | i) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TION | IS | | SCHEDUL | E A1 |
|---|--------------------------------|---|---------|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete th | nis for | m. | 1 | Total pages Schedule A1: Sch: 53/141 Rpt: 56/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/29/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$20.00 |
| _ | | San Antonio, TX 78223 | - 1- | 5 1 (0 1 1 1 | <u></u> | | |
| 8 | Medical Assi | pation / Job title (See Instructions) stant | 9 | Employer (See Instructions South Texas Renal Care | | | |
| | Date 04/29/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Washington, DC 20001 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | PCCC | • | | Political Consultant | | | |
| | Date 06/02/2024 | Full name of contributor out-of-state PAC Hanlon, Kevin Contributor address; City; State; Zip Code | (ID#: |) | | Amount of Contribution (\$) | \$1.05 |
| | | Vancouver, WA 98685 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 03/02/2024 | Full name of contributor out-of-state PAC Hansen, Paul Contributor address; City; State; Zip Code Austin, TX 78727-6870 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Software Eng | pation / Job title (See Instructions) gineer | | Employer (See Instructions National Instruments | 5) | | |
| | Date 04/02/2024 | Full name of contributor out-of-state PAC Hansen, Paul Contributor address; City; State; Zip Code Austin, TX 78727-6870 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Software Eng | pation / Job title (See Instructions) | | Employer (See Instructions National Instruments | 5) | | |
| | 35 | , . | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|----------------------------|--|---|---|----------------|---|------------|
| | The Instru | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 54/141 Rpt: 57/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 05/02/2024 | 5 Full name of contributor Hansen, Paul6 Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| | | Austin, TX 78727-6870 | | | | | |
| 8 | Principal occu | nation / Job title (See Instruction: | s) | 9 Employer (See Instructions | <u>L</u> S) | | |
| | National Inst | | | Software Engineer | | | |
| | Date 06/02/2024 | Full name of contributor Hansen, Paul Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$10.00 |
| | Deinsinal | Austin, TX 78727-6870 | . 1 | Frankrija (Osta krativski sa | <u></u> | | |
| | | pation / Job title (See Instruction | 5) | Employer (See Instructions National Instruments | S) | | |
| | Software En | | | National instruments | _ | | |
| | Date 06/23/2024 | Full name of contributor Hanson-Chipman, Kathle Contributor address; City; S | |) | • | Amount of Contribution (\$) | \$10.00 |
| | | Schertz, TX 78154 | | | | | |
| | Principal occu | pation / Job title (See Instruction | 5) | Employer (See Instructions | 5) | | |
| | None | | | None | | | |
| | Date 04/21/2024 | Full name of contributor Hardberger, Phil Contributor address; City; S San Antonio, TX 78212 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Attorney | pation / Job title (See Instruction | s) | Employer (See Instructions Retired | 5) | | |
| | Date 05/31/2024 | Full name of contributor Hardy, Kevin Contributor address; City; S San Rafael, CA 94901 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Plumber | pation / Job title (See Instruction: | 5) | Employer (See Instructions SWP | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRI | IBUTION | S | | SCHEDUI | LE A1 |
|---|--------------------------------|--|---------------|---|--------|---|--------------|
| | The Instruc | ction Guide explains how to compl | ete this forr | n. | 1 | Total pages Schedule A1: Sch: 55/141 Rpt: 58/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 03/06/2024 | Hare, Stacie 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occur | New York, NY 10025 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| 0 | Social Worke | | ľ | Share Our Strength |) | | |
| | Date 04/06/2024 | Hare, Stacie | |) | | Amount of Contribution (\$) | \$50.00 |
| | | New York, NY 10025 | | | Ĺ | | |
| | Principal occur Social Worke | pation / Job title (See Instructions) er | | Employer (See Instructions Share Our Strength | s) | | |
| | Date 05/06/2024 | Full name of contributor out-of-stat Hare, Stacie Contributor address; City; State; Zip Code | te PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | New York, NY 10025 | | | | | |
| | Principal occu Social Worke | pation / Job title (See Instructions) er | | Employer (See Instructions Share Our Strength | 5) | | |
| | Date 06/06/2024 | Hare, Stacie | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Social Worke | pation / Job title (See Instructions) | | Employer (See Instructions Share Our Strength | 5) | | |
| | Date 04/06/2024 | Full name of contributor out-of-state Hendler, Scott Contributor address; City; State; Zip Code | te PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions Hendler Flores Law PLL | | | |
| | Attorney | | | TIGHUIGI FIDIES LAW PLL | | | |

| | MONET | ARY POLITICAL CONTRIBUT | ΠΟΝ | IS | | SCHEDUL | E A1 |
|---|----------------------------|---|-------------|--|----------|---|-------------|
| | The Instru | ction Guide explains how to complete thi | is for | m. | 1 | Total pages Schedule A1: Sch: 56/141 Rpt: 59/248 | |
| 2 | FILER NAME Carranza, Kı | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/30/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | | Sparta, WI 54656 | - 1- | | <u> </u> | | |
| 8 | Consultant | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self-Employed | 5) | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (I Henry, Christopher Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Claremore, OK 74017 pation / Job title (See Instructions) | | Employer (See Instructions | :, | | |
| | None | pation / Job title (See Instructions) | | None | •) | | |
| | Date 06/06/2024 | Full name of contributor out-of-state PAC (I Her Bold Move Contributor address; City; State; Zip Code | D#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Providence, RI 02903 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 03/08/2024 | Full name of contributor out-of-state PAC (I Hernandez, Irene Contributor address; City; State; Zip Code San Antonio, TX 78260 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Mngr | pation / Job title (See Instructions) | | Employer (See Instructions BCDP | 5) | | |
| | Date 04/08/2024 | Full name of contributor out-of-state PAC (I Hernandez, Irene Contributor address; City; State; Zip Code San Antonio, TX 78260 | D #: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Mngr | pation / Job title (See Instructions) | | Employer (See Instructions BCDP | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDULE | ■ A1 |
|---|-------------------------------|--|---------------------|---|----------|---|-------------|
| | The Instru | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 57/141 Rpt: 60/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 05/08/2024 | Hernandez, Irene | -of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78260 | | | | | |
| 8 | Principal occu Mngr | pation / Job title (See Instructions) | 9 | Employer (See Instructions BCDP | 5) | | |
| | Date 06/08/2024 | Full name of contributor out- Hernandez, Irene Contributor address; City; State; Zip | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Mngr | San Antonio, TX 78260 pation / Job title (See Instructions) | | Employer (See Instructions BCDP | i) | | |
| | Date 03/05/2024 | Full name of contributor out- Hernandez, Jacob Contributor address; City; State; Zip | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Deinsinal assu | San Antonio, TX 78254 | | Frankrian (Cook la structions | _ | | |
| | Temp | pation / Job title (See Instructions) | | Employer (See Instructions LeadingEdge Personnel | | | |
| | Date 04/05/2024 | Full name of contributor out- Hernandez, Jacob Contributor address; City; State; Zip San Antonio, TX 78254 | -of-state PAC (ID#: | | | Amount of Contribution (\$) | \$6.00 |
| | Principal occu Temp | pation / Job title (See Instructions) | | Employer (See Instructions LeadingEdge Personnel | | | |
| | Date 05/05/2024 | Full name of contributor out- Hernandez, Jacob Contributor address; City; State; Zip San Antonio, TX 78254 | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$6.00 |
| | Principal occu LeadingEdge | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | 3 - 3 | | l | <u> </u> | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | SCHEDULE A1 |
|---|----------------------------|--|------------------------|---|---|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 Total pages Schedule A1: Sch: 58/141 Rpt: 61/248 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Carranza, Kr | ristian | | | 00087920 |
| 4 | Date 06/25/2024 | Full name of contributor Hernandez, Veronica Contributor address; City; Si | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) \$30.00 |
| | | San Antonio, TX 78240 | | | |
| 8 | | pation / Job title (See Instructions | 5) | Employer (See Instructions | |
| | Speech Path | nologist | | Once Upon a Time Hon | omehealth |
| | Date 02/25/2024 | Full name of contributor Herrera, Jorge Contributor address; City; Si | out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| | | San Antonio, TX 78207 | | | |
| | | pation / Job title (See Instructions | s) | Employer (See Instructions | |
| | Attorney | | | The Herrera Law Firm | |
| | Date 06/11/2024 | Full name of contributor Herrera, Spencer Contributor address; City; Si | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$50.00 |
| | | Las Cruces, NM 88003 | | | |
| | Principal occu | nation / Job title (See Instructions | 3) | Employer (See Instructions | ns) |
| | Teacher | | | Education | |
| | Date 06/30/2024 | Full name of contributor Herrera, Spencer Contributor address; City; Si | out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| | Principal occu Teacher | pation / Job title (See Instructions | 5) | Employer (See Instructions Education | ns) |
| | Date 05/24/2024 | Full name of contributor Hickman, Kylee Contributor address; City; Si San Antonio, TX 78247 | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$50.00 |
| | Principal occu Clotheir | pation / Job title (See Instructions | s) | Employer (See Instructions TomJames | ns) |
| | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | Ν | S | | SCHEDUI | E A1 |
|---|-------------------------------|--|---|----------|---|----------------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 59/141 Rpt: 62/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/05/2024 | 5 Full name of contributor Hill, Christian6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu | Miami, FL 33133 pation / Job title (See Instructions | s) g | <u> </u> | Employer (See Instructions | <u> </u> s) | | |
| | MDM Ventur | | , | | Consultant | , | | |
| | Date 06/05/2024 | Full name of contributor Hill, Christian Contributor address; City; St | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$50.00 |
| | Daine die al access | Miami, FL 33133 | , I | | Facilities (Control to the other still and | | | |
| | Consultant | pation / Job title (See Instructions | 5) | | Employer (See Instructions MDM Ventures | 5) | | |
| | Date 03/15/2024 | Full name of contributor Hill, Christopher Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78209 | , | | | <u></u> | | |
| | Business Ov | pation / Job title (See Instructions vner | (3) | | Employer (See Instructions Self Business | 5) | | |
| | Date 03/15/2024 | Full name of contributor Hill, Christopher Contributor address; City; St San Antonio, TX 78209 | | |) | | Amount of Contribution (\$) | \$975.00 |
| | Principal occu Business Ov | pation / Job title (See Instructions vner | 5) | | Employer (See Instructions Self Business | s) | | |
| | Date 05/09/2024 | Full name of contributor Hill, Justin Contributor address; City; St San Antonio, TX 78216 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | (3) | | Employer (See Instructions Hill Law Firm | 5) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | IS | | SCHEDULE | E A1 |
|---|-------------------------------|---|---|-----|---|----------------|---|-------------|
| | The Instruc | ction Guide explains how | v to complete this f | orı | n. | 1 | Total pages Schedule A1: Sch: 60/141 Rpt: 63/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | | 3 | Filer ID (Ethics Commission 00087920 | ı Filers) |
| 4 | Date 06/26/2024 | 5 Full name of contributor Hiller, Jay6 Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Drincinal occu | Austin, TX 78726 pation / Job title (See Instruction | 2) | ۵ | Employer (See Instructions | -, | | |
| 0 | Yoga Instruc | | 5) | ٦ | LASR | P) | | |
| | Date 05/31/2024 | Full name of contributor Himmel, Marilyn Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu | Coral Gables, FL 33134 pation / Job title (See Instruction | 5) | | Employer (See Instructions | <u> </u> s) | | |
| | Not Employe | | , | | Not Employed | , | | |
| | Date 03/23/2024 | Full name of contributor Hisssam, Timothy Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$14.00 |
| | | Pflugerville, TX 78660 | | | | | | |
| | Principal occu Tax Examini | pation / Job title (See Instruction ng Tech | 5) | | Employer (See Instructions IRS | s) | | |
| | Date 04/23/2024 | Full name of contributor Hisssam, Timothy Contributor address; City; S Pflugerville, TX 78660 | | |) | | Amount of Contribution (\$) | \$14.00 |
| | Principal occu Tax Examini | pation / Job title (See Instruction ng Tech | 5) | | Employer (See Instructions IRS | 5) | | |
| | Date 04/30/2024 | Full name of contributor Hisssam, Timothy Contributor address; City; S Pflugerville, TX 78660 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instruction | 5) | | Employer (See Instructions Tax Examining Tech | 5) | | |
| | | | | | Tax Examining 10011 | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---|---|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 61/141 Rpt: 64/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | | | | L | 00087920 | |
| 4 | Date 05/23/2024 | Full name of contributor Hisssam, Timothy Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | 7 | Amount of Contribution (\$) | \$14.00 |
| 8 | Principal occu | Pflugerville, TX 78660 pation / Job title (See Instructions) | ļ | Employer (See Instructions | s) | | |
| | Tax Examini | | | IRS | -, | | |
| | Date 06/23/2024 | Full name of contributor Hisssam, Timothy Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$14.00 |
| | Dringing con | Pflugerville, TX 78660 | - | Employer (Coo Instruction | <u></u> | | |
| | Tax Examini | pation / Job title (See Instructions) ng Tech | | Employer (See Instruction: IRS | 5) | | |
| | Date | Full name of contributor | 7 |) | _ | Amount of Contribution (\$) | |
| | 03/28/2024 | Hixon, Martha Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code | | | Amount of Continuation (4) | \$500.00 |
| | | SanAntonio, TX 78232 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Not Employe | , | | Not Employed | • | | |
| | Date 06/22/2024 | Full name of contributor Hoff, Eileen Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | Date 03/09/2024 | Full name of contributor Holguin, Eric Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Texas State | Director | | Employer | | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|---------------------------------|---|------------------------|--|---|---|-------------|
| | The Instru | ction Guide explains how t | o complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 62/141 Rpt: 65/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 04/28/2024 | 5 Full name of contributor Holley, Justin6 Contributor address; City; Stat | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78201 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Director of D | evelopment | | Thrive Youth center | | | |
| | Date 04/06/2024 | Full name of contributor Hommel, Mike Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Deinsinal assu | Killeen, TX 76549 | 1 | Francis var (Can Instructions | | | |
| | Video Game | pation / Job title (See Instructions) | | Employer (See Instructions Hamumu Games Inc. |) | | |
| | | | | Hamumu Games mc. | | | |
| | Date 05/08/2024 | Full name of contributor [Horner, Paul Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1.00 |
| | | Hampton, VA 23669 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Finance | | | Grassroots Analytics Inc | ; | | |
| | Date 04/04/2024 | Full name of contributor Hoyt, Cliff Contributor address; City; Stat Martinsburg, WV 25403 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed |) | | |
| | Date 05/14/2024 | Full name of contributor Hudson, Ryann Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Director of O | pation / Job title (See Instructions) perations | | Employer (See Instructions |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|--------------------------------|---|--|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 63/141 Rpt: 66/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Hudson, Ryann Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Dringing ogg | Patchogue, NY 11762 | 9 Employer (See Instructions | | | |
| • | Director of C | | DNC |) | | |
| | Date 06/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Hull, Kurt Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$518.00 |
| | Principal occu | Houston, TX 77098 upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date 03/23/2024 | Full name of contributor out-of-state PAC (ID#:_Hull, Megan Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Washington, DC 20009 | | | | |
| | Principal occu Activist | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 04/29/2024 | Full name of contributor out-of-state PAC (ID#:_Hull, Megan Contributor address; City; State; Zip Code Washington, DC 20009 |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Self | pation / Job title (See Instructions) | Employer (See Instructions Activist |) | | |
| | Date 03/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Humes, Leonard Contributor address; City; State; Zip Code Von Ormy, TX 78073 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Adjunct Prof | ipation / Job title (See Instructions) essor | Employer (See Instructions TX A&M San Antonio |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | 15 | | SCHEDUL | E A1 |
|---|-------------------------------|--|------------------------|---|--|---|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 64/141 Rpt: 67/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 06/27/2024 | Full name of contributor Hunziker, J Emil Contributor address; City; Sta | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$20.83 |
| | | Austin, TX 78751 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | 9 | Employer (See Instructions Not Employed | 5) | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 06/25/2024 | Insler, Brielle | | / | | 7 mileant of Continuation (4) | \$100.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | ł | | |
| | | . <i>,</i> , | , , | | | | |
| | | San Antonio, TX 78202 | | | | | |
| | Principal occu | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/26/2024 | Jasso, Patricia | | | | | \$100.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | San Antonio, TX 78223 | | | | | |
| | Principal occu | oation / Job title (See Instructions) | | Employer (See Instructions | <u>L</u> S) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/06/2024 | John Bucy Campaign | | | | | \$1,000.00 |
| | • | Contributor address; City; Sta | ate; Zip Code | | 1 | | |
| | | | | | | | |
| | | Austin, TX 78767 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/30/2024 | Johnson, Caitlin | | | | | \$18.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Austin, TX 78744 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>. </u> | | |
| | Deputy ED | | | BLC | | | |
| | | | ' | | | | |
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| | MONET | ARY POLITICAL C | CONTRIBUTIO | N | S | | SCHEDUI | LE A1 |
|---|---------------------------------|---|--|-----|---|---------|---|--------------|
| | The Instru | ction Guide explains how | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 65/141 Rpt: 68/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/18/2024 | 5 Full name of contributor Johnson, Charles6 Contributor address; City; St | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | Deireitad | Fort Worth, TX 76109 | \ \ \ | | Frankrick (October to the Atlantic oc | | | |
| 8 | Minister | pation / Job title (See Instructions |) | 9 | Employer (See Instructions Self | <u></u> | | |
| | Date 05/21/2024 | Full name of contributor Johnson, Ezra Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | San Antonio, TX 78233 pation / Job title (See Instructions |) | | Employer (See Instructions | s) | | |
| | Attorney | | | | Uhl Fitzsimons | | | |
| | Date 03/11/2024 | Full name of contributor Johnson, Jo Anne Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code | |) | • | Amount of Contribution (\$) | \$100.00 |
| | | Helotes, TX 78023 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed |) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/26/2024 | Full name of contributor Johnson, Julie Contributor address; City; St Dallas, TX 75238 | | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Campaign | pation / Job title (See Instructions |) | | Employer (See Instructions Account | 5) | | |
| | Date 04/15/2024 | Full name of contributor Johnson, Lucy Contributor address; City; St San Marcos, TX 78666 | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Real estate i | pation / Job title (See Instructions nvestor |) | | Employer (See Instructions Self | s) | | |
| | | | • | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTION | IS | | SCHEDUI | LE A1 |
|---|-------------------------------|--|--|---|----------------|---|--------------|
| | The Instruc | ction Guide explains hov | v to complete this for | m. | 1 | Total pages Schedule A1: Sch: 66/141 Rpt: 69/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/19/2024 | 5 Full name of contributor Kaliff, Mitchell6 Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code | | 7 | Amount of Contribution (\$) | \$500.00 |
| 0 | Dringing aggr | San Antonio, TX 78213 | 2) 0 | Employer (See Instructions | <u></u> | | |
| 8 | insurance | pation / Job title (See Instruction | 5) | Kaliff Insurance | >) | | |
| | Date 03/25/2024 | Full name of contributor Kanyusik, Bill Contributor address; City; S San Antonio, TX 78212 | | | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instruction | s) | Employer (See Instructions | <u> </u> S) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 05/31/2024 | Full name of contributor Kaplan, Barbara Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code |) | • | Amount of Contribution (\$) | \$1.00 |
| | | New York, NY 10025 | | | | | |
| | Principal occu Not employe | pation / Job title (See Instruction: d | s) | Employer (See Instructions Not employed | s) | | |
| | Date 06/22/2024 | Full name of contributor Karasek, Dennis Contributor address; City; S San Antonio, TX 78255 | out-of-state PAC (ID#: tate; Zip Code |) | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Physician | pation / Job title (See Instruction: | s) | Employer (See Instructions Self | 5) | | |
| | Date 04/26/2024 | Full name of contributor Karol, Jennifer Contributor address; City; S Dallas, TX 75229 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | Employer (See Instructions Not Employed | 5) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUI | E A1 |
|---|-------------------------------|--|---|---|---------|---|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 67/141 Rpt: 70/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 03/28/2024 | 5 Full name of contributor Kastl, Kristina N 6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Dringing age | Dallas, TX 75204 | lo. | Employer (Coo Instructions | <u></u> | | |
| 8 | Attorney | pation / Job title (See Instructions) | 9 | Employer (See Instructions Kastl Law PC | 5) | | |
| | Date 06/23/2024 | Full name of contributor Kaufman, Morgan Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Houston, TX 77006 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | PSC | | | MD Anderson Cancer C | en | ter | |
| | Date 04/28/2024 | Full name of contributor Kayser, Bradley Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78212 | | | | | |
| | Principal occu Md | pation / Job title (See Instructions) | | Employer (See Instructions Self | s) | | |
| | Date 06/27/2024 | Full name of contributor Kayser, Bradley Contributor address; City; Sta San Antonio, TX 78212 | | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu MD | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | Date 04/21/2024 | Full name of contributor Keller, Kathleen Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu not employe | pation / Job title (See Instructions) d | | Employer (See Instructions none | 5) | | |
| | | | <u>'</u> | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|----------------------------|--|--------------------------------|------------------------------------|----------|---|------------|
| | The Instruc | ction Guide explains how to co | omplete this forn | n. | 1 | Total pages Schedule A1: Sch: 68/141 Rpt: 71/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/22/2024 | Full name of contributor out Kelly, Thomas Contributor address; City; State; Zip | | | 7 | Amount of Contribution (\$) | \$2,000.00 |
| 8 | Principal occu | Austin, TX 78746 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Self Employe | | | Kelly Graphics | , | | |
| | Date 04/30/2024 | Kennedy, Amy Contributor address; City; State; Zip | |) | | Amount of Contribution (\$) | \$100.00 |
| | Princinal occur | washington, DC 20002 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Putnam Part | | | Senior Vice President | , | | |
| | Date 06/27/2024 | Full name of contributor out Keysor, Georgia Contributor address; City; State; Zig | t-of-state PAC (ID#: p Code |) | | Amount of Contribution (\$) | \$8.34 |
| | | Austin, TX 78757 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired |) | | |
| | Date 02/29/2024 | Full name of contributor out King, Joseph Contributor address; City; State; Zip Glen Flora, TX 77443 | t-of-state PAC (ID#: p Code |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date 03/30/2024 | Full name of contributor out King, Joseph Contributor address; City; State; Zip | t-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|----------------------------|---|---|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 69/141 Rpt: 72/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 03/30/2024 | Full name of contributor out-of-state PAC (ID#:_King, Joseph Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | Daine in all account | Glen Flora, TX 77443 | 10. 5 | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions None |) | | |
| | Date 04/30/2024 | Full name of contributor out-of-state PAC (ID#:_King, Joseph Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | Glen Flora, TX 77443 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | None | | Retired | | | |
| | Date 05/30/2024 | Full name of contributor out-of-state PAC (ID#:_King, Joseph Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | | Glen Flora, TX 77443 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions None |) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_King, Joseph Contributor address; City; State; Zip Code Glen Flora, TX 77443 | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions None |) | | |
| | Date 03/16/2024 | Full name of contributor out-of-state PAC (ID#:_Kleeb, Jane Contributor address; City; State; Zip Code Hastings, NE 68901 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Director | pation / Job title (See Instructions) | Employer (See Instructions Bold Nebraska |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ٩C | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-----|---|---|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 70/141 Rpt: 73/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/30/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu Not Employe | Dallas, TX 75225 pation / Job title (See Instructions) | 9 | Employer (See Instructions Not Employed | <u> </u> s) | | |
| | Date 05/18/2024 | Full name of contributor out-of-state PAC (ID#: Knickerbocker, Richard Contributor address; City; State; Zip Code Covington, LA 70433 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | <u> </u> | | |
| | Date 03/31/2024 | Full name of contributor out-of-state PAC (ID#: Knittel, Philip Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu | Lord's Valley, PA 18428 pation / Job title (See Instructions) | T | Employer (See Instructions | <u> </u> s) | | |
| | Advertising Date 03/31/2024 | Full name of contributor out-of-state PAC (ID#: Knittel, Philip Contributor address; City; State; Zip Code Lord's Valley, PA 18428 | | Unified | - | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Advertising | pation / Job title (See Instructions) | | Employer (See Instructions Unified | 5) | | |
| | Date 04/30/2024 | Full name of contributor out-of-state PAC (ID#: Knittel, Philip Contributor address; City; State; Zip Code Lord's Valley, PA 18428 | | | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Unified | pation / Job title (See Instructions) | | Employer (See Instructions Advertising | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUI | E A1 |
|---|-------------------------------|---|---------------------------------------|--|------|---|------------|
| | The Instru | ction Guide explains how to | o complete this form | n. | 1 | Total pages Schedule A1: Sch: 71/141 Rpt: 74/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 05/31/2024 | 5 Full name of contributor Knittel, Philip6 Contributor address; City; State | out-of-state PAC (ID#: e; Zip Code |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Lord's Valley, PA 18428 | la. | | | | |
| 8 | Advertising | pation / Job title (See Instructions) | 9 | Employer (See Instructions) Unified |) | | |
| | Date 06/30/2024 | Full name of contributor Knittel, Philip Contributor address; City; State | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | Lord's Valley, PA 18428 | | | | | |
| | Principal occu Advertising | pation / Job title (See Instructions) | | Employer (See Instructions) Unified |) | | |
| | | | <u> </u> | | | | |
| | Date 05/15/2024 | Full name of contributor Kobernick, Emily Contributor address; City; State | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78244 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Treasury ass | sistant | | Strategic Campaign Sou | ırcı | ng | |
| | Date 04/16/2024 | Full name of contributor Korth-Juricek, Ashley Contributor address; City; State Austin, TX 78752 | out-of-state PAC (ID#: ; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Investor | pation / Job title (See Instructions) | | Employer (See Instructions AKJ Investments |) | | |
| | Date 06/21/2024 | Full name of contributor Korth-Juricek, Ashley Contributor address; City; State Austin, TX 78752 | out-of-state PAC (ID#:; |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Investor | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDU | LE A1 |
|---|---------------------------------|--|------------------------|--------------------------------------|-------------|---|--------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 72/141 Rpt: 75/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 05/13/2024 | 5 Full name of contributor Koym-Garza, Mario6 Contributor address; City; Si | out-of-state PAC (ID#: | |) 7 | Amount of Contribution (\$) | \$125.00 |
| 8 | Principal occu | Dallas, TX 75248 pation / Job title (See Instructions | s) [0 | Employer (See In | structions) | | |
| Ü | Data Scientis | | '' | Precocity LLC | ou deliens) | | |
| | Date 05/01/2024 | Full name of contributor Kralj, Elliot Contributor address; City; Si | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78701 | , | | | | |
| | Consultant | pation / Job title (See Instructions | 5) | Employer (See In Kralj Consulting | | | |
| | Date 05/01/2024 | Full name of contributor Kralj, Nick Contributor address; City; Si | out-of-state PAC (ID#: | |) | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu Kralj Consult | pation / Job title (See Instructions ting | s) | Employer (See In Consultant | structions) | | |
| | Date 05/29/2024 | Full name of contributor Kraus, Lisa Contributor address; City; Si Dallas, TX 75209 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See In Not Employed | structions) | | |
| | Date 04/06/2024 | Full name of contributor Krispin, Wendy Contributor address; City; Si | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Caterer | pation / Job title (See Instructions | (3) | Employer (See In Wendy Krispin (| | : | |
| | | | <u> </u> | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------|--|------------------------|---|-----|---|------------|
| | The Instruc | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 73/141 Rpt: 76/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 03/19/2024 | 5 Full name of contributor Kroll, Amy6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$118.00 |
| | | Alexandria, VA 22314 | | | | | |
| 8 | | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | | | |
| | Executive Di | rector | | University of Texas Aus | tin | | |
| | Date 05/23/2024 | Full name of contributor Langford, Mary Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | | Seguin, TX 78155 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/25/2024 | Full name of contributor Latham, Jacob Contributor address; City; S | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$1.00 |
| | | Knoxville, TN 37919 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Associate Pr | ofessor | | UT | | | |
| | Date 03/04/2024 | Full name of contributor Latino Victory Fund Contributor address; City; S Washington, DC 20043 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | s) | | |
| | Date 03/28/2024 | Full name of contributor Lau, Roger Contributor address; City; S Silver Spring, MD 20910 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Staff | pation / Job title (See Instructions | 5) | Employer (See Instructions Democratic National Co | | nittee | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTION | IS | | SCHEDULE A1 |
|---|-------------------------------|---|-------------|---|----|---|
| | The Instruc | ction Guide explains how to complet | te this for | m. | 1 | Total pages Schedule A1: Sch: 74/141 Rpt: 77/248 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 05/14/2024 | Full name of contributor out-of-state out-of-state Lau, Roger Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) \$100.00 |
| | | Silver Spring, MD 20910 | | | | |
| 8 | Principal occu Staff | pation / Job title (See Instructions) | 9 | Employer (See Instructions Democratic National Co | | nittee |
| | Date 05/31/2024 | Laycock, David | PAC (ID#: |) | | Amount of Contribution (\$) \$1.00 |
| | Principal occu | Chester, NJ 07930 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | |
| | Driver | odion / Job tile (See instructions) | | UPS | ') | |
| | Date 06/13/2024 | Full name of contributor out-of-state Leaders We Deserve Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) \$25,000.00 |
| | | Washington, DC 20003 | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | |
| | Date 04/14/2024 | Full name of contributor out-of-state League, Karrie Contributor address; City; State; Zip Code Austin, TX 78705 | | | | Amount of Contribution (\$) \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | |
| | Date 05/02/2024 | Full name of contributor out-of-state Lemmond, Byron Contributor address; City; State; Zip Code Katy, TX 77449-7504 | PAC (ID#: |) | | Amount of Contribution (\$) \$5.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | |
| | | | • | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|-------------------------|---|-----------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 75/141 Rpt: 78/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 06/02/2024 | 5 Full name of contributorLemmond, Byron6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Katy, TX 77449-7504 | | | | | |
| 8 | | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 05/31/2024 | Full name of contributor Lenz, Janice Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78258 | | | | | |
| | | pation / Job title (See Instructions | 3) | Employer (See Instructions | s) | | |
| | Not Employe | ed ———————————————————————————————————— | | Not Employed | | | |
| | Date 03/06/2024 | Full name of contributor Leonard, Jane Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 |
| | | Saint Paul, MN 55108 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | <u>s)</u> | | |
| | Not Employe | | , | Not Employed | -, | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | . , | Т | Amount of Contribution (\$) | |
| | 05/22/2024 | Leonard, Jane Contributor address; City; S | | | | Amount of Continuation (4) | \$500.00 |
| | | St Paul, MN 55108 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | s) | Employer (See Instructions Not Employed | s) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/31/2024 | Leonard, Shae | | | | | \$1.00 |
| | | Contributor address; City; S Malone, NY 12953 | tate; Zip Code | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions | s) | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | ■ A1 |
|---|-------------------------------|---|------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orı | m. | 1 | Total pages Schedule A1: Sch: 76/141 Rpt: 79/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | ı Filers) |
| 4 | Date 05/21/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Deignigal | San Antonio, TX 78205 | • | Franksian (Cookastustian | _ | | |
| 8 | Real Estate | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 06/26/2024 | Full name of contributor | •••• |) | | Amount of Contribution (\$) | \$250.00 |
| | Dringing! goog | San Antonio, TX 78205 | | Employer (See Instructions | <u></u> | | |
| | Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions Self | ») | | |
| | Date 06/26/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78205 | | | | | |
| | Principal occu Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions Self | s) | | |
| | Date 04/11/2024 | Full name of contributor out-of-state PAC (ID#:_Linden, Greg Contributor address; City; State; Zip Code Oakland, CA 94602 | | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu Researcher | pation / Job title (See Instructions) | | Employer (See Instructions UC Berkeley | 5) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state PAC (ID#:_Linden, Greg Contributor address; City; State; Zip Code Oakland, CA 94602 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Researcher | pation / Job title (See Instructions) | | Employer (See Instructions UC Berkeley | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDUI | E A1 |
|---|-------------------------------|--|---------------------------------------|---|----------|---|------------|
| | The Instru | ction Guide explains how t | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 77/141 Rpt: 80/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/22/2024 | 5 Full name of contributor Linden, Greg6 Contributor address; City; Stat | out-of-state PAC (ID#: e; Zip Code |) | 7 | Amount of Contribution (\$) | \$40.00 |
| _ | Duinning Langu | Oakland, CA 94602 | lo. | Frankston (Cookstantin to | | | |
| 8 | Researcher | pation / Job title (See Instructions) | 9 | Employer (See Instructions UC Berkeley | 5) | | |
| | Date 04/20/2024 | Full name of contributor Lloyd Doggett for Congress Contributor address; City; Stat | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Austin, TX 78763 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | · ····o.pa. occa | panelly cost and (cost mendency) | | | , | | |
| | Date 06/28/2024 | Full name of contributor [Locke, Shannon Contributor address; City; Stat | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | Dringing aggr | San Antonio, TX 78260 pation / Job title (See Instructions) | | Employer (See Instructions | _ | | |
| | Attorney | pation / Job title (See Instructions) | | The Locke Law Group | ') | | |
| | Date 06/20/2024 | Full name of contributor Loe, Elizabeth Contributor address; City; Stat San Marcos, TX 78666 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 05/28/2024 | Full name of contributor Loeb, Margery Contributor address; City; Stat Houston, TX 77027 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | i) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDULE | A1 |
|---|----------------------------|--|------------------------|---|----------------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 78/141 Rpt: 81/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 05/31/2024 | 5 Full name of contributor Lofton, Suzy6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Cedar Park, TX 78613 | | | | | |
| 8 | | pation / Job title (See Instructions | 9 | Employer (See Instructions | s) | | |
| | Deputy Supe | erintendent | | Lago Vista ISD | | | |
| | Date 06/30/2024 | Full name of contributor Lofton, Suzy Contributor address; City; S | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$25.00 |
| | | Cedar Park, TX 78613 | | | | | |
| | | pation / Job title (See Instructions | 3) | Employer (See Instructions | s) | | |
| | Deputy Supe | erintendent | | Lago Vista ISD | | | |
| | Date 06/29/2024 | Full name of contributor Lofton Bullis, Suzy Contributor address; City; S | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$25.00 |
| | | Round Rock, TX 78681 | | | | | |
| | Principal occu | I pation / Job title (See Instructions | s) | Employer (See Instructions | <u>I</u> S) | | |
| | Deputy Supe | erintendent | | Lago Vista ISD | | | |
| | Date 03/05/2024 | Full name of contributor Longoria, Jennifer Contributor address; City; S San Antonio, TX 78213 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Director | pation / Job title (See Instructions | 5) | Employer (See Instructions Everybody Votes Camp | • | n | |
| | Date 04/05/2024 | Full name of contributor Longoria, Jennifer Contributor address; City; S San Antonio, TX 78213 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Director | pation / Job title (See Instructions | (3) | Employer (See Instructions Everybody Votes Camp | | n | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|----------------------------|--|--|--|----|---|-------------|
| | The Instru | ction Guide explains how | to complete this for | n. | 1 | Total pages Schedule A1: Sch: 79/141 Rpt: 82/248 | |
| 2 | FILER NAME Carranza, Kı | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/05/2024 | 5 Full name of contributor [Longoria, Jennifer6 Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Duinning Langu | San Antonio, TX 78213 | la l | Franksian (Caa Instructions | | | |
| 8 | · | pation / Job title (See Instructions) /otes Campaign | 9 | Employer (See Instructions Director | 5) | | |
| | Date 06/15/2024 | Full name of contributor [Lopez, Nicholas Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$500.00 |
| | Drincinal occu | Boerne, TX 78006-5740 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | CWEO | pation / Job title (See Instructions) | | BBCW Holdings LLC | ·) | | |
| | Date 03/19/2024 | Full name of contributor Lopez, Steven Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | San Antonio, TX 78201 | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Lopez Law Firm | 5) | | |
| | Date 06/10/2024 | Full name of contributor Lopez, Steven Contributor address; City; Sta San Antonio, TX 78201 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Lopez Law Firm | s) | | |
| | Date 06/19/2024 | Full name of contributor Lopez, Steven Contributor address; City; Sta San Antonio, TX 78258 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Lopez Law Firm | 5) | | |
| | | | \ - | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|--------------------|--|----------|---|-------------|
| | The Instruc | ction Guide explains how to co | mplete this form | n. | 1 | Total pages Schedule A1: Sch: 80/141 Rpt: 83/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/02/2024 | Love, Julia 6 Contributor address; City; State; Zip | | | 7 | Amount of Contribution (\$) | \$5.00 |
| 8 | Principal occur | Rio Medina, TX 78066 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u>.</u> | | |
| • | Not Employe | | | Not Employed | , | | |
| | Date 06/02/2024 | Love, Julia Contributor address; City; State; Zip | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 06/24/2024 | Full name of contributor out- Love, Julia Contributor address; City; State; Zip | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Rio Medina, TX 78066 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | i) | | |
| | Date 06/12/2024 | Lozano, Robert | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | Date 03/18/2024 | Full name of contributor out- Lucio, Daniel Contributor address; City; State; Zip Seattle, WA 98117 | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Manager | pation / Job title (See Instructions) | | Employer (See Instructions Indeed | <u> </u> | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDUL | E A1 |
|---|----------------------------|---|----------|---|---------|---|-------------|
| | The Instruc | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 81/141 Rpt: 84/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/23/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occu | Austin, TX 78753 pation / Job title (See Instructions) | 9 | Employer (See Instructions | ;) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date 05/08/2024 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$250.00 |
| | Deignaignal | Silver Spring, MD 20903 | | Frankrian (Cook lastwictions | <u></u> | | |
| | Political Cons | pation / Job title (See Instructions) sultant | | Employer (See Instructions Mike Lux Media |) | | |
| | Date 05/25/2024 | Full name of contributor out-of-state PAG Madden, Sean Contributor address; City; State; Zip Code | C (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | | Universal City, TX 78148 | 1 | | <u></u> | | |
| | Regulatory S | pation / Job title (See Instructions) specialist | | Employer (See Instructions HEB | 5) | | |
| | Date 05/23/2024 | Full name of contributor out-of-state PAG Madrid, Chris Contributor address; City; State; Zip Code San Antonio, TX 78217 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Law | 5) | | |
| | Date 05/01/2024 | Full name of contributor out-of-state PAG Maher, Michael Contributor address; City; State; Zip Code San Antonio, TX 78202 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Self | pation / Job title (See Instructions) | | Employer (See Instructions Analyst | 5) | | |
| | | | <u> </u> | | | | |

| | MONEI | ARY POLITICAL CO | NIRIBUTION | S | | SCHEDUI | E A1 |
|---|--------------------|---|------------------------|----------------------------|-----|---|------------|
| | The Instru | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 82/141 Rpt: 85/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 06/24/2024 | 5 Full name of contributor Majeed, Tariq 6 Contributor address; City; State; | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78746 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Self Employe | ed | | Bluff springs enterprise | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/01/2024 | Maldonado, Averie | | | | (., | \$100.00 |
| | | Contributor address; City; State; | Zin Code | | | | |
| | | Contributor address, City, State, | Zip Code | | | | |
| | | San Antonio, TX 78209 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Brylak Law | | | Attorney | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/16/2024 | Maldonado, Averie Eleanor | | | | | \$1,000.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78209 | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Attorney | | | Brylak & Associates | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/31/2024 | Malo, Christopher | | | | | \$1.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Larkspur, CA 94939 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/06/2024 | Maloney Jr, John | | | | | \$1,000.00 |
| | | Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78212 | i | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Attorney | | | Law Offices of Pat Malo | ney | 1 | |
| | | | | | | | |
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| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------------------------|----|--|----------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | rr | m. | 1 | Total pages Schedule A1: Sch: 83/141 Rpt: 86/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/25/2024 | 5 Full name of contributor Mammen, Christopher6 Contributor address; City; S | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Dringing agg | San Antonio, TX 78213 | | _ | Employer (See Instructions | <u></u> | | |
| 0 | Workforce de | pation / Job title (See Instructions evelopment |) | 9 | Employer (See Instructions Greater satx | ·) | | |
| | Date 06/11/2024 | Full name of contributor Mankins, Michael Contributor address; City; S Austin, TX 78746 | | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | ed | | | Not Employed | | | |
| | Date 05/16/2024 | Full name of contributor Manohar, Vimal Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$6.25 |
| | | Baltimore, MD 21201 | , | | | <u></u> | | |
| | Software En | pation / Job title (See Instructions 99 | 5) | | Employer (See Instructions Meta | 5) | | |
| | Date 03/13/2024 | Full name of contributor Marck, Eugene Contributor address; City; S San Antonio, TX 78209 | | |) | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/21/2024 | Full name of contributor Marck, Eugene Contributor address; City; Si San Antonio, TX 78209 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | 5) | | Employer (See Instructions Not Employed | 5) | | |
| | | | 1 | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|--------------------------------|---|---|---|----------------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 84/141 Rpt: 87/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/05/2024 | 5 Full name of contributor Marek, Moira6 Contributor address; City; St | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | | Raleigh, NC 27609 pation / Job title (See Instructions f Representatives |) | Employer (See Instructions Outreach Coordinator | s) | | |
| | Date 06/27/2024 | Full name of contributor Marek, Moira Contributor address; City; St Raleigh, NC 27609 | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Account Mar | pation / Job title (See Instructions nager |) | Employer (See Instructions Warchest | 5) | | |
| | Date 05/22/2024 | Full name of contributor Marlowe, Thomas Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$3.00 |
| | | Rahway, NJ 07065 pation / Job title (See Instructions |) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 06/30/2024 | Full name of contributor Martin, Joshua Contributor address; City; St Houston, TX 77059 | out-of-state PAC (ID#: | Seton Hall University | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed |) | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/19/2024 | Full name of contributor Martin, Paul Contributor address; City; St San Antonio, TX 78212 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Investment A | pation / Job title (See Instructions Advisor |) | Employer (See Instructions Martin Capital Advisors | s) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CON | IRIBUTION | S | | SCHEDULE | ■ A1 |
|---|------------------------------|--|----------------------------|--|---------|---|-------------|
| | The Instruc | ction Guide explains how to co | mplete this forr | n. | 1 | Total pages Schedule A1: Sch: 85/141 Rpt: 88/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 04/10/2024 | 5 Full name of contributor out- Martinez, Marc 6 Contributor address; City; State; Zip | of-state PAC (ID#: Code |) | 7 | Amount of Contribution (\$) | \$10.00 |
| _ | | Austin, TX 78704 | - la | | | | |
| 8 | Director | pation / Job title (See Instructions) | 9 | Employer (See Instructions LifeWorks | 5) | | |
| | Date 03/10/2024 | Full name of contributor out- Martinez, Priscila Contributor address; City; State; Zip San Francisco, CA 94117 | of-state PAC (ID#: Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) [| | |
| | Program Ma | | | Chan Zuckerberg Initiati | | | |
| | Date 04/10/2024 | Full name of contributor out- Martinez, Priscila Contributor address; City; State; Zip | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | San Francisco, CA 94117 | 1 | | | | |
| | Principal occu Program Ma | pation / Job title (See Instructions) nager | | Employer (See Instructions Chan Zuckerberg Initiati | | | |
| | Date 05/10/2024 | Full name of contributor out- Martinez, Priscila Contributor address; City; State; Zip San Francisco, CA 94117 | of-state PAC (ID#: Code | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Program Ma | pation / Job title (See Instructions) nager | | Employer (See Instructions Chan Zuckerberg Initiati | - | | |
| | Date 06/10/2024 | Full name of contributor out- Martinez, Priscila Contributor address; City; State; Zip San Francisco, CA 94117 | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Program Ma | pation / Job title (See Instructions) nager | | Employer (See Instructions Chan Zuckerberg Initiati | | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
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| | The Instruc | ction Guide explains how to co | mplete this form | n. | 1 | Total pages Schedule A1: Sch: 86/141 Rpt: 89/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 03/20/2024 | Martinez Fischer, Trey | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5,000.00 |
| Q | Principal occu | San Antonio, TX 78216 pation / Job title (See Instructions) | l _o | Employer (See Instructions | | | |
| 0 | Texas St. Re | | 9 | Constituents |) | | |
| | Date 06/17/2024 | Full name of contributor out- Mata, Albert Contributor address; City; State; Zip | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Dringinal accu | Dallas, TX 75208 | | Employer (See Instructions | | | |
| | Consultant | pation / Job title (See Instructions) | | CG Infinity |) | | |
| | Date 05/31/2024 | Full name of contributor | of-state PAC (ID#: Code | | | Amount of Contribution (\$) | \$1.00 |
| | Dringing Lagra | Falls Church, VA 22044 | | Franks von (Coo la structiona | | | |
| | Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed |) | | |
| | Date 04/12/2024 | Mays, Robert | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | Date 06/21/2024 | Mays, Robert | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL C | CONTRIBUTIO |)N: | S | | SCHEDUL | E A1 |
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| | The Instruc | ction Guide explains how | to complete this fo | orm | 1. | 1 | Total pages Schedule A1: Sch: 87/141 Rpt: 90/248 | |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | | 00087920 | |
| 4 | Date 06/25/2024 | Full name of contributor McDonagh, Kathleen Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$4.16 |
| Ω | Principal occu | Austin, TX 78722-1126 pation / Job title (See Instructions | <u> </u> | a | Employer (See Instructions | | | |
| o | | padon / 300 title (See Instructions ood Music Specialist |) | | Armstrong Community N | | sic School | |
| | Date 06/13/2024 | Full name of contributor McGarity, Cathleen Contributor address; City; St Austin, TX 78731 | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$100.00 |
| _ | Principal occu | pation / Job title (See Instructions |) | | Employer (See Instructions | <u> </u> | | |
| | Retired | (| , | | Not Employed | , | | |
| | Date 05/05/2024 | Full name of contributor McGrorty, Michelle Contributor address; City; St | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$100.00 |
| | | Monona, WI 53716 | | | | | | |
| | • | pation / Job title (See Instructions |) | | Employer (See Instructions |) | | |
| | Pop Director | | | | Emily's List | | | |
| | Date 06/07/2024 | Full name of contributor McKee-Rodriguez, Jalen Contributor address; City; St San Antonio, TX 78218 | out-of-state PAC (ID#:_ ate; Zip Code | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu City Councilr | pation / Job title (See Instructions man | | | Employer (See Instructions City of San Antonio |) | | |
| | Date 06/26/2024 | Full name of contributor McNab, Alicia Contributor address; City; St San Antonio, TX 78212 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions |) | | Employer (See Instructions USAO |) | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDU | LE A1 |
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| | The Instru | ction Guide explains how | v to complete this for | m. | 1 | Total pages Schedule A1: Sch: 88/141 Rpt: 91/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 03/25/2024 | 5 Full name of contributorMcNabb, Deborah6 Contributor address; City; S | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78209 | , | | | | |
| 8 | Not employe | pation / Job title (See Instructionsed | 9 | Employer (See Instructions Not employed | 5) | | |
| | Date 04/25/2024 | Full name of contributor McNabb, Deborah Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | San Antonio, TX 78209 pation / Job title (See Instructions | 2) | Employer (See Instructions | ·/ | | |
| | Not employe | | 5) | Not employed |) | | |
| | Date 05/25/2024 | Full name of contributor McNabb, Deborah Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78209 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | Not employe | ed | | Not employed | | | |
| | Date 06/25/2024 | Full name of contributor McNabb, Deborah Contributor address; City; S San Antonio, TX 78209 | out-of-state PAC (ID#:tate; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not employe | pation / Job title (See Instructions d | 5) | Employer (See Instructions Not employed | 5) | | |
| | Date 03/19/2024 | Full name of contributor Mcleod, Elizabeth Contributor address; City; S Austin, TX 78753 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Healthcare | pation / Job title (See Instructions | 5) | Employer (See Instructions Hologic | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
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| | The Instru | ction Guide explains how | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 89/141 Rpt: 92/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 06/04/2024 | 5 Full name of contributor Melendes, Rachel 6 Contributor address; City; S | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78223 | | | | | |
| 8 | Principal occu Organizer | pation / Job title (See Instruction | s) ! | 9 Employer (See Instructions UNITE HERE! | 5) | | |
| _ | Date | Full name of contributor | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 04/22/2024 | Mellard, Jason | | | | | \$25.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | Austin, TX 78702 | | | | | |
| | | pation / Job title (See Instruction | s) | Employer (See Instructions | s) | | |
| | Historian | | | Texas State University | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 04/05/2024 | Menchaca, Gerardo | | | | | \$1,000.00 |
| | | Contributor address; City; S San Antonio, TX 78216 | tate; Zip Code | | | | |
| | Principal occu | pation / Job title (See Instruction | s) | Employer (See Instructions | 5) | | |
| | Lawyer | | | Escamilla & Poneck | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 03/08/2024 | Meredith, James Contributor address; City; S | tate; Zip Code | | | | \$10.00 |
| | | San Antonio, TX 78251 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instruction | s) | Employer (See Instructions Not Employed | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 04/08/2024 | Meredith, James | | | | | \$10.00 |
| | | Contributor address; City; S San Antonio, TX 78251 | tate; Zip Code | | | | |
| | Principal occu | nation / Job title (See Instruction | s) | Employer (See Instructions | <u>. </u> | | |
| | Not Employe | | | Not Employed | | | |
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| | MONET | ARY POLITICAL CONTR | RIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------------|--|--------|---|-------------|
| | The Instruc | ction Guide explains how to comp | lete this forr | n. | 1 | Total pages Schedule A1: Sch: 90/141 Rpt: 93/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/08/2024 | Meredith, James 6 Contributor address; City; State; Zip Cod | |) | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | San Antonio, TX 78251 pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Not Employe | | | Not Employed | | | |
| | Date 06/08/2024 | Meredith, James Contributor address; City; State; Zip Cod | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occur | San Antonio, TX 78251 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | " | | |
| | Date 03/05/2024 | Full name of contributor out-of-sta Merlino, Nicholas Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | • | Amount of Contribution (\$) | \$100.00 |
| | | Miami, FL 33181 | | | | | |
| | Principal occu Campaign m | pation / Job title (See Instructions) anager | | Employer (See Instructions Franz for governor | s) | | |
| | Date 06/01/2024 | Meyer, Naomi | |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Greater Boston Legal S | | ices | |
| | Date 06/24/2024 | Full name of contributor out-of-sta Michaelsen, Hedrich Contributor address; City; State; Zip Cod Austin, TX 78757 | ate PAC (ID#: | | | Amount of Contribution (\$) | \$4.17 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | . tot Employe | | | тос Етрюуси | | | |

| | MONET | ARY POLITICAL CONTRIBUT | OI | NS | | SCHEDULE | A1 |
|---|--------------------------------|--|-------|--|---|---|-----------|
| | The Instru | ction Guide explains how to complete this | s for | m. | 1 | Total pages Schedule A1: Sch: 91/141 Rpt: 94/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission F 00087920 | ilers) |
| 4 | Date 04/06/2024 | Full name of contributor | D#: | | 7 | Amount of Contribution (\$) \$1 | ,00.000, |
| 8 | | Huntington Beach, CA 92646 pation / Job title (See Instructions) | 9 | Employer (See Instructions | - s) | | |
| | Data Analyst Date 06/10/2024 | Full name of contributor | | R1 RCM | | Amount of Contribution (\$) \$1 | ,000.00 |
| | Principal occu Data Analyst | pation / Job title (See Instructions) | | Employer (See Instructions R1 RCM | <u>I</u> 5) | | |
| | Date 05/08/2024 | Full name of contributor out-of-state PAC (ID Miller, Renata Contributor address; City; State; Zip Code | D#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Washington, DC 20009 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Date 05/29/2024 | Full name of contributor | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions None | <u> </u> | | |
| | Date 03/30/2024 | Full name of contributor out-of-state PAC (ID Mirkovic, Nena Contributor address; City; State; Zip Code Conroe, TX 77385 | | | | Amount of Contribution (\$) | \$12.50 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions Millennium Physicians | s) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTION | JΝ | 15 | | SCHEDUL | E A1 |
|---|-------------------------------|--|-----|---|--------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | for | m. | 1 | Total pages Schedule A1: Sch: 92/141 Rpt: 95/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 05/12/2024 | Full name of contributor out-of-state PAC (ID#:_Mitchell, Molly Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Deinsinal case | Washington, DC 20007 | 10 | Frankriger (Cook Instructions | | | |
| 8 | Founder | pation / Job title (See Instructions) | 9 | Employer (See Instructions Mitchell Media | 5) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID#:_Monis, Haroon Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | san antonio, TX 78240-3563 pation / Job title (See Instructions) | _ | Employer (See Instructions | :) | | |
| | Teacher | padotri oob dae (oee msaaddons) | | NISD | ,, | | |
| | Date 06/16/2024 | Full name of contributor out-of-state PAC (ID#:_Montelongo, Natalie Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$150.00 |
| | | Washington, DC 20009-6090 | | | | | |
| | Principal occu Political | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 02/28/2024 | Full name of contributor out-of-state PAC (ID#:_Montemayor, Ma Elena Contributor address; City; State; Zip Code Laredo, TX 78045 | |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu NA | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 05/04/2024 | Full name of contributor out-of-state PAC (ID#:_Montoya, Peter Contributor address; City; State; Zip Code San Antonio, TX 78215 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Extreme Rea | pation / Job title (See Instructions) | | Employer (See Instructions Customer Success Man | | er | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|---|--|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 93/141 Rpt: 96/248 | |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/06/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | <u> </u> | Washington, DC 20002 | | | | |
| 8 | CEO | pation / Job title (See Instructions) | 9 Employer (See Instructions) RMR Ventures LLC |) | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Moran, Paris Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | San Antonio, TX 78253 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Digital | | EPA | | | |
| | Date 03/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Moss, Kathlyn Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$7.00 |
| | | Naalehu, HI 96772 | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID#:_Mott, Kenneth Contributor address; City; State; Zip Code McKinney, TX 75069 |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Murphy, Michael Contributor address; City; State; Zip Code Kensington, MD 20895 | | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions Lake Research Partners | | | |
| | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|-------------------------|-----|--|----------------|---|-----------|
| | The Instruc | ction Guide explains hov | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 94/141 Rpt: 97/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/17/2024 | 6 Contributor address; City; S | out-of-state PAC (ID#:_ | | | 7 | Amount of Contribution (\$) | \$50.00 |
| 8 | Principal occur | Tomball, TX 77375 pation / Job title (See Instructions | 3) | 9 | Employer (See Instructions | <u>;)</u> | | |
| Ŭ | Environment | | ,, | J | TGE Resources | ,, | | |
| | Date 06/30/2024 | Full name of contributor Nations, Howard Contributor address; City; S | | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Houston, TX 77042 pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> s) | | |
| | Attorney | | | | Self | | | |
| | Date 05/25/2024 | Full name of contributor Nicholls, Rosalie Contributor address; City; S | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$25.00 |
| | | Austin, TX 78748 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | s) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/21/2024 | Full name of contributor Nicholls, Rosalie Contributor address; City; S Austin, TX 78748 | | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | 5) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/25/2024 | Full name of contributor Nicholls, Rosalie Contributor address; City; S Austin, TX 78748 | out-of-state PAC (ID#:_ | |) | • | Amount of Contribution (\$) | \$6.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | s) | | Employer (See Instructions Not Employed | 5) | | |
| | -proye | - | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|----------------------------------|---|-----------------------------------|--|------------|---|-------------|
| | The Instruc | ction Guide explains how t | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 95/141 Rpt: 98/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/29/2024 | 6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu Not Employe | Austin, TX 78748 pation / Job title (See Instructions) | 9 | Employer (See Instructions Not Employed | <u>;</u>) | | |
| | Date 04/30/2024 | Full name of contributor Nickols, Sharon Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Professor | Garland, TX 75044 pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | Date 03/15/2024 | Full name of contributor Nicolas, Guillermo Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Not Employe | San Antonio, TX 78204 pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/21/2024 | Full name of contributor Ocanas, Gilberto Contributor address; City; State San Antonio, TX 78258 | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Public Affairs | pation / Job title (See Instructions) | | Employer (See Instructions Ocanas Group | 5) | | |
| | Date 06/25/2024 | Full name of contributor Oglethorpe, Janet Contributor address; City; State San Antonio, TX 78230 | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
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| | MONET | ARY POLITICAL CONTRIE | BUTION | IS | | SCHEDUL | E A1 |
|---|----------------------------------|---|-------------|--|-----------|---|-------------|
| | The Instruc | ction Guide explains how to complet | te this for | n. | 1 | Total pages Schedule A1: Sch: 96/141 Rpt: 99/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/27/2024 | Full name of contributor out-of-state in Oliver, Julie Contributor address; City; State; Zip Code | - | | 7 | Amount of Contribution (\$) | \$2.08 |
| 8 | Principal occur | Austin, TX 78722 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u>;)</u> | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 03/26/2024 | Full name of contributor out-of-state for Ozuna, Mariella Contributor address; City; State; Zip Code | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Drincinal occur | San Antonio, TX 78228 pation / Job title (See Instructions) | | Employer (See Instructions | ·) | | |
| | Operations n | | | NRelief | P) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state in Pacheco, Daniel Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$18.00 |
| | | San Antonio, TX 78202 | | | | | |
| | | pation / Job title (See Instructions) elations Executive | | Employer (See Instructions BD (Becton Dickinson) | 5) | | |
| | Date 06/24/2024 | Full name of contributor out-of-state in Park, Doug Contributor address; City; State; Zip Code San Antonio, TX 78230 | | | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/10/2024 | Full name of contributor out-of-state in Parkinson, Sam Contributor address; City; State; Zip Code Washington, DC 20003 | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Political Dire | pation / Job title (See Instructions) | | Employer (See Instructions Chris Coons | s) | | |
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| | MONET | ARY POLITICAL CONTRIB | BUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------|--|----------------|--|------------|
| | The Instruc | ction Guide explains how to complet | e this for | n. | 1 | Total pages Schedule A1: Sch: 97/141 Rpt: 100/248 | 3 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/22/2024 | Full name of contributor out-of-state F Paz, Michael Contributor address; City; State; Zip Code | - |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | Dringing age | San Antonio, TX 78213 | lo. | Employer (See Instructions | <u></u> | | |
| 8 | Attorney | pation / Job title (See Instructions) | 9 | Employer (See Instructions Law Office of Michael R | • | e La Paz | |
| | Date 06/30/2024 | Full name of contributor out-of-state F Pearson, Pamela Contributor address; City; State; Zip Code Austin, TX 78702 | - | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Not Employe | d | | Not Employed | | | |
| | Date 05/23/2024 | Full name of contributor | PAC (ID#: |) | | Amount of Contribution (\$) | \$75.00 |
| | | San Antonio, TX 78258 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state F Pena, Alejandro Contributor address; City; State; Zip Code Austin, TX 78741 | - |) | | Amount of Contribution (\$) | \$18.00 |
| | Principal occu Government | oation / Job title (See Instructions) Relations | | Employer (See Instructions Texas AFT | s) | | |
| | Date 05/08/2024 | Full name of contributor out-of-state F Pensky, Carol Contributor address; City; State; Zip Code Washington, DC 20007 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDULI | E A1 |
|---|------------------------------|--|---|---|----------|--|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 98/141 Rpt: 101/248 | |
| 2 | FILER NAME | ::-at: | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | | _ | | | 00087920 | |
| 4 | Date 06/22/2024 | 5 Full name of contributor Pensky, Carol 6 Contributor address; City; States | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Dianiant | Washington, DC 20007 | la la | Faralassa (Osas la desativa | | | |
| 8 | Not Employe | pation / Job title (See Instructions) | 9 | Employer (See Instructions Not Employed | ·) | | |
| | Date 04/26/2024 | Full name of contributor Peralez, Jose Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu | pation / Job title (See Instructions) | <u> </u> | Employer (See Instructions | .) [| | |
| | Not Employe | | , | Not Employed | ') | | |
| | Date 06/11/2024 | Full name of contributor Perez, Hecfor Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | New York, NY 10038 | | | | | |
| | Principal occu Technology | pation / Job title (See Instructions) Executive | | Employer (See Instructions Morgan Stanley |) | | |
| | Date 05/19/2024 | Full name of contributor Perrenod, William Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | • | pation / Job title (See Instructions) siness Consultant | | Employer (See Instructions Self | <u> </u> | | |
| | Date 06/19/2024 | Full name of contributor Perrenod, William Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | | pation / Job title (See Instructions) siness Consultant | | Employer (See Instructions Self | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUT | ΓΙΟΝ | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|--------|--|--------|--|-------------|
| | The Instruc | ction Guide explains how to complete th | is for | m. | 1 | Total pages Schedule A1: Sch: 99/141 Rpt: 102/248 | |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/02/2024 | Full name of contributor out-of-state PAC (Perry, Lynne W Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | San Antonio, TX 78217 pation / Job title (See Instructions) | 9 | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | ,, | | |
| | Date 06/21/2024 | Full name of contributor out-of-state PAC (Perry, Lynne W Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78217 | | | Ĺ | | |
| | Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/21/2024 | Full name of contributor out-of-state PAC (Perry, Lynne W Contributor address; City; State; Zip Code | ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78217 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 04/06/2024 | Full name of contributor out-of-state PAC (Perry, Sylvia Contributor address; City; State; Zip Code Austin, TX 78752 | |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/17/2024 | Full name of contributor out-of-state PAC (Phillips, James Contributor address; City; State; Zip Code Seguin, TX 78155 | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Clergy | pation / Job title (See Instructions) | | Employer (See Instructions Friedens Church | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | ■ A1 |
|---|--------------------------------|---|----------|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 100/141 Rpt: 103/248 | 3 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 06/27/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | 5 | Seguin, TX 78155 | _ | 5 1 (0 1 1 1 | _ | | |
| 8 | Principal occu Pastor | pation / Job title (See Instructions) | 9 | Employer (See Instructions Friedens Church | 5) | | |
| | Date 06/30/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$1.17 |
| | Principal occu | Seguin, TX 78155 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Pastor | | | Friedens Church | | | |
| | Date 05/17/2024 | Full name of contributor out-of-state PAC (ID#:_Phillips, Tyler Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Washington, DC 20002 | | | | | |
| | Principal occu Self Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Self Employed | 5) | | |
| | Date 06/14/2024 | Full name of contributor out-of-state PAC (ID#:_Plaza III, Sergio Contributor address; City; State; Zip Code Austin, TX 78748 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Planning Ma | pation / Job title (See Instructions) nager | | Employer (See Instructions Travis County | 5) | | |
| | Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Pliszka, Steven Contributor address; City; State; Zip Code San Antonio, TX 78232 | | | • | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Professor | pation / Job title (See Instructions) | | Employer (See Instructions University of Texas | 5) | | |
| | | | <u> </u> | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---|----------|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 101/141 Rpt: 104/24 | 8 |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 03/16/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | San Antonio, TX 78247 pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| _ | Not Employe | | Not Employed | , | | |
| | Date 06/18/2024 | Full name of contributor | | | Amount of Contribution (\$) | \$500.00 |
| | Delicational | San Antonio, TX 78212 | Frankrije (O. a. kratinski arti | | | |
| | Attorney | pation / Job title (See Instructions) | Employer (See Instructions Escamilla & Poneck LLF | | | |
| | Date 05/23/2024 | Full name of contributor |) | | Amount of Contribution (\$) | \$25.00 |
| | | San Antonio, TX 78212 | | | | |
| | Principal occu Assistant | pation / Job title (See Instructions) | Employer (See Instructions Escamilla & Poneck LLF | | | |
| | Date 03/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Portney, Scott Contributor address; City; State; Zip Code Houston, TX 77077 |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | Employer (See Instructions Not Employed |) | | |
| | Date 03/04/2024 | Full name of contributor out-of-state PAC (ID#:_ Powell, Greig Contributor address; City; State; Zip Code San Leon, TX 77539 |) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed |) | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDULE | A1 |
|---|-------------------------------|---|---|--|--------|---|---------|
| | The Instruc | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 102/141 Rpt: 105/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 03/06/2024 | 5 Full name of contributor Powell, Greig6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$3.00 |
| | | San Leon, TX 77539 | | | | | |
| 8 | Principal occu Not employe | pation / Job title (See Instructions) | 9 | Employer (See Instructions Not Employed | () | | |
| | Date 04/04/2024 | Full name of contributor Powell, Greig Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2.00 |
| | Principal occur | San Leon, TX 77539 pation / Job title (See Instructions) | | Employer (See Instructions | .) | | |
| | Not employe | | · | Not employed | ') | | |
| | Date 04/06/2024 | Full name of contributor Powell, Greig Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$3.00 |
| | | San Leon, TX 77539 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Not Employe | 2 0 | | Not Employed | | | |
| | Date 05/07/2024 | Full name of contributor Powell, Greig Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$3.00 |
| | | San Leon, TX 77539 | | | L | | |
| | Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | i) | | |
| | Date 05/09/2024 | Full name of contributor Powell, Greig Contributor address; City; Sta San Leon, TX 77539 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | () | | |
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| | MONET | ARY POLITICAL CONTRIBUTION | ON | IS | | SCHEDULE | A1 |
|---|-------------------------------|---|------------|---|---------|---|-----------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 103/141 Rpt: 106/248 | |
| 2 | FILER NAME Carranza, Kr | ristian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 05/10/2024 | Full name of contributor out-of-state PAC (ID# Powell, Greig Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$2.00 |
| 8 | Principal occu | San Leon, TX 77539 pation / Job title (See Instructions) | 1 9 | Employer (See Instructions | ;) | | |
| | Not employe | | | Not employed | , | | |
| | Date 05/10/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$3.00 |
| | Delicalization | San Leon, TX 77539 | _ | Formula van (O. a. la atomatica na | <u></u> | | |
| | Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | 5) | | |
| | Date 06/04/2024 | Full name of contributor out-of-state PAC (ID# Powell, Greig Contributor address; City; State; Zip Code | : |) | | Amount of Contribution (\$) | \$2.00 |
| | | San Leon, TX 77539 | | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | s) | | |
| | Date 06/06/2024 | Full name of contributor out-of-state PAC (ID# Powell, Greig Contributor address; City; State; Zip Code San Leon, TX 77539 | | | | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | 5) | | |
| | Date 06/07/2024 | Full name of contributor out-of-state PAC (ID# Powell, Greig Contributor address; City; State; Zip Code San Leon, TX 77539 | |) | | Amount of Contribution (\$) | \$3.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|------------------------------------|---|---------------------|--|-------------|
| | The Instruc | ction Guide explains how to | complete this form | n. | 1 | Total pages Schedule A1: Sch: 104/141 Rpt: 107/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/09/2024 | Powell, Greig | out-of-state PAC (ID#: Zip Code | | 7 | Amount of Contribution (\$) | \$4.00 |
| 0 | Dringing aggr | San Leon, TX 77539 | l _o | Employer (See Instructions | ·, | | |
| 8 | Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed | 5) | | |
| | Date 04/10/2024 | Full name of contributor Powers, Aubrey Contributor address; City; State; | |) | | Amount of Contribution (\$) | \$10.00 |
| | Delicational | Portland, ME 04101 | | Familia (Carabatan) | $\overline{\Gamma}$ | | |
| | Voter Protec | pation / Job title (See Instructions) tion Director | | Employer (See Instructions Maine Democratic Party | | | |
| | Date 04/30/2024 | Full name of contributor Poyer, David Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | | Washington, DC 20002 | | | | | |
| | Principal occu Impact Rese | pation / Job title (See Instructions) arch | | Employer (See Instructions Consultant | 5) | | |
| | Date 04/28/2024 | Full name of contributor Pratchett, Patricia Contributor address; City; State; San Antonio, TX 78212 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | 5) | | |
| | Date 06/24/2024 | Full name of contributor Pruitt, Pamela D Contributor address; City; State; Austin, TX 78751-3316 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$4.17 |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
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| | MONET | ARY POLITICAL CON | TRIBUTION | S | | SCHEDUL | E A1 |
|---|-----------------------------|--|---------------------|--|----------|--|-------------|
| | The Instruc | ction Guide explains how to co | omplete this form | n. | 1 | Total pages Schedule A1: Sch: 105/141 Rpt: 108/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/20/2024 | Puente, Jaime 6 Contributor address; City; State; Zip | -of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Austin, TX 78759 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| | Policy Analys | st | | Every Texan | | | |
| | Date 03/06/2024 | Pugh, Christopher Contributor address; City; State; Zip | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | San Antonio, TX 78259 pation / Job title (See Instructions) | | Employer (See Instructions | .) | | |
| | Operating Pa | | | Let's Shake LLC | ') | | |
| | Date 05/23/2024 | Full name of contributor out Pugh, Christopher Contributor address; City; State; Zip | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$501.00 |
| | | San Antonio, TX 78259 | | | | | |
| | Principal occu Bartender | pation / Job title (See Instructions) | | Employer (See Instructions CB Restaurants | 5) | | |
| | Date 06/30/2024 | Full name of contributor out Pugh, Christopher Contributor address; City; State; Zip | -of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Bartender | pation / Job title (See Instructions) | | Employer (See Instructions CB Restaurants | 5) | | |
| | Date 04/25/2024 | Full name of contributor out Puleo, Kevin Contributor address; City; State; Zip Washington, DC 20003 | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu Organizer | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | | | 1 | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | PΝ | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|---|-----|---|----|--|-------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 106/141 Rpt: 109/24 | 8 |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | | 00087920 | |
| 4 | Date 06/13/2024 | Full name of contributorPuleo, KevinContributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$75.00 |
| | | Washington, DC 20003 | | | | | | |
| 8 | Principal occu Organizer | pation / Job title (See Instructions | 5) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 03/06/2024 | Full name of contributor Pully, Lauren Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78702 | | | | | | |
| | | pation / Job title (See Instructions | s) | | Employer (See Instructions | s) | | |
| | Head of Eng | ineering | | | DNC | _ | | |
| | Date 06/30/2024 | Full name of contributor Qadri, Zohaib Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$18.00 |
| | | Austin, TX 78723 | | | | | | |
| | Principal occu Council Mem | pation / Job title (See Instructions | 5) | | Employer (See Instructions City of Austin | 5) | | |
| | | Full name of contributor | | | , | _ | Amount of Contribution (\$) | |
| | Date 06/25/2024 | Ramos, Mary Ann Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | | | | Amount of Contribution (\$) | \$20.00 |
| | | San Antonio, TX 78214 | 1 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions | s) | | Employer (See Instructions Retired | 5) | | |
| | Date 03/02/2024 | Full name of contributor Rao, Anita | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$1.00 |
| | | Contributor address; City; S Chicago, IL 60664-0893 | кане; ZIP Code | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | | Employer (See Instructions Not Employed | 5) | | |
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| | MONEI | ARY POLITICAL (| CONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|---------------------------------------|--|----|--|------------------|
| | The Instruc | ction Guide explains hov | v to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 107/141 Rpt: 110/24 | 8 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 06/07/2024 | 5 Full name of contributor Ray, Ryan6 Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Crowley, TX 76036-4713 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | s) 9 | Employer (See Instructions | 5) | | |
| | Attorney | | | Ray Law Group | | | |
| | Date 06/26/2024 | Full name of contributor Rayner, Rob Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | Pflugerville, TX 78660 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/14/2024 | Full name of contributor Rayner, Robin Contributor address; City; S | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | | Pflugerville, TX 78660 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 03/19/2024 | Full name of contributor Realini, Janet Contributor address; City; S | out-of-state PAC (ID#: tate; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | Drincinal occu | San Antonio, TX 78255 pation / Job title (See Instructions | 2) | Employer (See Instructions | ·/ | | |
| | Not Employe | ed | | Not Employed | ·) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | # 4.00.00 |
| | 06/11/2024 | Realini, Janet Contributor address; City; S San Antonio, TX 78255 | tate; Zip Code | | | | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | s) | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------|---|----------|--|-------------|
| | The Instruc | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 108/141 Rpt: 111/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/31/2024 | Full name of contributor out-of-state PAR Reasons, Jo Contributor address; City; State; Zip Code | .C (ID#: | | 7 | Amount of Contribution (\$) | \$1.00 |
| 8 | Principal occu | Port Orchard, WA 98367 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 05/24/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | San Antonio, TX 78209 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 05/14/2024 | Full name of contributor out-of-state PAR Reeves, Jessica Contributor address; City; State; Zip Code | .C (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | Washington, DC 20011 | | | | | |
| | Principal occu director | pation / Job title (See Instructions) | | Employer (See Instructions SBA | 5) | | |
| | Date 06/29/2024 | Full name of contributor out-of-state PAI Reinhart, Gail Contributor address; City; State; Zip Code San Antonio, TX 78202 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/05/2024 | Full name of contributor out-of-state PAI Renee, Cassie Contributor address; City; State; Zip Code Washington, DC 20009 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu CCAH | pation / Job title (See Instructions) | | Employer (See Instructions Account Representative | | | |
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| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|--|---|----------------|---|-------------|
| | The Instruc | ction Guide explains how t | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 109/141 Rpt: 112/248 | 3 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 04/03/2024 | 5 Full name of contributor Renshaw, Justin6 Contributor address; City; Stat | out-of-state PAC (ID#:te; Zip Code |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Santa Fe, NM 87505 pation / Job title (See Instructions) | | Employer (See Instructions |) () | | |
| Ŭ | Attorney | pation / oob title (See Instructions) | | Renshaw PC | ') | | |
| | Date 06/15/2024 | Full name of contributor Reyna, Adelfa Contributor address; City; Stat | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | San Antonio, TX 78213 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/21/2024 | Full name of contributor Richter, Denise & Blair Contributor address; City; Stat | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78209 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed | i) | | |
| | Date 05/10/2024 | Full name of contributor Ripper, Marcie Contributor address; City; Stat San Antonio, TX 78213 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions SATX Consultants |) | | |
| | Date 03/14/2024 | Full name of contributor Rivera, Ian Contributor address; City; Stat Houston, TX 77079 | out-of-state PAC (ID#:te; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | • | pation / Job title (See Instructions) litical Director | | Employer (See Instructions DLCC | 5) | | |
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| | MONEI | ARY POLITICAL (| CONTRIBUTIO | PΝ | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|-------------------------|-----|--|---|--|-------------|
| | The Instru | ction Guide explains how | v to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 110/141 Rpt: 113/24 | 8 |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | | 00087920 | |
| 4 | Date 06/30/2024 | 5 Full name of contributor Robbins, Elaine6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$8.33 |
| | | Austin, TX 78757 | iale, zip Code | | | | | |
| 8 | Principal occu Copy Editor | pation / Job title (See Instruction | s) | 9 | Employer (See Instructions Self | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 04/17/2024 | Robbins, Steven | _ | | | | | \$100.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | | |
| | | San Antonio, TX 78249 | | | | | | |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | Professor | | | | UTSA | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 06/02/2024 | Roberts-Miller, Jimmy | | | | | | \$55.56 |
| | | Contributor address; City; S | tate; Zip Code | | | | | |
| | Dringing con | Austin, TX 78757 pation / Job title (See Instruction | o) 1 | | Employer (See Instructions | ., | | |
| | Not Employe | | 5) | | Not Employed | ·) | | |
| | | | | | | _ | Assessment of Ossetsile sticks (d) | |
| | Date 06/26/2024 | Full name of contributor Roberts-Miller, Jimmy | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$500.00 |
| | 00/20/2024 | Contributor address; City; S | tate; Zip Code | | | | | \$500.00 |
| | | Austin, TX 78757 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instruction ed | s) | | Employer (See Instructions Not Employed | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | |
| | 06/25/2024 | Robinson, Riley | | | | | | \$50.00 |
| | | Contributor address; City; S San Antonio, TX 78210-1 | | | | | | |
| | Principal occu | pation / Job title (See Instruction | | | Employer (See Instructions | <u> </u> | | |
| | Artist | Famous Cook and (Cook mondonom | -, | | Self | | | |
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| | MONET | ARY POLITICAL CONTRIBU | JTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|--|----------|--|----------------|--|-------------|
| | The Instruc | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 111/141 Rpt: 114/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/14/2024 | Full name of contributor out-of-state PAGE out-of-state | |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | D: : 1 | Washington, DC 20003 | - 10 | 5 1 (0 1 1 1 | <u></u> | | |
| 8 | Consultant | pation / Job title (See Instructions) | 9 | Employer (See Instructions Solidarity | S) | | |
| | Date 04/04/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu | Fresno, CA 93704 Dation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> s) | | |
| | Finance Dire | ctor | | GFC | | | |
| | Date 05/21/2024 | Full name of contributor out-of-state PAG Rodriguez, Norma Contributor address; City; State; Zip Code | C (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78201-4805 | | | | | |
| | Principal occu Not Employe | oation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/18/2024 | Full name of contributor out-of-state PAG Rodriguez, Sonia Contributor address; City; State; Zip Code San Antonio, TX 78229 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Cowen Law Group | <u>(</u> | | |
| | Date 04/18/2024 | Full name of contributor out-of-state PAG Roger Perez Attorney at Law Contributor address; City; State; Zip Code San Antonio, TX 78205 | C (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUI | E A1 |
|---|-------------------------------|--|---|-------|--|----------|--|------------|
| | The Instru | ction Guide explains how | to complete this fo | rn | n. | 1 | Total pages Schedule A1: Sch: 112/141 Rpt: 115/24 | 48 |
| 2 | FILER NAME Carranza, Kı | ristian | | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/01/2024 | 5 Full name of contributor Rogero, Colin6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | Washington, DC 20002 pation / Job title (See Instructions | s) [9 | 9 | Employer (See Instructions | <u> </u> | | |
| | Revolution M | | , | | President | , | | |
| | Date 06/30/2024 | Full name of contributor Rogero, Colin Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$500.00 |
| | | Washington, DC 20002 | | | | | | |
| | Principal occu Co-Founder | pation / Job title (See Instructions | (i) | | Employer (See Instructions Conexion | i) | | |
| | Date 06/24/2024 | Full name of contributor Rogers, Kathryn Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | | Amount of Contribution (\$) | \$5.00 |
| | | Austin, TX 78757 | | | | | | |
| | Principal occu Editor | pation / Job title (See Instructions |) | | Employer (See Instructions Self | i) | | |
| | Date 04/18/2024 | Full name of contributor Rogers, Nancy Contributor address; City; St San Antonio, TX 78232 | | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions |) | | Employer (See Instructions Not Employed |) | | |
| | Date 05/27/2024 | Full name of contributor Roland Gutierrez Campai Contributor address; City; St San Antonio, TX 78214 | - | |) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions |) | | Employer (See Instructions | 5) | | |
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| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
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| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 113/141 Rpt: 116/24 | 18 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | istian | | | | 00087920 | |
| 4 | Date 03/19/2024 | 5 Full name of contributor Rolke, Paul6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| Q | Principal occur | Austin, TX 78704 pation / Job title (See Instructions | a [0 | 9 Employer (See Instructions | | | |
| 0 | Not Employe | |) | Not Employed | >) | | |
| | Date 06/30/2024 | Full name of contributor Romo, Lawrence Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occur | San Antonio, TX 78253 pation / Job title (See Instructions |) | Employer (See Instructions | -/- | | |
| | Not Employe | | | Not Employed | >) | | |
| | Date 03/09/2024 | Full name of contributor Rose, Sherri Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Carlos, CA 94070 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>L</u> S) | | |
| | Consultant | | | Self | | | |
| | Date 02/28/2024 | Full name of contributor Rumer, Andrew Contributor address; City; St San Francisco, CA 94111 | | | • | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions |) | Employer (See Instructions Retired | s) | | |
| | Date 04/29/2024 | Full name of contributor Rupert, Maya Contributor address; City; St Washington, DC 20009 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | • | pation / Job title (See Instructions eproductive Rights |) | Employer (See Instructions Lawyer | 5) | | |
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| | MONET | ARY POLITICAL CONTRI | BUTION | S | | SCHEDUL | E A1 |
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| | The Instruc | ction Guide explains how to comple | te this forr | n. | 1 | Total pages Schedule A1: Sch: 114/141 Rpt: 117/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/22/2024 | Full name of contributor | PAC (ID#: | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78210 | | | | | |
| 8 | Principal occu Exec Dir | pation / Job title (See Instructions) | 9 | Employer (See Instructions CAST Schools | 5) | | |
| | Date 03/19/2024 | Full name of contributor out-of-state Rustum, Roohi Contributor address; City; State; Zip Code | - | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Boston, MA 02119 | 1 | Employer (See Instructions | <u>''</u> | | |
| | Engagement | pation / Job title (See Instructions) : Director | | Boston Schools Fund | ·) | | |
| | Date 03/19/2024 | Full name of contributor out-of-state Rustum, Roohi Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | | Boston, MA 02119 | | | | | |
| | Principal occu Engagement | pation / Job title (See Instructions) Director | | Employer (See Instructions Boston Schools Fund | 5) | | |
| | Date 04/19/2024 | Rustum, Roohi | PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Engagement | pation / Job title (See Instructions) Director | | Employer (See Instructions Boston Schools Fund | 5) | | |
| | Date 05/19/2024 | Full name of contributor out-of-state Rustum, Roohi Contributor address; City; State; Zip Code Boston, MA 02119 | |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Engagement | pation / Job title (See Instructions) | | Employer (See Instructions Boston Schools Fund | 5) | | |
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| | MONEI | ARY POLITICAL CONTR | RIBUTION | IS | | SCHEDUL | E A1 |
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| | The Instru | ction Guide explains how to comp | lete this for | n. | 1 | Total pages Schedule A1: Sch: 115/141 Rpt: 118/24 | 8 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 06/19/2024 | Rustum, Roohi | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Boston, MA 02119 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Engagement | t Director | | Boston Schools Fund | | | |
| | Date 06/24/2024 | Ryan, James Contributor address; City; State; Zip Cod | ate PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Dringinal accu | Dripping Springs, TX 78620 pation / Job title (See Instructions) | | Employer (See Instructions | <u>, </u> | | |
| | Sales | pation / Job title (See matrictions) | | Illumin |) | | |
| | Date 05/13/2024 | Full name of contributor out-of-st Saenz, Adrian Contributor address; City; State; Zip Cod | ate PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | | Washington, DC 20020 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Founder | | | Conexión | | | |
| | Date 06/18/2024 | Full name of contributor out-of-st Saenz, Mathieu Contributor address; City; State; Zip Cod Austin, TX 78758 | ate PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not employed |) | | |
| | Date 06/25/2024 | Full name of contributor out-of-st Sakai, Kathy Contributor address; City; State; Zip Cod San Antonio, TX 78209 | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Pharmacist | pation / Job title (See Instructions) | | Employer (See Instructions Retired |) | | |
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| | MONET | ARY POLITICAL CONTRII | BUTION | S | | SCHEDUI | E A1 |
|---|--------------------------------|--|---------------|--|----------|--|------------|
| | The Instruc | ction Guide explains how to comple | ete this forr | n. | 1 | Total pages Schedule A1: Sch: 116/141 Rpt: 119/24 | 48 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/23/2024 | Full name of contributor out-of-state Samson, Bill Contributor address; City; State; Zip Code | PAC (ID#: | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Deignigal | Scaly Mtn, NC 28775 | lo. | Franklavar (Caa kastrustiana | | | |
| 8 | CFO | pation / Job title (See Instructions) | 9 | Employer (See Instructions Mauro Archer | 5) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state Sandor, David Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Houston, TX 77019 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Campaign M | | | Molly for Texas | , | | |
| | Date 06/12/2024 | Full name of contributor out-of-state Sandoval, Gina Contributor address; City; State; Zip Code | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | San Antonio, TX 78249 | | | | | |
| | Principal occu Scrum Maste | pation / Job title (See Instructions) er | | Employer (See Instructions USAA | i) | | |
| | Date 06/25/2024 | Sandoval, Gina | PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Scrum Maste | pation / Job title (See Instructions) er | | Employer (See Instructions USAA |) | | |
| | Date 05/12/2024 | Full name of contributor out-of-state Sarabia, Alex Contributor address; City; State; Zip Code San Antonio, TX 78230 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Public Serva | pation / Job title (See Instructions) nt | | Employer (See Instructions U.S. Senate | i) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | IS | | SCHEDULE A1 | _ |
|---|---------------------------------|--|----------|---|----------|---|------|
| | The Instru | ction Guide explains how to complete t | this for | n. | 1 | Total pages Schedule A1: Sch: 117/141 Rpt: 120/248 | |
| 2 | FILER NAME Carranza, Kı | istian | | | 3 | Filer ID (Ethics Commission Filers) 00087920 |) |
| 4 | Date 05/04/2024 | Full name of contributor out-of-state PAC Sawtelle, Scott Contributor address; City; State; Zip Code | , | | 7 | Amount of Contribution (\$) \$10,000 |).00 |
| _ | Deinsinal assu | San Antonio, TX 78209 | - 10 | Franks var (Caa Instructions | | | |
| 8 | | pation / Job title (See Instructions) Denburg & Campbell | 9 | Employer (See Instructions Investment Adviser | 5) | | |
| | Date 04/18/2024 | Full name of contributor out-of-state PAC Saxon, Carol Contributor address; City; State; Zip Code San Antonio, TX 78230 | |) | | Amount of Contribution (\$) \$200 |).00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Attorney | | | Gardner Law | | | |
| | Date 05/05/2024 | Full name of contributor out-of-state PAC Schindler, Robert Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) \$3 | 3.13 |
| | | St Charles, MO 63304 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | i) | | |
| | Date 03/24/2024 | Full name of contributor out-of-state PAC Schroller, Alex Contributor address; City; State; Zip Code Houston, TX 77005 | |) | | Amount of Contribution (\$) \$4 | 1.00 |
| | Principal occu Technical tra | pation / Job title (See Instructions) iner | | Employer (See Instructions PROS |) | | |
| | Date 04/24/2024 | Full name of contributor out-of-state PAC Schroller, Alex Contributor address; City; State; Zip Code Houston, TX 77005 | |) | | Amount of Contribution (\$) \$4 | 1.00 |
| | Principal occu Technical tra | pation / Job title (See Instructions) iner | | Employer (See Instructions PROS | 5) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDUI | LE A1 |
|---|---------------------------------|---|-------------------------|--|----|--|------------|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 118/141 Rpt: 121/24 | 48 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 05/24/2024 | 5 Full name of contributorSchroller, Alex6 Contributor address; City; S | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | \$4.00 |
| | | Houston, TX 77005 | | | | | |
| 8 | Principal occu Technical tra | pation / Job title (See Instructions tiner | 5) | 9 Employer (See Instruction PROS | s) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/24/2024 | Schroller, Alex | | | | | \$4.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | Houston, TX 77005 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instruction | s) | | |
| | Technical Tr | ainer | | PROS | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 05/23/2024 | Schwart, Cynthia | | | | | \$1,000.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | |
| | | Austin, TX 78731 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instruction | s) | | |
| | Executive As | ssistant | | Garry Mauro | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 06/10/2024 | Seabrook, Linda Contributor address; City; S | tate; Zip Code | | | | \$260.00 |
| | | Washington, DC 20018 | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions | s) | Employer (See Instruction USDOJ Office of Justic | • | rograms | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 03/14/2024 | Sebian lander, Cynthia | | | | | \$25.00 |
| | | Contributor address; City; S Huntingtown, MD 20639 | tate; Zip Code | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instruction | s) | | |
| | | paign and Election Specialist | | National Education Ass | | ation | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CONTRI | BUTION | IS | | SCHEDULI | ■ A1 |
|---|--------------------------------|---|--------------|--|-----|---|-------------|
| | The Instruc | ction Guide explains how to comple | ete this for | n. | 1 | Total pages Schedule A1: Sch: 119/141 Rpt: 122/248 | 3 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 04/14/2024 | Full name of contributor | e PAC (ID#: | | 7 | Amount of Contribution (\$) | \$25.00 |
| | | Huntingtown, MD 20639 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Senior camp | aign and election specialist | | National education asso | cia | tion | |
| | Date 05/14/2024 | Full name of contributor out-of-state Sebian lander, Cynthia Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Huntingtown, MD 20639 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Senior camp | aign and election specialist | | National education asso | cia | tion | |
| | Date 06/14/2024 | Sebian lander, Cynthia Contributor address; City; State; Zip Code | e PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Huntingtown, MD 20639 | | | | | |
| | | pation / Job title (See Instructions) paign and Election Specialist | | Employer (See Instructions National Education Asso | | ition | |
| | Date 06/29/2024 | Full name of contributor out-of-state Sells, Michelle Contributor address; City; State; Zip Code Bothell, WA 98021 | e PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Social Worke | pation / Job title (See Instructions) er | | Employer (See Instructions Pacific Mental Health |) | | |
| | Date 05/05/2024 | Full name of contributor out-of-state Shannon, Kelly Contributor address; City; State; Zip Code San Antonio, TX 78212 | e PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NC | IS | | SCHEDUL | E A1 |
|---|--------------------------------|---|-----|--|----------------|---|-------------|
| | The Instruc | ction Guide explains how to complete this t | for | m. | 1 | Total pages Schedule A1: Sch: 120/141 Rpt: 123/248 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 05/14/2024 | Full name of contributor out-of-state PAC (ID#: Sheehan, Grace Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | 5 | Washington, DC 20009 | 1- | 5 1 (0 1 1 1 | <u></u> | | |
| 8 | Principal occu Marketing | pation / Job title (See Instructions) | 9 | Employer (See Instructions DNC | 5) | | |
| | Date 06/18/2024 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Houston, TX 77079 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> 5) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/17/2024 | Full name of contributor out-of-state PAC (ID#:_Shipley, George Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78703 | | | | | |
| | Principal occu CEO | pation / Job title (See Instructions) | | Employer (See Instructions Shipley & Associates, Ir | | | |
| | Date 06/18/2024 | Full name of contributor out-of-state PAC (ID#: Shute, Bill Contributor address; City; State; Zip Code Universal City, TX 78148 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu College Prof | pation / Job title (See Instructions) essor | | Employer (See Instructions San Antonio College | 5) | | |
| | Date 03/06/2024 | Full name of contributor out-of-state PAC (ID#:_Siemers-Kennedy, Laura Contributor address; City; State; Zip Code Houston, TX 77019 | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Mott MacDonald | 5) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL CO | NIRIBUTION | S | | SCHEDULE | A1 |
|---|--------------------------------|---|---------------------------------|---|----|---|---------|
| | The Instru | ction Guide explains how to | complete this forr | n. | 1 | Total pages Schedule A1: Sch: 121/141 Rpt: 124/248 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kı | ristian | | | | 00087920 | |
| 4 | Date 04/06/2024 | 5 Full name of contributor Siemers-Kennedy, Laura6 Contributor address; City; State; | out-of-state PAC (ID#: Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 |
| | | Houston, TX 77019 | | | | | |
| 8 | Principal occu Engineer | pation / Job title (See Instructions) | 9 | Employer (See Instructions Mott MacDonald | i) | | |
| | Date 05/06/2024 | Siemers-Kennedy, Laura Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Houston, TX 77019 pation / Job title (See Instructions) | | Employer (See Instructions | .) | | |
| | Engineer | pation / oob title (occ motivations) | | Mott MacDonald | ') | | |
| | Date 06/06/2024 | Full name of contributor Siemers-Kennedy, Laura Contributor address; City; State; | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | | Houston, TX 77019 | | | | | |
| | Principal occu Engineer | pation / Job title (See Instructions) | | Employer (See Instructions Mott MacDonald | 5) | | |
| | Date 05/23/2024 | Full name of contributor Silver, Lisa Contributor address; City; State; San Antonio, TX 78223 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Staff Accour | pation / Job title (See Instructions) | | Employer (See Instructions Strategic Campaign Sou | | es | |
| | Date 05/29/2024 | Full name of contributor Simpson, Malcolm Contributor address; City; State; Las Vegas, NV 89104 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | CONTRIBUTIO | NS | | SCHEDUI | E A1 |
|---|-------------------------------|--|---|--|---|--|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | otal pages Schedule A1: ch: 122/141 Rpt: 125/24 | 48 |
| 2 | FILER NAME | | | | 3 Fi | ler ID (Ethics Commission | on Filers) |
| | Carranza, Kr | ristian | | | 00 | 0087920 | |
| 4 | Date 03/24/2024 | 5 Full name of contributor Sivilli, Angela6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | 7 Aı | mount of Contribution (\$) | \$50.00 |
| | | Chicago, IL 60608 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) [9 | Employer (See Instructions | <u> </u> | | |
| _ | | ef Claims Office | , | Allianz Global Corporate | | pecialty | |
| | Date | Full name of contributor | Quit of ctoto DAC (ID#: | | | mount of Contribution (\$) | |
| | 03/26/2024 | Smiley-Kaliff, Bruce Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | nount of Contribution (3) | \$1,000.00 |
| | | San Antonio, TX 78213 | | | | | |
| | | pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Insurance ag | | | Kaliff Insurance | | | |
| | Date 05/17/2024 | Full name of contributor Smiley-Kaliff, Bruce Contributor address; City; St | out-of-state PAC (ID#: | | AI | mount of Contribution (\$) | \$1,000.00 |
| | | San Antonio, TX 78213 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | s) | | |
| | Insurance ag | gent | | Kaliff insurance | | | |
| | Date 03/20/2024 | Full name of contributor Smith, Bruce Contributor address; City; St San Antonio, TX 78260 | out-of-state PAC (ID#: |) | . Ai | mount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed |) | Employer (See Instructions Not Employed | s) | | |
| | Date 03/20/2024 | Full name of contributor Smith, Bruce Contributor address; City; St San Antonio, TX 78260 | out-of-state PAC (ID#: | | | mount of Contribution (\$) | \$1,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed |) | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIB | BUTION | S | | SCHEDUL | E A1 |
|---|-----------------------------|---|-------------|--|---------|--|------------|
| | The Instruc | ction Guide explains how to complete | e this forr | n. | 1 | Total pages Schedule A1: Sch: 123/141 Rpt: 126/24 | 48 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/23/2024 | Full name of contributor out-of-state F Smith, Bruce Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | San Antonio, TX 78260 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u></u> | | |
| Ü | Not Employe | | | Not Employed | ') | | |
| | Date 06/26/2024 | Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$8.33 |
| | Princinal occu | Austin, TX 78752 pation / Job title (See Instructions) | | Employer (See Instructions | .) | | |
| | Not Employe | | | Not Employed | ') | | |
| | Date 03/22/2024 | Full name of contributor out-of-state F Smith, Lon Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Driverine Leasur | San Antonio, TX 78209 | | Franks var (Caa kastu atiana | _ | | |
| | Doctor Doctor | pation / Job title (See Instructions) | | Employer (See Instructions Med | 5) | | |
| | Date 06/17/2024 | Full name of contributor out-of-state F Smith, Lon Contributor address; City; State; Zip Code San Antonio, TX 78209 | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Physician | pation / Job title (See Instructions) | | Employer (See Instructions South Texas Oncology |) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state F Smith Jr, James B Contributor address; City; State; Zip Code San Antonio, TX 78205-1521 | PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Dykema Gossett | i) | | |
| | , | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---------|---|--------|--|-------------|
| | The Instruc | ction Guide explains how to complete th | nis for | m. | 1 | Total pages Schedule A1: Sch: 124/141 Rpt: 127/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/30/2024 | Full name of contributor | ` | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occur | San Antonio, TX 78209 pation / Job title (See Instructions) | اه | Employer (See Instructions | ·/ | | |
| 0 | Not Employe | | | Not Employed | ·) | | |
| | Date 05/02/2024 | Full name of contributor out-of-state PAC (Snell, Barry Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occur | San Antonio, TX 78209 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Not Employe | | | Not Employed | -, | | |
| | Date 06/24/2024 | Full name of contributor out-of-state PAC (Snow, Mollie Contributor address; City; State; Zip Code | (ID#: |) | | Amount of Contribution (\$) | \$2.08 |
| | | Austin, TX 78750-8140 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 06/10/2024 | Full name of contributor out-of-state PAC (Sohn, Sally Contributor address; City; State; Zip Code San Antonio, TX 78212 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (Spain, Diana Contributor address; City; State; Zip Code Austin, TX 78751 | | | • | Amount of Contribution (\$) | \$2.08 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTION | S | | SCHEDUI | LE A1 |
|---|----------------------------------|---|-------------------|--|------|--|--------------|
| | The Instruc | ction Guide explains how to con | nplete this forn | n. | 1 | Total pages Schedule A1: Sch: 125/141 Rpt: 128/24 | 48 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/29/2024 | Full name of contributor out-of out-of Spittler, Joan Contributor address; City; State; Zip C | | | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Sun City West, AZ 85375 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 03/16/2024 | Full name of contributor out-of Stahl, Lynn Contributor address; City; State; Zip C | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$108.00 |
| | Principal occur | San Antonio, TX 78209 pation / Job title (See Instructions) | | Employer (See Instructions | ·/_ | | |
| | Not Employe | | | Not Employed |) | | |
| | Date 04/10/2024 | Full name of contributor out-of Staton, Benjamin Contributor address; City; State; Zip C | f-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | | Rockville, MD 20850 | | | | | |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions 21 Strategies LLC | 5) | | |
| | Date 03/18/2024 | Steele, Collin | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Political Dire | pation / Job title (See Instructions) ctor | | Employer (See Instructions Lizzie Fletcher for Cong | | S | |
| | Date 03/31/2024 | Steves, Buddy | |) | | Amount of Contribution (\$) | \$1,125.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | s) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBU | TION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|---|---------|---|--------|--|------------|
| | The Instruc | ction Guide explains how to complete tl | his for | m. | 1 | Total pages Schedule A1: Sch: 126/141 Rpt: 129/24 | 18 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/31/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$1,375.00 |
| 8 | Principal occur | Houston, TX 77030 pation / Job title (See Instructions) | - Ia | Employer (See Instructions | ;) | | |
| 0 | Not Employe | | ا | Not Employed | ·) | | |
| | Date 06/24/2024 | Full name of contributor out-of-state PAC Stewart, Lynn Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$4.17 |
| | Principal occur | Austin, TX 78723 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Physician Physician | pation / 300 title (See Instructions) | | Travis County | ·) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC Straus, Ian Contributor address; City; State; Zip Code | (ID#: |) | | Amount of Contribution (\$) | \$10.00 |
| | | San Antonio, TX 78233 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) rd | | Employer (See Instructions Not Employed | s) | | |
| | Date 03/12/2024 | Full name of contributor out-of-state PAC Stromsness, Rune Contributor address; City; State; Zip Code Oakland, CA 94607 | | | • | Amount of Contribution (\$) | \$3.57 |
| | Principal occu IT Manager | pation / Job title (See Instructions) | | Employer (See Instructions University of California | 5) | | |
| | Date 04/06/2024 | Full name of contributor out-of-state PAC Stromsness, Rune Contributor address; City; State; Zip Code Oakland, CA 94607 | (ID#: |) | • | Amount of Contribution (\$) | \$3.13 |
| | Principal occu IT Manager | pation / Job title (See Instructions) | | Employer (See Instructions University of California | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ON | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------|--|--------|---|-------------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 127/141 Rpt: 130/248 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/04/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$8.33 |
| | | Oakland, CA 94607 | | | | | |
| 8 | Principal occu IT Manager | pation / Job title (See Instructions) | 9 | Employer (See Instructions University of California | s) | | |
| | Date 06/30/2024 | Full name of contributor out-of-state PAC (ID# Strong, Franklin Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$18.00 |
| | Principal occu | Austin, TX 78759 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Teacher | pation, our title (occ instructions) | | KIPP Texas Public Scho | | 6 | |
| | Date 06/16/2024 | Full name of contributor out-of-state PAC (ID# Stubblefield, Raymond Contributor address; City; State; Zip Code | #: <u></u> |) | | Amount of Contribution (\$) | \$25.00 |
| | | Houston, TX 77009 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | s) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID# Suficiencia, Faye Contributor address; City; State; Zip Code San Antonio, TX 78252 | | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Finance Ass | pation / Job title (See Instructions) stant | | Employer (See Instructions Kristian for Texas | 5) | | |
| | Date 02/26/2024 | Full name of contributor out-of-state PAC (ID# Sullivan, David Contributor address; City; State; Zip Code Cambridge, MA 02140 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | | | • | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDULE | A1 |
|---|------------------------------|---|---|----------|---|----------|---|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 128/141 Rpt: 131/248 | } |
| 2 | FILER NAME | | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Carranza, Kr | ristian | | | | | 00087920 | |
| 4 | Date 06/24/2024 | 5 Full name of contributor Swenson, Karen6 Contributor address; City; St | out-of-state PAC (ID#: | | | 7 | Amount of Contribution (\$) | \$25.00 |
| g | Principal occu | Austin, TX 78723 pation / Job title (See Instructions | y [| <u> </u> | Employer (See Instructions | ;) | | |
| 0 | Physician Physician | pation / 300 title (See instructions | , | 9 | Self | ·) | | |
| | Date 06/30/2024 | Full name of contributor Talley, Cheryle Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | |) | | Amount of Contribution (\$) | \$1.00 |
| | | Las Vegas, NV 89135 | , | | | <u></u> | | |
| | Not Employe | pation / Job title (See Instructionsed |) | | Employer (See Instructions Not Employed | 5) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | Т | Amount of Contribution (\$) | |
| | 05/29/2024 | Taylor, Clifton Contributor address; City; St | _ | | | | , another of Continuation (c) | \$25.00 |
| | | San Antonio, TX 78258 | | | | | | |
| | | pation / Job title (See Instructions |) | | Employer (See Instructions | s) | | |
| | Clinical Ther | apist | | | Self | | | |
| | Date 05/16/2024 | Full name of contributor Taylor, Michael Contributor address; City; St Delmar, NY 12054 | out-of-state PAC (ID#: ate; Zip Code | •••• |) | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu Professor | pation / Job title (See Instructions |) | | Employer (See Instructions Albany | <u>(</u> | | |
| | Date 05/17/2024 | Full name of contributor Teich, Lara Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 |
| | | Las Cruces, NM 88011 | | | | | | |
| | Principal occu Fundraiser | pation / Job title (See Instructions |) | | Employer (See Instructions Dave Min for Congress | s) | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|---------------------------------|---|--|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 129/141 Rpt: 132/24 | 48 |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 06/27/2024 | Full name of contributor out-of-state PAC (ID#:_ The Abel Herrero Campaign Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | <u> </u> | Corpus Christi, TX 78403 | 10.5 1 (0.1) | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 06/17/2024 | Full name of contributor out-of-state PAC (ID#:_ The Law Firm of Oscar Garza Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | | San Antonio, TX 78201 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 06/13/2024 | Full name of contributor out-of-state PAC (ID#:_ The Next 50 Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5,000.00 |
| | | New York, NY 10021 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 06/29/2024 | Full name of contributor out-of-state PAC (ID#:_ Thomas, Heather Contributor address; City; State; Zip Code Santa Monica, CA 90402 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Actress/Write | pation / Job title (See Instructions) | Employer (See Instructions Shiksa Enterprises |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Thomason, Heidi Contributor address; City; State; Zip Code San Antonio, TX 78248 | | | Amount of Contribution (\$) | \$14.00 |
| | Principal occu Self | pation / Job title (See Instructions) | Employer (See Instructions Architect |) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | INS | | SCHEDUI | LE A1 |
|---|-------------------------------|--|-------------------------|--|--------|--|------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 130/141 Rpt: 133/24 | 48 |
| 2 | FILER NAME | | | | 1 | Filer ID (Ethics Commission | on Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 06/01/2024 | 5 Full name of contributor Thompson, Johnathan6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Kearney, NE 68847 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | 3) | 9 Employer (See Instructions | s) | | |
| | Conference | Setup | | Younes Conference Ce | nter | | |
| | Date 05/25/2024 | Full name of contributor Timin, Mitchell Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | | Tucson, AZ 85716 | | | | | |
| | | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/18/2024 | Full name of contributor Torres, Christine Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | | Manor, TX 78653 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | s) | | |
| | NA | , | | NA | • | | |
| | Date 03/31/2024 | Full name of contributor Torres, Tomas Contributor address; City; St Houston, TX 77027 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See Instructions Not Employed | s) | | |
| | Date 06/12/2024 | Full name of contributor Torres, Tomas Contributor address; City; St Houston, TX 77027 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | 5) | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTR | | SCHEDULE A1 | | | |
|---|---------------------------------|--|-----------------|---|----------------|--|-----------|
| | The Instruc | ction Guide explains how to comp | olete this form | n. | 1 | Total pages Schedule A1: Sch: 131/141 Rpt: 134/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/16/2024 | Townsend, Joyce | tate PAC (ID#: | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occur | San Antonio, TX 78248 pation / Job title (See Instructions) | l _o | Employer (See Instructions | ·/- | | |
| 0 | Not Employe | | J | Not Employed |) | | |
| | Date 06/25/2024 | Townsend, Joyce Contributor address; City; State; Zip Cod | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | San Antonio, TX 78248 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 06/12/2024 | Full name of contributor out-of-st Train, Jeffrey Contributor address; City; State; Zip Cod | tate PAC (ID#: |) | | Amount of Contribution (\$) | \$200.00 |
| | | San Antonio, TX 78230 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 04/21/2024 | True-Courage, Zada | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Financial Ana | pation / Job title (See Instructions) alyst | | Employer (See Instructions CPS Energy | 5) | | |
| | Date 06/07/2024 | Tutt, Joshua | tate PAC (ID#: |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Student | pation / Job title (See Instructions) | | Employer (See Instructions Texas A&M University | 5) | | |
| | - | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|----------------------------------|--|--|---|--|--------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 132/141 Rpt: 135/24 | 48 |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | on Filers) |
| 4 | Date 05/01/2024 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$2,000.00 |
| _ | <u> </u> | Austin, TX 78702 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 05/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Valdez, Rueben Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | San Antonio, TX 78109 spation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Realtor | pation / 300 title (3ee instructions) | Self Employed | , | | |
| | Date 06/18/2024 | Full name of contributor out-of-state PAC (ID#: Vale, Kathy Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78216 | | | | |
| | Principal occu District Direc | pation / Job title (See Instructions) | Employer (See Instructions) HD116 |) | | |
| | Date 06/25/2024 | Full name of contributor out-of-state PAC (ID#:_Vale, Kathy Contributor address; City; State; Zip Code San Antonio, TX 78216 |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu District Direc | upation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 05/29/2024 | Full name of contributor out-of-state PAC (ID#:_Vallet, Rita C Contributor address; City; State; Zip Code Houston, TX 77007 | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Not Employe | upation / Job title (See Instructions) ed | Employer (See Instructions) Not Employed |) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL CONTR | IS | | SCHEDUL | E A1 | |
|---|-------------------------------|--|-------------------|---|---------|---|-----------|
| | The Instruc | ction Guide explains how to compl | lete this for | m. | 1 | Total pages Schedule A1: Sch: 133/141 Rpt: 136/248 | 8 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 06/26/2024 | Vargas, Edward | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | San Antonio, TX 78240 pation / Job title (See Instructions) | l ₉ | Employer (See Instructions | s) | | |
| Ü | Attorney | sation / out title (occ manachons) | | J.A. Davis & Associates | | P | |
| | Date 06/29/2024 | Vasquez, Jorge Contributor address; City; State; Zip Code | e ete PAC (ID#: |) | | Amount of Contribution (\$) | \$118.00 |
| | | San Antonio, TX 78228 | | | Ĺ | | |
| | Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
| | Date 06/02/2024 | Full name of contributor out-of-state Villalobos, Sergio Contributor address; City; State; Zip Code | te PAC (ID#: e |) | | Amount of Contribution (\$) | \$100.00 |
| | | Miami, FL 33133-5854 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | Date 03/31/2024 | Full name of contributor out-of-sta Villarreal, Becky Contributor address; City; State; Zip Code Cedar Park, TX 78613-4034 | tte PAC (ID#: | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Teacher | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 05/31/2024 | Full name of contributor out-of-state Von Briesen, Hans Contributor address; City; State; Zip Code Santa Fe, NM 87501-1536 | e | | | Amount of Contribution (\$) | \$1.38 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | INS | | SCHEDUL | E A1 |
|---|-------------------------------|---|--|--|----------|--|------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 134/141 Rpt: 137/24 | 18 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 04/07/2024 | 5 Full name of contributor [Vormelker, Eric6 Contributor address; City; Sta | out-of-state PAC (ID#:_ tte; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78752 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | <u> </u> | | |
| | Technical Co | | | Texas Health and Huma | | Services Commission | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | 1 | Г | Amount of Contribution (\$) | |
| | 06/12/2024 | Vote Save America PAC Contributor address; City; Sta | | | | Amount of Continuation (\$) | \$2,000.00 |
| | | Washington, DC 20003 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 05/23/2024 | Full name of contributor Wallace, Martin Contributor address; City; Sta | out-of-state PAC (ID#:_ tte; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78209 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | self-employe | ed | | Martin Wallace | | | |
| | Date 06/30/2024 | Full name of contributor Wally, Liz Contributor address; City; Sta Dallas, TX 75214 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Consultant | pation / Job title (See Instructions) | | Employer (See Instructions Clean Elections Texas | 5) | | |
| | Date 04/17/2024 | Full name of contributor Walsh, Suzanne M Contributor address; City; Sta | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 135/141 Rpt: 138/24 | 8 |
| 2 | FILER NAME Carranza, Kı | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 03/18/2024 | Full name of contributor out-of-state PAC (ID#:_ Wang, Shenghao Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| | | Austin, TX 78750 | | | | |
| 8 | Principal occu Attorney | pation / Job title (See Instructions) | 9 Employer (See Instructions) Shenghao Wang |) | | |
| | Date 06/10/2024 | Full name of contributor out-of-state PAC (ID#:_ Wang, Shenghao Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$400.00 |
| | Principal occu | Austin, TX 78750 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Attorney | | Shenghao Wang | | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Ward, M Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$4.17 |
| | | Pflugerville, TX 78660 | | | | |
| | Principal occu RN | pation / Job title (See Instructions) | Employer (See Instructions Ascension |) | | |
| | Date 04/15/2024 | Full name of contributor out-of-state PAC (ID#:_ Watt, Timothy Contributor address; City; State; Zip Code San Antonio, TX 78209 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed |) | | |
| | Date 04/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Weeks, Zach Contributor address; City; State; Zip Code Washington, DC 20001 | | | Amount of Contribution (\$) | \$50.00 |
| | | pation / Job title (See Instructions) Broz Consulting | Employer (See Instructions Consultant |) | | |
| | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|---|--|--------|--|-------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 136/141 Rpt: 139/24 | 8 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | | | | | 00087920 | |
| 4 | Date 03/18/2024 | 5 Full name of contributorWeir, Andrew6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | San Antonio, TX 78218 | | | | | |
| 8 | Principal occu Not Employe | pation / Job title (See Instructions ed | 9 | Employer (See Instructions Not Employed | s) | | |
| | Date 06/30/2024 | Full name of contributor Weir, Andrew Contributor address; City; St San Antonio, TX 78218 | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | ;) | | |
| | Not Employe | | , | Not Employed | -, | | |
| | Date 04/12/2024 | Full name of contributor Welch, Jane Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$250.00 |
| | | San Antonio, TX 78209 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | | Employer (See Instructions Not Employed | s) | | |
| | Date 03/05/2024 | Full name of contributor Westen, Daniel Contributor address; City; St New York, NY 10023 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Associate | pation / Job title (See Instructions | | Employer (See Instructions Simpson Thacher & Bar | | t LLP | |
| | Date 04/14/2024 | Full name of contributor Whellan, Michael Contributor address; City; St Austin, TX 78731 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | | Employer (See Instructions Armbrust & Brown PLLC | | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | IS | | SCHEDULI | E A1 | |
|---|-------------------------------|--|-----|--|----------|---|-----------|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 137/141 Rpt: 140/248 | 3 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/17/2024 | Full name of contributor out-of-state PAC (ID#: Williams, Elizabeth Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$25.00 |
| 8 | Principal occu | Alamogordo, NM 88310 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| | Not Employe | | | Not Employed | , | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#: Wilson, Anthony Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occur | Washington, DC 20008 pation / Job title (See Instructions) | 1 | Employer (See Instructions | ·/ | | |
| | LPAC | pation / 300 title (See instructions) | | Director |) | | |
| | Date 06/24/2024 | Full name of contributor out-of-state PAC (ID#: Wilson, Paul Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$50.00 |
| | | Houston, TX 77005 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | Date 03/22/2024 | Full name of contributor out-of-state PAC (ID#: Winters, Michael Contributor address; City; State; Zip Code San Leandro, CA 94577 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Product Man | pation / Job title (See Instructions) ager | | Employer (See Instructions Traackr | 5) | | |
| | Date 06/26/2024 | Full name of contributor out-of-state PAC (ID#: Wolff, Nelson Contributor address; City; State; Zip Code San Antonio, TX 78230 | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions) d | | Employer (See Instructions Not Employed | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CO | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|----------------------------|---|-----------------------------------|---|--|--|------------|
| | The Instruc | ction Guide explains how t | o complete this for | m. | 1 | Total pages Schedule A1: Sch: 138/141 Rpt: 141/24 | 18 |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | ristian | | | | 00087920 | |
| 4 | Date 06/08/2024 | 5 Full name of contributor Wolgamott, Dan6 Contributor address; City; Stat | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$100.00 |
| • | Dringing conu | Saint Cloud, MN 56304 | lo. | Employer (See Instructions | | | |
| 0 | State Repres | pation / Job title (See Instructions) | 9 | Employer (See Instructions Minnesota House of Rep | | contativos | |
| | State Repres | | | Willinesola House of Rep | pie | | |
| | Date 05/06/2024 | Full name of contributor [Wolman, Don Contributor address; City; Stat | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Dallas, TX 75252 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Retired | | | none | | | |
| | Date 06/15/2024 | Full name of contributor Wooldridge, Greg Contributor address; City; Stat | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | West Lake Hills, TX 78746 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u>. </u> | | |
| | Not Employe | ed | | Not Employed | | | |
| | Date 06/30/2024 | Full name of contributor Yado, Sissi Contributor address; City; Stat San Antonio, TX 78207 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$75.00 |
| | Principal occu Director | pation / Job title (See Instructions) | | Employer (See Instructions Texas for All | s) | | |
| | Date 06/10/2024 | Full name of contributor Yates, Nancy A Contributor address; City; Stat Hamilton, TX 76531 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A1 | | | |
|---|----------------------------|--|------|-------------------------------------|----------------|---|----------|
| | The Instruc | ction Guide explains how to complete this fo | ori | n. | 1 | Total pages Schedule A1: Sch: 139/141 Rpt: 142/248 | 3 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | Filers) |
| 4 | Date 04/04/2024 | Full name of contributor | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | Houston, TX 77023 pation / Job title (See Instructions) | 9 | Employer (See Instructions | | | |
| | Director | | | Harris County | | | |
| | Date 03/09/2024 | Full name of contributor out-of-state PAC (ID#:_ Yeager, Robert Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$10.00 |
| | | The Woodlands, TX 77380 | | | | | |
| | Principal occu Trainer | pation / Job title (See Instructions) | | Employer (See Instructions InterCom | s) | | |
| | Date 04/22/2024 | Full name of contributor | |) | | Amount of Contribution (\$) | \$10.00 |
| | | The Woodlands, TX 77380 | | | | | |
| | Principal occu Trainer | pation / Job title (See Instructions) | | Employer (See Instructions InterCom | 5) | | |
| | Date 05/22/2024 | Full name of contributor out-of-state PAC (ID#:_Yeager, Robert Contributor address; City; State; Zip Code The Woodlands, TX 77380 | |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Trainer | pation / Job title (See Instructions) | | Employer (See Instructions InterCom | <u> </u> 5) | | |
| | Date 06/22/2024 | Full name of contributor out-of-state PAC (ID#:_ Yeager, Robert Contributor address; City; State; Zip Code The Woodlands, TX 77380 | •••• |) | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Trainer | pation / Job title (See Instructions) | | Employer (See Instructions InterCom | <u> </u> 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CO | S | | SCHEDUL | E A1 | |
|---|----------------------------|--|------------------------------------|--|----------|--|-----------|
| | The Instruc | ction Guide explains how to | complete this forn | n. | 1 | Total pages Schedule A1: Sch: 140/141 Rpt: 143/24 | 8 |
| 2 | FILER NAME Carranza, Kr | istian | | | 3 | Filer ID (Ethics Commission 00087920 | n Filers) |
| 4 | Date 06/15/2024 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occur | Austin, TX 78733 pation / Job title (See Instructions) | l ₉ | Employer (See Instructions | <u> </u> | | |
| Ū | Not Employe | | | Not Employed | , | | |
| | Date 05/31/2024 | Young, Alan Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1.00 |
| | Principal occu | Hilo, HI 96720 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Caterer | | | Self | - | | |
| | Date 05/14/2024 | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | 5 | Washington, DC 20003 | | | | | |
| | Not Employe | pation / Job title (See Instructions) ed | | Employer (See Instructions Not Employed |) | | |
| | Date 05/09/2024 | Full name of contributor Zacarias, Mariafernanda Contributor address; City; State; J Washington, DC 20002 | out-of-state PAC (ID#: Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | pation / Job title (See Instructions) agement Director | | Employer (See Instructions DCCC |) | | |
| | Date 03/18/2024 | Full name of contributor Zachary, Karen Lee Contributor address; City; State; San Antonio, TX 78209 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | | | 1 | | | | |

| | MONEI | ARY POLITICAL CONTI | RIBUTIONS | | SCHEDUL | E A1 |
|---|--------------------------------|---|-----------------------|---|--|-------------|
| | The Instru | ction Guide explains how to com | plete this form. | 1 | Total pages Schedule A1: Sch: 141/141 Rpt: 144/24 | 8 |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Carranza, Kr | istian | | | 00087920 | |
| 4 | Date 04/30/2024 | Full name of contributor out-of-Zaid, Shereen Contributor address; City; State; Zip Contributor | state PAC (ID#: de | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | New York, NY 10018 pation / Job title (See Instructions) | 9 Employ | er (See Instructions) | | |
| Ü | NYC HHC | patient / cos title (eee metractions) | Logisti | | | |
| | Date 04/01/2024 | Zeller, Charles Contributor address; City; State; Zip Co | state PAC (ID#: |) | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78733 | <u> </u> | | | |
| | Principal occu None | pation / Job title (See Instructions) | Employ None | er (See Instructions) | | |
| | Date 06/30/2024 | Full name of contributor out-of-Zevallos, David Contributor address; City; State; Zip Co | state PAC (ID#: | | Amount of Contribution (\$) | \$25.00 |
| | | New York City, NY 10025 | | | | |
| | Principal occu Project Mana | pation / Job title (See Instructions) | Employ DNC | ver (See Instructions) | | |
| | Date 05/14/2024 | <u> </u> | state PAC (ID#: | | Amount of Contribution (\$) | \$50.00 |
| | | pation / Job title (See Instructions) trategy and Operations | Employ USDO | rer (See Instructions) T | | |
| | Date 06/27/2024 | | state PAC (ID#: |) | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Business De | pation / Job title (See Instructions) velopment | | rer (See Instructions) ch Swaine & Moore | | |
| | | | 1 | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 145/248 3 Filer ID (Ethics Commission Filers) FILER NAME 00087920 Carranza, Kristian \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 8 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 05/23/2024 Archer, Christian \$11,864.90 Catering and other costs 7 Contributor address; City; State; Zip Code for fundraiser San Antonio, TX 78212 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) Consultant Self 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) In-kind contribution Date Full name of contributor X out-of-state PAC (ID#: C00269779 Amount of contribution (\$) description 05/20/2024 Lone Star Project \$15,000.00 | Research Contributor address; City; State; Zip Code

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor In-kind contribution Date Amount of out-of-state PAC (ID#: contribution (\$) description 02/29/2024 Planned Parenthood Texas Votes PAC \$33.66 I Staff time Contributor address; City; State; Zip Code Austin, TX 78704 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0

Check if travel outside of Texas. Complete Schedule T.

(See instructions)

Employer (FOR NON-JUDICIAL)

Washington, DC 20003

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 146/248 3 Filer ID (Ethics Commission Filers) FILER NAME 00087920 Carranza, Kristian \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/31/2024 Planned Parenthood Texas Votes PAC \$254.47 I Staff time 7 Contributor address; City; State; Zip Code Austin, TX 78704 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) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 04/30/2024 Planned Parenthood Texas Votes PAC \$204.33 | Staff time Contributor address; City; State; Zip Code Austin, TX 78704 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor In-kind contribution Amount of out-of-state PAC (ID#: contribution (\$) description 05/31/2024 Planned Parenthood Texas Votes PAC \$40.87 Staff time Contributor address; City; State; Zip Code Austin, TX 78704 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 147/248 3 Filer ID (Ethics Commission Filers) FILER NAME Carranza, Kristian 00087920 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2024 Planned Parenthood Texas Votes PAC \$39.64 I Staff time 7 Contributor address; City; State; Zip Code Austin, TX 78704 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) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/30/2024 **Texas Democratic Party** \$27,835.56 | Staffing costs for Contributor address; City; State; Zip Code campaign management Austin, TX 78761 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to c | omple | ete this form. |
|---|-----------------------------|--|-------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date | 5 Payee name | | ' |
| | 03/05/2024 | 3D Signs | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| | \$490.00 | 8015 W 2nd St | | |
| | | | | |
| | | Somerset, TX 78069 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | LAFLINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Yard Signs |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | uaht | Office held |
| 9 | expenditure to benefit C/OI | | ugni | Office field |
| - | Date | D | | |
| | 03/05/2024 | Payee name 7ELEVEN | | |
| _ | | | | |
| | Amount (\$) | Payee address; City; State; Zip C | oae | |
| | \$24.32 | 2102 SW Military Dr | | |
| | | 0 - 1 A - 1 - 1 - TV 7000 4 | | |
| | | San Antonio, TX 78224 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel In District | | Check if Austin, TX, officeholder living expense |
| | | | | Transportation/Gas |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office so | ught | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 02/29/2024 | AT&T | | |
| | Amount (\$) | Payee address; City; State; Zip C | ode | |
| | \$55.53 | 208 S Akard St | | |
| | | | | |
| | | Dallas, TX 75202 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Internet |
| | | | | memet |
| H | Complete ONLY if direct | Candidate/Officeholder name Office so | uaht | Office held |
| | expenditure to benefit C/OI | | agiit | Since field |
| H | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this | s form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: Sch: 2/100 Rpt: | 2 FILER NAME Carranza, Kristian | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 03/25/2024 | 5 Payee name AT&T | · |
| 6 | Amount (\$) \$65.57 | 7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202 | |
| 8 | PURPOSE OF EXPENDITURE | | cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ne Services |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 04/24/2024 | Payee name AT&T | |
| | Amount (\$) \$55.53 | Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202 | |
| | PURPOSE OF EXPENDITURE | | cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ne Services |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 05/26/2024 | Payee name AT&T | |
| | Amount (\$) \$55.53 | Payee address; City; State; Zip Code 208 S Akard St | |
| | | Dallas, TX 75202 | |
| | PURPOSE OF EXPENDITURE | | cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense ne Services |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | · |
| | 06/24/2024 | AT&T | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$55.53 | 208 S Akard St | |
| | | | |
| | | Dallas, TX 75202 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Phone Services |
| _ | Complete ONL V if direct | Candidate/Officeholder name Office sought | Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Office field |
| _ | | | |
| | Date | Payee name | |
| | 02/25/2024 | ActBlue | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$245.74 | 366 Summer St | |
| | | | |
| | | Somerville, MA 02144 | |
| | PURPOSE OF | , | Description |
| | EXPENDITURE | Solicitation/Fundraising Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Fundraising Service Fee |
| | | | Ç |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| - | Date | Payee name | |
| | 03/03/2024 | ActBlue | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$6.57 | 366 Summer St | |
| | | | |
| | | Somerville, MA 02144 | |
| | PURPOSE | | Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Constitution of analysis and analysis analysis and analysis analysis and analysis and analysis analysis analysis and analysis analys | Check if Austin, TX, officeholder living expense |
| | | | Fundraising Service Fee |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/Ol | 1 | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: Sch: 4/100 Rpt: | 2 FILER NAME Carranza, Kristian 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 03/05/2024 | 5 Payee name ActBlue |
| 6 | Amount (\$) \$10.25 | 7 Payee address; City; State; Zip Code 366 Summer St |
| | | Somerville, MA 02144 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 03/10/2024 | Payee name ActBlue |
| | Amount (\$) \$100.65 | 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 03/17/2024 | Payee name ActBlue |
| | Amount (\$) \$211.55 | Payee address; City; State; Zip Code 366 Summer St |
| | | Somerville, MA 02161 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/24/2024 | ActBlue |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$491.29 | 366 Summer St |
| | | |
| | | Somerville, MA 02161 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Fundraising Service Fee |
| _ | 0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | • | |
| | Date | Payee name |
| | 04/21/2024 | ActBlue |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$249.28 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Fundraising Service Fee |
| | | Tanalaloning Convice 1 CC |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Device same |
| | 04/28/2024 | Payee name ActBlue |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.94 | 366 Summer St |
| | | |
| L | | Somerville, MA 02160 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | i unutating Service Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/06/2024 | ActBlue |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$601.92 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | Tunulaising Service Fee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| — | Data | David and the second se |
| | Date | Payee name |
| | 05/12/2024 | ActBlue |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$237.23 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | Fundialing Service Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | 05/19/2024 | ActBlue |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$364.78 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | i unutating Service Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|----------|--|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| L | Sch: 7/100 Rpt: | Carranza, Kristian | 00087920 | | | | |
| 4 | Date | 5 Payee name | | | | | |
| L | 05/26/2024 | ActBlue | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$312.23 | 366 Summer St | | | | | |
| | | Somerville, MA 02155 | | | | | |
| 8 | PURPOSE | | | | | | |
| ľ | OF | | el outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Check if Aus | tin, TX, officeholder living expense | | | | |
| | | Fundraising | Service Fee | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| ľ | expenditure to benefit C/OI | | Office field | | | | |
| F | Date | Payee name | | | | | |
| | 06/03/2024 | ActBlue | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$304.15 | 366 Summer St | | | | | |
| | | | | | | | |
| | | Somerville, MA 02155 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | Check if Austin, TX, officeholder living expense Fundraising Service Fee | | | | | | |
| | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | H | | | | | |
| | Date | Payee name | | | | | |
| | 06/09/2024 | ActBlue | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$26.36 | 366 Summer St | | | | | |
| | | Compariille MA 021C0 | | | | | |
| | | Somerville, MA 02160 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | el outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Solicitation// analysing Expense | tin, TX, officeholder living expense | | | | |
| | | Fundraising | Service Fee | | | | |
| L | Complete ONII V if allows | Condidate Office holder name | Office hald | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | |
| \vdash | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/16/2024 | ActBlue |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$523.06 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | Tunulaising Service Fee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| — | Data | Para a same |
| | Date | Payee name |
| | 06/23/2024 | ActBlue |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$344.40 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Fundraising Service Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date 06/30/2024 | Payee name ActBlue |
| | | 1.00-100 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$765.51 | 366 Summer St |
| | | |
| | | Somerville, MA 02160 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense |
| | | ☐ Check if Austin, TX, officeholder living expense Fundraising Service Fee |
| | | i unuluising Service Fee |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. | | | | | | |
|--|---|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 9/100 Rpt: | Carranza, Kristian 00087920 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 05/14/2024 | Adina's Market | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$6.55 | 9800 Airport Blvd | | | | | | |
| | | | | | | | | |
| | | San Antonio, TX 78216 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| OF FOOD/Beverage Expense Check if travel outside of Texas. Complete Schedu | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee | | | | | | |
| | | - Sampanga Sama | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/08/2024 | Adobe Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$22.72 | 345 Park Ave | | | | | | |
| | | | | | | | | |
| | | San Jose, CA 95110 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | | | |
| | | Software | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Date | Power name | | | | | | |
| | 05/08/2024 | Payee name Adobe Inc. | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$22.72 | 345 Park Ave | | | | | | |
| | Ψ <i>L</i> 2.17 <i>L</i> | O-FO F WINNING | | | | | | |
| | | San Jose, CA 95110 | | | | | | |
| | PURPOSE | Tu. | | | | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | |
| | | Software | | | | | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | | |
| | Orange to bonom O/O | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

Fees Office Overhead/r
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/09/2024 | Adobe Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$22.72 | 345 Park Ave |
| | | |
| | | San Jose, CA 95110 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Software |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 04/08/2024 | Adobe |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.72 | 345 Park Ave |
| | | |
| | | San Jose, CA 95110 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Software |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 04/26/2024 | Airbnb |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$509.43 | 888 Brannan St |
| | , , , , , | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Out of District Lodging |
| | | Out of District Loughing |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | y |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete | e this form. | | | |
|---|-----------------------------|--|---|--|--|--|
| 1 | | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| Ļ | Sch: 11/100 Rpt: | Carranza, Kristian | 00087920 | | | |
| 4 | Date | 5 Payee name | | | | |
| | 05/27/2024 | Airbnb | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$25.00 | 888 Brannan St | | | | |
| | | | | | | |
| | | San Francisco, CA 94103 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | | |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. | | | |
| | | | ☐ Check if Austin, TX, officeholder living expense Dut of District Lodging | | | |
| | | | out of District Loughing | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| 9 | expenditure to benefit C/O | | Office field | | | |
| ⊨ | Data | | | | | |
| | Date 02/29/2024 | Payee name | | | | |
| | | Alamo Mailing Company | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$1,304.88 | 13114 Lookout Run | | | | |
| | | | | | | |
| | | San Antonio, TX 78233 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | |
| | | Check if Austin, TX, officeholder living expense Mailer Services | | | | |
| | | | | | | |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| | expenditure to benefit C/O | | | | | |
| | Date | Payee name | | | | |
| | 04/04/2024 | Alradaiden, Ramzi | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$200.00 | 14105 Montour Dr | | | | |
| | , | | | | | |
| | | Austin, TX 78717 | | | | |
| | PURPOSE | | 2 distilier | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | Description Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Consulting Expense | Check if Austin, TX, officeholder living expense | | | |
| | | ļ <u>ī</u> | Digital Services | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| L | expenditure to benefit C/Ol | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
|--|-----------------------------|--------------|--|-------------------|------------------|----------------|---|---|---------|--|
| 1 | Total pages Schedule F1: | l | | | | | | · | | |
| | Sch: 12/100 Rpt: | Carranza, | | | | | | 00087920 | | |
| 4 | Date | 5 Payee nam | ne | | | | | | | |
| | 03/27/2024 | Amazon | | | | | | | | |
| 6 | Amount (\$) | 7 Payee add | | State; Zip Co | ode | | | | | |
| | \$12.11 | 440 Terry | Ave N | | | | | | | |
| | | Seattle, W | /A 98109 | | | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Office Ove | erhead/Rental Expens | se | | = | | de of Texas. Compl | | |
| | | | | | | Office Supplie | | officeholder living e | expense | |
| | | | | | | Office Supplie | CS | | | |
| 9 | Complete ONLY if direct | Candidate/C | officeholder name | Office sou | ıaht | | | Office hel | d | |
| _ | expenditure to benefit C/OI | | miceriolaer name | | Jgiit . | | | Office field | u | |
| | Date | Payee nam | ne | | | | | | | |
| | 03/27/2024 | Amazon | | | | | | | | |
| | Amount (\$) | Payee add | | State; Zip Co | ode | | | | | |
| | \$33.45 440 Terry Ave N | | | | | | | | | |
| | | | | | | | | | | |
| | Seattle, WA 98109 | | | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the top | of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Office Ove | erhead/Rental Expens | se | | = | | de of Texas. Compl officeholder living | | |
| | | | | | | Office Supplie | | officeriolder living (| expense | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/C | fficeholder name | Office sou | <u>l</u> ught | | | Office hel | d | |
| | expenditure to benefit C/OI | H | | | | | | | | |
| H | Date | Pavee nam | ne | | | | | | | |
| | 03/08/2024 | Araniega, | | | | | | | | |
| | Amount (\$) | Payee add | ress; City; | State; Zip Co | ode | | | | | |
| | \$60.00 | 1 | h Mesquite St | , <u></u> . | - | | | | | |
| | | | , | | | | | | | |
| | | San Antor | nio, TX 78203 | | | | | | | |
| | PURPOSE OF | | (See Categories listed at the top | | (b) | Description | | | | |
| | EXPENDITURE | Salaries/V | Vages/Contract Labor | | | ш | | de of Texas. Compl officeholder living e | | |
| | | | | | | Field Staffing | | omeenolder living t | элропас | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/C | rfficeholder name | Office sou | ıght | | | Office hel | d | |
| | expenditure to benefit C/O | H | | | - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services 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 com | plete this form. | _ | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 13/100 Rpt: | Carranza, Kristian | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | |
| | 03/05/2024 | Barron, Andrea | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State | ; Zip Code | e | | | |
| | \$165.00 | 2215 Hays Street | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78202 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this sch | andula) (I | Description | | | |
| | OF | Salaries/Wages/Contract Labor | ledule) | | outs | side of Texas. Co | mplete Schedule T. |
| | EXPENDITURE | Calaires, Fragos, Corni act Lass. | | Check if Austin | ı, TX | K, officeholder livir | ng expense |
| | | | | Field Staffing | I | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | | Office sough | nt | | Office h | neld |
| | expenditure to benefit C/O | 1 | | | | | |
| | Date | Payee name | | | | | |
| | 06/14/2024 | Bill Miller Bar-B-Q | | | | | |
| | Amount (\$) | Payee address; City; State | ; Zip Code | 9 | | | |
| | \$25.38 | 1646 Main St | | | | | |
| | | | | | | | |
| | | Buda, TX 78610 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this sch | nedule) (I | Description | | | |
| | OF EXPENDITURE | Food/Beverage Expense | , | Check if travel | outs | side of Texas. Co | mplete Schedule T. |
| | LAFENDITORE | | | ш | | (, officeholder livir | ng expense |
| | | | | Campaign M | ea | | |
| | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Office sough | nt | | Office h | neld |
| | experiantare to benefit of or | • | | | | | |
| | Date | Payee name | | | | | |
| | 06/25/2024 | Bill Miller Bar-B-Q | | | | | |
| | Amount (\$) | Payee address; City; State | ; Zip Code | e | | | |
| | \$12.23 | 1646 Main St | | | | | |
| | | | | | | | |
| | | Buda, TX 78610 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this sch | nedule) (I | Description | | | |
| | OF | Food/Beverage Expense | icuaic) | · · | outs | side of Texas. Co | mplete Schedule T. |
| | EXPENDITURE | , i i i i i i i i i i i i i i i i i i i | | Check if Austin | ı, TX | (, officeholder livir | ng expense |
| | | | | Campaign M | eal | l | |
| | | | | | | | |
| | Complete ONLY if direct | | Office sough | nt | | Office h | neld |
| | expenditure to benefit C/O | - | | | | | |
| | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| | Sch: 14/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 06/25/2024 | Bill Miller Bar-B-Q | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$18.51 | 1646 Main St | |
| | | Buda, TX 78610 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense | |
| | | Compaign Moal | |
| | | Campaign Meal | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| L | expenditure to benefit C/OI | H | |
| | Date | Payee name | |
| | 04/04/2024 | Bill Miller's Barbecue | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$26.47 | 1646 Main St | |
| | | | |
| | | Buda, TX 78610 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Campaign Meating Meal | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| _ | Date | Payeo namo | _ |
| | 05/06/2024 | Payee name Blue Scout | |
| | | | _ |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$750.00 | 2505 Royal Birkdale | |
| | | Plano, TX 75025 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Email Fundraising/Consulting | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| L | expenditure to benefit C/OI | H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 15/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | · |
| | 03/22/2024 | Bobbie's Cafe | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$70.05 | 6728 S Flores | |
| | | | |
| | | San Antonio, TX 78221 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Campaign Meeting Meal |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office field |
| ⊨ | Data | | |
| | Date | Payee name | |
| | 06/27/2024 | Bobbie's Cafe | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$14.84 | 6728 S Flores St | |
| | | | |
| | | San Antonio, TX 78221 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Campaign Meal |
| | | | Campaign wear |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 9 | |
| _ | | | |
| | Date | Payoo namo | |
| | Date 02/26/2024 | Payee name Bowles, Cole | |
| | 02/26/2024 | Bowles, Cole | |
| | 02/26/2024 Amount (\$) | Bowles, Cole Payee address; City; State; Zip Code | |
| | 02/26/2024 | Bowles, Cole | |
| | 02/26/2024 Amount (\$) | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd | |
| | 02/26/2024 Amount (\$) \$550.00 | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 | |
| | 02/26/2024 Amount (\$) \$550.00 | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) | Description |
| | 02/26/2024 Amount (\$) \$550.00 | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 | Check if travel outside of Texas. Complete Schedule T. |
| | 02/26/2024 Amount (\$) \$550.00 PURPOSE OF | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) | |
| | 02/26/2024 Amount (\$) \$550.00 PURPOSE OF | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | 02/26/2024 Amount (\$) \$550.00 PURPOSE OF | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting |
| | O2/26/2024 Amount (\$) \$550.00 PURPOSE OF EXPENDITURE | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting |
| | O2/26/2024 Amount (\$) \$550.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting |
| | O2/26/2024 Amount (\$) \$550.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Bowles, Cole Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| 1 Total pages Schedule F1: Sch: 16/100 Rpt: 2 FillER NAME Carranza, Kristian 3 Filer ID (Ethics Commission Filers 00087920 4 Date 03/04/2024 5 Payee name Bowles, Cole 6 Amount (\$) 7 Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Date 03/11/2024 Amount (\$) Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. | |
|---|----------|
| Sch: 16/100 Rpt: Carranza, Kristian O0087920 4 Date 03/04/2024 5 Payee name Bowles, Cole 6 Amount (\$) 7 Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Date 03/11/2024 Amount (\$) Payee name Bowles, Cole Amount (\$) Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Date O3/11/2024 Amount (\$) Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Office held (c) Description Office held Tucson, AZ 85750 | .) |
| Bowles, Cole | , |
| Bowles, Cole | |
| \$460.00 5881 East River Rd Tucson, AZ 85750 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) | |
| Tucson, AZ 85750 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor 9 Complete ONLY if direct expenditure to benefit C/OH Date O3/11/2024 Amount (\$) Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$420.00 \$420.00 A Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder living expense Office held Office held | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting 9 Complete ONLY if direct expenditure to benefit C/OH Date 03/11/2024 Amount (\$) Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$420.00 \$420.00 \$420.00 Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance Consulting 9 Complete ONLY if direct expenditure to benefit C/OH Date 03/11/2024 Amount (\$) Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$420.00 \$420.00 \$420.00 Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Salaries/Wages/Contract Labor | |
| Salaries/Wages/Contract Labor Check if Austin, Tx, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date O3/11/2024 Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Finance Consulting Office sought Office held Office held Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Date 03/11/2024 Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Date 03/11/2024 Payee name Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| O3/11/2024 Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$881 East River Rd Tucson, AZ 85750 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| O3/11/2024 Bowles, Cole Amount (\$) Payee address; City; State; Zip Code \$420.00 \$881 East River Rd Tucson, AZ 85750 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | _ |
| Amount (\$) Payee address; City; State; Zip Code 5881 East River Rd Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| \$420.00 5881 East River Rd Tucson, AZ 85750 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Tucson, AZ 85750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| EXPENDITURE Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense | |
| | |
| I Finance Consuling | |
| That is something | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | |
| Date Payee name | |
| 06/11/2024 Brick Bar | |
| Amount (\$) Payee address; City; State; Zip Code | |
| \$2.00 108 Blue Star | |
| 42.00 100 Bide Stall | |
| San Antonio, TX 78204 | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| Check if Austin, TX, officeholder living expense | |
| Campaign Refreshments | |
| | |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | |
| Supplication to bottom Order | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 17/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/11/2024 | Brick Bar |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2.00 | 108 Blue Star |
| | | |
| | | San Antonio, TX 78204 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign Refreshments |
| | | Campaign Neirestillents |
| _ | Occupated ONLY if alice at | On did to 10 ff as hald a grant Off as south |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/05/2024 | Buc-ee's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$36.85 | 2760 Interstate 35 |
| | | |
| | | New Braunfels, TX 78130 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Transportation/Gas |
| _ | Occupated ONLY if alice at | On did to 10 ff as hald a grant Off as south |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/04/2024 | Bud Jones Restaurant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$31.42 | 1440 SW Military |
| | | |
| | | San Antonio, TX 78221 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | ZAI ZIADITORZ | Check if Austin, TX, officeholder living expense |
| | | Campaign Meal |
| | 0 1. 0 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Onanara to bonom O/OI | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to comp | elete this form. |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 18/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | • |
| | 04/04/2024 | COA Parking Meter | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$2.25 | 124 W 8th St | |
| | | | |
| | | Austin, TX 78701 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b |) Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Parking |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| | expenditure to benefit C/O | | Cinice field |
| ┝ | Date | Payon name | |
| | 04/27/2024 | Payee name COA Parking Meter | |
| | | - | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2.75 | 128 S Tryon S | |
| | | | |
| | | Charlotte, NC 28202 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) |) Description |
| | EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Parking |
| | | | · |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| | expenditure to benefit C/OI | | |
| _ | Date | Payee name | |
| | 06/24/2024 | Cafe Creme | |
| H | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$21.65 | 1834 E Oltorf | |
| | 722.00 | 255 / 2 51651 | |
| | | Austin, TX 78741 | |
| | PURPOSE | |) Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | 1 God/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | | | Campaign Refreshments |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| L | expenditure to benefit C/OI | 7 | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Con | nmittee | Gift/Awards/Memori Legal Services The Instruction | · | | /ages | /Contract Labor | | Travel Out of Di OTHER (enter a | istrict a category not listed above) |
|---|--|---------------|---|---|------------------------|------------|-------|-----------------|-------|--|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 19/100 Rpt: | ı | Carranza, K | | | | | | | 00087920 | , |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/01/2024 | | Camacho, A | lexander | | | | | | | |
| 6 | Amount (\$) \$90.00 | | Payee addres 9954 Shady San Antonio | Meadows | State | e; Zip Co | de | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed | at the top of this sch | hedule) | (b) | Description | | | |
| | OF EXPENDITURE | | | ges/Contract | | nedule) | | Check if travel | , TX, | de of Texas. Con officeholder livin | nplete Schedule T. g expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | | Office sou | ght | | | Office h | eld |
| | Date | | Payee name | | | | | | | | |
| | 04/18/2024 | | Chanclas y | Cervezas | | | | | | | |
| | Amount (\$) \$17.79 | | Payee addres | | State | e; Zip Co | de | | | | |
| | Ф11.19 | | 333 WISSIOI | Si | | | | | | | |
| | | - | San Antonio | | | | | | | | |
| | PURPOSE OF | | | e Categories listed | at the top of this sch | hedule) | (b) | Description | outo: | do of Toyon Com | naloto Cohodulo T |
| | EXPENDITURE | | Event Expe | nse | | | | = | , TX, | officeholder livin | nplete Schedule T. g expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office h | eld |
| | Date | | Payee name | | | | | | | | |
| | 03/15/2024 | | Chevron | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | e; Zip Co | de | | | | |
| | \$32.24 | | 8107 S Flor | es | | | | | | | |
| | | | San Antonio | , TX 78221 | | | | | | | |
| | PURPOSE OF | | | e Categories listed | at the top of this sch | hedule) | (b) | Description | | | |
| | EXPENDITURE | | Travel In Di | strict | | | | | | de of Texas. Con officeholder livin | nplete Schedule T. |
| | | | | | | | | Transportatio | | | g onported |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office h | eld |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this for | m. |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 20/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | · |
| | 04/03/2024 | Chevron | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$35.56 | 8107 S Flores | |
| | | | |
| | | San Antonio, TX 78221 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | | ortation/Gas |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 04/26/2024 | Chevron | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$27.51 | 8107 S Flores | |
| | | | |
| | | San Antonio, TX 78221 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | on |
| | OF EXPENDITURE | Traver out or bistrict | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | | ortation/Gas |
| | | · | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 05/01/2024 | Chevron | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$32.33 | 8107 S Flores | |
| | | | |
| | | San Antonio, TX 78221 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Traver out or bistrict | if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| | | | ortation/Gas |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 21/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/22/2024 | Chevron |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$38.56 | 8107 S Flores |
| | | |
| | | San Antonio, TX 78221 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Transportation/Gas |
| 9 | Complete ONL V if direct | Candidate/Officeholder name Office sought Office held |
| ľ | Complete ONLY if direct expenditure to benefit C/OI | |
| ┡ | | |
| | Date | Payee name |
| | 06/07/2024 | Chevron |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.21 | 17 Cherry Creek Rd |
| | | |
| | | Fort Davis, TX 79734 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Transportation/Gas |
| | | Transportation/Gas |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| L | | |
| | Date | Payee name |
| | 06/09/2024 | Chevron |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.25 | US Hwy 285 |
| | | |
| | | Fort Stockton, TX 79735 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Transportation/Gas |
| \vdash | Operation ONE VALUE | Open Highest (Office health and an |
| 1 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
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| L | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/100 Rpt: Carranza, Kristian 00087920 4 Date Payee name 06/25/2024 Chevron 6 Amount (\$) Payee address; City; State; Zip Code \$30.53 8107 S Flores San Antonio, TX 78221 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation/Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/08/2024 ChickFilA Amount (\$) Payee address; City; State; Zip Code \$29.18 15500 Hwy 35 Buda, TX 78610 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2024 Chipotle Amount (\$) Payee address; City; State; Zip Code \$38.37 610 E Stassney Austin, TX 78745 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 23/100 Rpt: | 2 FILER NAME Carranza, Kristian 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 03/07/2024 | 5 Payee name Chism Strategies |
| 6 | Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code 800 Manship St Suite 212 Jackson, MS 39202 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voter Outreach |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 03/05/2024 | Payee name Circle K |
| | Amount (\$) \$31.01 | Payee address; City; State; Zip Code 15010 Judson Rd San Antonio, TX 78247 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation/Gas |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 05/23/2024 | Payee name City of Austin Parking Meter |
| | Amount (\$) \$8.50 | Payee address; City; State; Zip Code 124 W 8th St |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | OTHER (enter a category not listed above) | | | |
|--|--|---|-------------------------------|---------------------|------|---|-----|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 24/100 Rpt: | Carranza, K | ristian | | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 06/21/2024 | City of Austi | n Parking Meter | | | | | | |
| 6 | Amount (\$) \$2.25 | 7 Payee address 124 W 8th S Austin, TX 7 | t | State; Zip C | ode | | | | |
| 8 | PURPOSE | (a) Category (Se | e Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel Out o | | | | = | | de of Texas. Com officeholder living | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Offic | ceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 04/27/2024 | City of Austi | n | | | | | | |
| | Amount (\$) | Payee addres | ss; City; | State; Zip C | ode | | | | |
| | \$5.65 | 128 S Tryor | S | | | | | | |
| | | | | | | | | | |
| | | Charlotte, N | C 28202 | | | | | | |
| | PURPOSE OF | | e Categories listed at the to | p of this schedule) | (b) | Description | | d4.T O | olata Calcadula T |
| | EXPENDITURE | Travel Out o | of District | | | _ | | de of Texas. Com officeholder living | |
| | | | | | | Parking | | · | • |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Offic | ceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 04/27/2024 | City of Austi | n | | | | | | |
| | Amount (\$) | Payee addres | ss; City; | State; Zip C | ode | | | | |
| | \$10.90 | 128 S Tryon | | | | | | | |
| | | _ | | | | | | | |
| | | Charlotte, N | C 28202 | | | | | | |
| | PURPOSE OF | 1 | e Categories listed at the to | p of this schedule) | (b) | Description | a · | do of T C | plata Cabadula T |
| | EXPENDITURE | Travel Out o | of District | | | | | de of Texas. Com officeholder living | • |
| | | | | | | Parking | , | | ₁ 1 |
| | | | | | | - | | | |
| | Complete ONLY if direct | Candidate/Offic | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|----------|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 25/100 Rpt: | Carranza, Kristian 00087920 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 04/14/2024 | City of San Antonio | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$5.00 | 680 W Commerce | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78207 | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Parking | | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| _ | Date | Davida nama | | | | | |
| | 06/09/2024 | Payee name Courtyard El Paso Airport | | | | | |
| | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$424.08 | 6610 International | | | | | |
| | | | | | | | |
| | | El Paso, TX 79925 | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Out of District Lodging | | | | | |
| | | 5 St. 5. 2 St. 5. 2 St. 5. | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| ┝ | Date | Davies water | | | | | |
| | 06/10/2024 | Payee name Courtyard El Paso Airport | | | | | |
| | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$5.41 | 6610 International | | | | | |
| | | | | | | | |
| | | El Paso, TX 79925 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | Check if Austin, TX, officeholder living expense Out of District Lodging | | | | | |
| | | Cut of District Loughing | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 26/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/07/2024 | CreditHuman |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2.00 | PO Box 1356 |
| | | |
| | | San Antonio, TX 78295 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Bank Fee |
| | | Bankree |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| , | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/12/2024 | CreditHuman |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2.00 | PO Box 1356 |
| | ¥= | |
| | | San Antonio, TX 78295 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Bank Fee |
| | | Baillet 66 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 04/15/2024 | CreditHuman |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15.00 | PO Box 1356 |
| | | |
| | | San Antonio, TX 78295 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Bank Wire Transfer Fee |
| | Complete ONLY if dies -t | Condidate/Officeholder name Office country |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Con | nmittee | Gift/Awards/Memo Legal Services The Instruction | · | | /ages | /Contract Labor | | Travel Out of I OTHER (enter | District a category not listed | above) |
|---|--|---------------|-------------------------------------|---|----------------------|------------|-------|------------------------------|--------|--------------------------------------|-----------------------------------|---------------|
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | | - | | | | 3 | Filer ID | (Ethics Commi | ssion Filers) |
| | Sch: 27/100 Rpt: | ı | Carranza, K | | | | | | | 00087920 | • | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 04/15/2024 | | CreditHuma | n | | | | | | | | |
| 6 | Amount (\$) \$15.00 | | Payee addres PO Box 135 San Antonio | 66 | Sta | te; Zip Co | de | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed | at the top of this s | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | | nead/Rental | | , | | 므 | ı, TX, | officeholder livi | omplete Schedule T. ng expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | Candidate/Offi | ceholder name | • | Office sou | ght | | | Office | held | |
| | Date | | Payee name | | | | | | | | | |
| | 06/18/2024 | ı | CreditHuma | ın | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | Sta | te; Zip Co | de | | | | | |
| | \$15.00 | | PO Box 135 | 66 | | | | | | | | |
| | DUDDOOF | _ | San Antonio | | | | ()- \ | | | | | |
| | PURPOSE OF | | | ee Categories listed | | schedule) | (a) | Description Check if travel | Outei | de of Texas Co | mplete Schedule T. | |
| | EXPENDITURE | | Office Over | nead/Rental | ⊨xpense | | | _ | | de of Texas. Co | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | | Candidate/Offi | ceholder name | • | Office sou | ght | | | Office | held | |
| | Date | | Payee name | | | | | | | | | |
| | 03/06/2024 | | Dave & Bus | ters | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | Sta | te; Zip Co | de | | | | | |
| | \$141.08 | | 440 Crossro | ads Blvd | | | | | | | | |
| | | | San Antonio | o, TX 78201 | | | | | | | | |
| | PURPOSE OF | | | ee Categories listed | | schedule) | (b) | Description | | u | | |
| | EXPENDITURE | | Food/Bever | age Expense | ! | | | | | de of Texas. Co officeholder livi | mplete Schedule T. | |
| | | | | | | | | Watch Party | ., ۱۸, | , omeenouder iiVi | ing expense | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name |) | Office sou | ght | | | Office | held | |
| | | | | | | | | | | | | |
| | · · · · · | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|---|----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 28/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | • |
| | 03/20/2024 | Day, Lori | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$140.00 | 217 Rigsby Ave | |
| | | | |
| | | San Antonio, TX 78210 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Poll Greeting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office field |
| H | Date | Davos nama | |
| | 03/08/2024 | Payee name Deleon, Mariah | |
| | | | |
| | Amount (\$) \$120.00 | Payee address; City; State; Zip Code 8603 Jovega Rise | |
| | Φ120.00 | 6003 Juveya Rise | |
| | | Con Antonia TV 70051 | |
| | | San Antonio, TX 78251 | |
| | PURPOSE OF | , | Description Check if traval outside of Taylor Complete Schoolule T |
| | EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Field Staffing |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | Date | Payee name | |
| | 04/26/2024 | Delta Airlines | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$367.20 | 1030 Delta Blvd | |
| | | | |
| | | Atlanta, GA 30354 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Out of District Transportation |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office field |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 29/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/26/2024 | Delta Airlines |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$367.20 | 1030 Delta Blvd |
| | | |
| | | Atlanta, GA 30354 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Out of District Transportation |
| | | Out of District Transportation |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | Date | Davies same |
| | | Payee name |
| | 05/29/2024 | Dollartree |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.70 | 1131 SE Military Dr |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | | Check if Austin, TX, officeholder living expense Fundraiser Event Materials |
| | | T unutaiser Event Materials |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Device same |
| | 04/02/2024 | Payee name Don Pedro |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$37.55 | 1526 SW Military Dr |
| | | |
| | | San Antonio, TX 78221 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Meating Meal |
| | | Sampaigh Meeting Mea |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| | Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services The Instruction Guid | Salarie | - | s/Contract Labor | | OTHER (enter a | category not listed above) |
|---|--|---|---|-----------------------|-------|------------------|-------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 30/100 Rpt: | Carranza, k | (ristian | | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 04/19/2024 | Don Pedro | | | | | | | |
| 6 | Amount (\$) \$113.60 | 7 Payee addre 1526 SW M San Antonio | | State; Zip | Code | | | | |
| 8 | PURPOSE OF EXPENDITURE | | ee Categories listed at the rage Expense | top of this schedule) | (b) | | | de of Texas. Com officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ceholder name | Office s | ought | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 04/24/2024 | Don Pedro | | | | | | | |
| | Amount (\$) \$38.17 | Payee addre 1526 SW M | - | State; Zip | Code | | | | |
| | | San Antonio | o, TX 78221 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the age Expense | top of this schedule) | (b) | | , TX, | de of Texas. Com officeholder living ing Meal | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ceholder name | Office s | ought | | | Office he | eld |
| | Date 06/28/2024 | Payee name Don Pedro | | | | | | | |
| | Amount (\$) \$74.24 | Payee addre 1526 SW M | , ,, | State; Zip | Code | | | | |
| | | San Antonio | o, TX 78221 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the age Expense | top of this schedule) | (b) | ш | , TX, | de of Texas. Com officeholder living | • |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ceholder name | Office s | ought | | | Office he | eld |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 31/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/04/2024 | Dulce Suenos Coffee |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$9.74 | 904 Fredericksburg Rd |
| | | |
| | | San Antonio, TX 78201 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 06/04/2024 | El Farolito |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$24.02 | 2409 Commercial Ave |
| | 1 | |
| | | San Antonio, TX 78221 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Snacks for Volunteers |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | Date | Payee name |
| | 06/08/2024 | El Paso Convention Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6.22 | 1 Civic Center Plaza |
| | Ψ0.22 | 1 Civic Center Flaza |
| | | El Paso, TX 79901 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | LXFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| | 0 1: 0:11:4" | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|--------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Fi | ilers) |
| | Sch: 32/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 03/11/2024 | Espinoza, Angelica | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$640.00 | 914 W Hutchins Pl | |
| | | | |
| | | San Antonio, TX 78221 | |
| 8 | PURPOSE | | |
| Ü | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Field Staffing | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | IH | |
| | Date | Payee name | |
| | 03/11/2024 | Estrada, Jorge | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$75.00 | 410 Prato Brezza | |
| | | | |
| | | San Antonio, TX 78253 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Field Staffing | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | /n | |
| | Date | Payee name | |
| | 02/26/2024 | Facebook | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.28 | 1601 Willow Rd | |
| | | | |
| | | Menlo Park, CA 94025 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Digital Advertising | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experiulture to beliefft C/OI | 71 | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 33/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 02/27/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Data | Para a sana |
| | Date | Payee name |
| | 02/27/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3.30 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | |
| _ | _ | |
| | Date | Payee name |
| | 02/27/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3.63 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 34/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 02/27/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3.99 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | the state of the s |
| H | Date | Payee name |
| | 02/27/2024 | Facebook |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3.99 | 1601 Willow Rd |
| | Ψ0.00 | 1001 Willow ING |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 02/27/2024 | Facebook |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.39 | 1601 Willow Rd |
| | ¥65 | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| l | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 35/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 02/27/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4.83 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| _ | Complete ONU V if alice | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/27/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 02/28/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5.50 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| _ | Operation ONE V. C. F. | Open Higher (Office health are now as the control of the control o |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Oriana.o to borioni O/Oi | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 36/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 02/28/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$6.05 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 02/28/2024 | Facebook |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6.66 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payeo namo |
| | 02/28/2024 | Payee name Facebook |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$7.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | | g.t.s. / t 5. t. o. t. g |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. |
|---|---|---|------|--|
| 1 | Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) |
| Ļ | Sch: 37/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date 02/28/2024 | 5 Payee name Facebook | | |
| 6 | Amount (\$) \$7.70 | 7 Payee address; City; State; Zip Co 1601 Willow Rd | de | |
| | | Menlo Park, CA 94025 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| Γ | Date | Payee name | | |
| | 02/28/2024 | Facebook | | |
| | Amount (\$) \$8.47 | Payee address; City; State; Zip Co 1601 Willow Rd | de | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| | Date 02/28/2024 | Payee name Facebook | | |
| | Amount (\$) \$9.32 | Payee address; City; State; Zip Co 1601 Willow Rd | de | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| l | Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. |
|---|--|--|------|--|
| 1 | Total pages Schedule F1: Sch: 38/100 Rpt: | 2 FILER NAME Carranza, Kristian | | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 02/28/2024 | 5 Payee name Facebook | | I |
| 6 | Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Co 1601 Willow Rd | ode | |
| 8 | PURPOSE OF EXPENDITURE | Menlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| | Date 02/28/2024 | Payee name Facebook | | |
| | Amount (\$) \$12.87 | Payee address; City; State; Zip Co 1601 Willow Rd Menlo Park, CA 94025 | ode | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| | Date 02/29/2024 | Payee name Facebook | | |
| | Amount (\$) \$11.00 | Payee address; City; State; Zip Co 1601 Willow Rd | de | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Advertising |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | | The I | nstruction Guid | le explains how | v to com | olete this form. | | |
|---|---|------------------|--|----------------------|---------------------|----------|------------------|---|----------------------------|
| 1 | Total pages Schedule F1: Sch: 39/100 Rpt: | 2 FILER Carra | NAME nza, Kristia | ın | | | | 3 Filer ID 00087920 | (Ethics Commission Filers) |
| 4 | Date 02/29/2024 | 5 Payee Facel | | | | | | | |
| 6 | Amount (\$) \$12.10 | | Willow Rd | City; | State; Z | ĭip Cod€ | 2 | | |
| L | | | Park, CA | | | 1 | | | |
| 8 | PURPOSE OF EXPENDITURE | | ory (See Cate tising Expe | gories listed at the | top of this schedul | e) (k | ш | outside of Texas. Co n, TX, officeholder livin tising | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | ate/Officeholo | der name | Offic | ce sough | t | Office h | neld |
| | Date 02/29/2024 | Payee Facel | | | | | | | |
| | Amount (\$) \$13.31 | 1601 | address; Willow Rd D Park, CA 9 | City; 94025 | State; Z | ip Code | | | |
| | PURPOSE OF EXPENDITURE | | ory (See Cate) tising Expe | gories listed at the | top of this schedul | e) (k | ш | outside of Texas. Co n, TX, officeholder livin tising | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ate/Officehold | der name | Offic | ce sough | t | Office h | neld |
| | Date 02/29/2024 | Payee Facel | | | | | | | |
| | Amount (\$) \$14.64 | | address; Willow Rd | City; | State; Z | 'ip Cod€ | • | | |
| | | Menlo | Park, CA | 94025 | | | | | |
| | PURPOSE OF EXPENDITURE | | ory _(See Cate) tising Expe | gories listed at the | top of this schedul | e) (k | | outside of Texas. Co n, TX, officeholder livin tising | |
| | Complete ONLY if direct expenditure to benefit C/Ol | | ate/Officeholo | der name | Offic | ce sough | t | Office h | neld |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services The Instruction Guid | Salaries | /Wages | s/Contract Labor | | OTHER (enter a | category not listed above) | |
|--|---|---------------------------------------|--------------------------------|-----------------------|------------------|---------------------------------|----------------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 40/100 Rpt: | Carranza, I | Kristian | | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/29/2024 | Facebook | | | | | | | |
| 6 | Amount (\$) \$15.00 | 7 Payee addre 1601 Willov Menlo Park | | State; Zip C | ode | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the | top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Advertising | Expense | | | _ | , TX, | de of Texas. Com officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 03/01/2024 | Facebook | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$16.50 | 1601 Willov | w Rd | | | | | | |
| | | | x, CA 94025 | | Tax | | | | |
| | PURPOSE OF | (a) Category (S Advertising | see Categories listed at the t | top of this schedule) | (b) | Description Check if travel of | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | Check if Austin, Digital Advert | | officeholder living | expense |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 03/01/2024 | Facebook | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | | |
| | \$25.00 | 1601 Willov | w Rd | | | | | | |
| | | Menlo Park | c, CA 94025 | | | | | | |
| | PURPOSE OF | 1 | see Categories listed at the t | top of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Advertising | Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Digital Advert | | _ | олучнач |
| | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office so | ught | | | Office he | eld |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | |
|---|--|--|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 41/100 Rpt: | Carranza, Kristian | 00087920 | | | |
| 4 | Date | 5 Payee name | | | | |
| | 03/01/2024 | Facebook | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$35.00 | 1601 Willow Rd | | | | |
| | | | | | | |
| L | | Menlo Park, CA 94025 | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | el outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | / Advertising Expense | tin, TX, officeholder living expense | | | |
| | | Digital Adve | ertising | | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| L | experioration to benefit C/O | п | | | | |
| | Date | Payee name | | | | |
| L | 03/01/2024 | Facebook | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$41.51 | 1601 Willow Rd | | | | |
| | | | | | | |
| L | | Menlo Park, CA 94025 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| | EXPENDITURE | I Maverilaring Experiac | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | | | |
| | | Digital Adve | | | | |
| | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | |
| L | expenditure to benefit C/OI | П | | | | |
| | Date | Payee name | | | | |
| | 03/01/2024 | Facebook | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$87.45 | 1601 Willow Rd | | | | |
| | | | | | | |
| | | Menlo Park, CA 94025 | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | el outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Navertising Expense | tin, TX, officeholder living expense | | | |
| | | Digital Adve | ertising | | | |
| L | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| L | experiorale to beliefft C/OI | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 42/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/02/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| — | Data | Davis same |
| | Date | Payee name |
| | 03/02/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$75.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | Data | |
| | Date 03/02/2024 | Payee name Facebook |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$125.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | ☐ Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital Advertising |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 43/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/03/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Digital Advertising |
| | | Digital / tavel tishing |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 03/03/2024 | Facebook |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| F | Date | Payee name |
| | 03/03/2024 | Facebook |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | 2/11/2/10/12 | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 1 | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| I | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 44/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/04/2024 | Facebook |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | | Digital / tavertioning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ┡ | | |
| | Date | Payee name |
| L | 03/04/2024 | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| | | 2.g.ta.v.ta.o.t.g |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date 03/04/2024 | Payee name |
| L | | Facebook |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 1601 Willow Rd |
| | | |
| | | Menlo Park, CA 94025 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Digital Advertising |
| \vdash | 0 1: 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | The strategy of the strategy o | |
| | | |
| | | |
| _ | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to com | nple | ete this form. |
|---|---|--|------|--|
| 1 | . • | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 45/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date 03/04/2024 | 5 Payee name Facebook | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | | |
| Ü | \$150.00 | 1601 Willow Rd | iC. | |
| | , | | | |
| | | Menlo Park, CA 94025 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Advertising Expense | ` , | Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Digital Advertising |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıht | Office held |
| | expenditure to benefit C/OI | | , | |
| | Date | Payee name | | |
| | 03/04/2024 | Facebook | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | de | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Digital Advertising |
| | | | | • |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 03/05/2024 | Facebook | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | de | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF | , - | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Advertising Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Digital Advertising |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| _ | experientare to benefit G/OI | · | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in D Travel Out Contract Labor OTHER (e

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | |
|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 46/100 Rpt: | Carranza, Kristian 00087920 | | |
| 4 | Date | 5 Payee name | | |
| | 03/05/2024 | Facebook | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Digital Advertising | | |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | | | |
| | Date | Payee name | | |
| | 03/05/2024 | Facebook | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$150.00 1601 Willow Rd | | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Digital Advertising | | |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | - | | |
| | Date | Payee name | | |
| | 03/05/2024 | Facebook | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | | Check if Austin, TX, officeholder living expense Digital Advertising | | |
| | | Digital Advertising | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/O | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Overhead,
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel Out of District
OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to com | ple | te this form. |
|---|---|---|-----|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 47/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date | 5 Payee name | | |
| | 03/05/2024 | Facebook | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | е | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| 8 | PURPOSE OF | , , | b) | Description |
| | EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Digital Advertising |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 03/06/2024 | Facebook | | |
| | Amount (\$) | Payee address; City; State; Zip Code | e | |
| | \$150.00 | 1601 Willow Rd | | |
| | | | | |
| | | Menlo Park, CA 94025 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Advertising Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | LXI ENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Digital Advertising |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · | | Gilloc Hold |
| _ | Date | Payee name | | |
| | 04/03/2024 | FedEX Office | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$17.93 | 3103 SE Military | C | |
| | Ψ11.00 | 9133 32 William | | |
| | | San Antonio, TX 78223 | | |
| | PURPOSE | | h) | Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | IJ, | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Since Overhead/Nemail Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Mail Services |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | ht | Office held |
| _ | experience to beliefit 6/01 | • | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee Lega | wards/Memorials Ex Services Instruction Guid | | | ages | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed above) | |
|---|--|-----|-----------------------------------|--|-------------------|------------|------|-----------------|------|---|---|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAMF | | | | | | 3 | Filer ID | (Ethics Commission Filers) | _ |
| Ĺ | Sch: 48/100 Rpt: | Ĺ | Carranza, Krist | an | | | | | | 00087920 | (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| L | 04/26/2024 | | FedEx Office | | | | | | | | | |
| 6 | Amount (\$) \$5.31 | 7 | Payee address; 3103 SE Militar | City; y Dr | State; | Zip Coo | de | | | | | |
| | | | San Antonio, T | X 78223 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Ca | tegories listed at the | top of this sched | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising Exp | ense | | | | = | | de of Texas. Com | | |
| | | | | | | | | _ | | officeholder living | j expense | |
| | | | | | | | | Printing Servi | ices | > | | |
| 9 | Complete ONLY if direct | | Candidate/Officeho | older name | Of | ffice soug | ght | | | Office he | eld | _ |
| , | expenditure to benefit C/OI | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 04/26/2024 | | FedEx Office | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; | Zip Co | de | | | | | |
| | \$22.41 | | 3103 SE Militar | y Dr | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Antonio, T | X 78223 | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Ca | tegories listed at the | top of this sched | dule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising Exp | ense | | | | - | | de of Texas. Com officeholder living | | |
| | | | | | | | | Printing Servi | | | у ехрепае | |
| | | | | | | | | Trinting Corvi | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Officeho | older name | Of | ffice souç | ght | | | Office he | eld | _ |
| | Date | | Payee name | | | | | | | | | = |
| | 04/26/2024 | | FedEx Office | | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State; | Zip Cod | de | | | | | |
| | \$27.77 | | 3103 SE Militar | y Dr | | | | | | | | |
| | | | San Antonio, T | X 78223 | | | | | | | | |
| | PURPOSE | (a) | Category (See Ca | tegories listed at the | top of this schee | dule) | (b) | Description | _ | | | |
| | OF EXPENDITURE | | Advertising Exp | ense | | | | _ | | de of Texas. Com | | |
| | | | | | | | | | | officeholder living | g expense | |
| | | | | | | | | Printing Servi | ices | > | | |
| | Complete ONLY if direct | | Candidate/Officeho | older name | Of | ffice souç | ght | | | Office he | eld | _ |
| | expenditure to benefit C/OI | | | | | | - | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

ice Overhead/Rental Expense Transportation Eq.
Ining Expense Travel in District
Iting Expense Travel Out of District
aries/Wages/Contract Labor OTHER (enter a ca

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 49/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/15/2024 | FedEx Office |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$22.18 | 3111 14th St NW |
| | | |
| | | Washington, DC 20010 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| | | Timung Colvices |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office hold |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date | Payee name |
| | 05/30/2024 | FedEx Office |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.21 | 3103 SE Military Dr |
| | | |
| | | San Antonio, TX 78223 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| | | Timber of the second se |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | 05/30/2024 | FedEx Office |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$13.62 | 3103 SE Military Dr |
| | | |
| | | San Antonio, TX 78223 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | onponditure to belieff 6/01 | • |
| | | |
| | | |
| | | |

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

| Credit Card Payment | The Instruction Guide explains how to co | mplete this form. |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 50/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 Date | 5 Payee name | • |
| 06/28/2024 | FedEx Office | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$43.91 | 3103 SE Military Dr | |
| | | |
| | San Antonio, TX 78223 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| Complete ONLY if direct | Condidate/Officeholder name Office act | Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | ight Office held |
| | | |
| Date | Payee name | |
| 06/28/2024 | FedEx Office | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$3.66 | 3103 SE Military Dr | |
| | | |
| | San Antonio, TX 78223 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 06/28/2024 | FedEx Office | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$26.95 | 3103 SE Military Dr | |
| | - | |
| | San Antonio, TX 78223 | |
| PURPOSE | | (b) Description |
| OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | , tavortioning Exponed | Check if Austin, TX, officeholder living expense |
| | | Printing Services |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ight Office held |
| experialities to beliefft C/O | · | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete | e this form. |
|------|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 51/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | |
| | 03/29/2024 | Fernandez, Nadya | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$60.00 | 930 Ware Blvd | |
| | | | |
| | | San Antonio, TX 78214 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | L | Poll Greeting |
| | | | 3 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| F | Date | Payee name | |
| | 06/29/2024 | Five Moon | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.00 | 7803 S New Braunfels Ave | |
| | | | |
| | | San Antonio, TX 78235 | |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| l | OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| | LXI LINDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Campaign Event Refreshments |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | • | |
| F | Date | Payee name | |
| | 03/02/2024 | Google Domains | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$30.70 | 1601 Amphitheatre Parkway | |
| | | h | |
| | | Mountain View, CA 94043 | |
| ┝ | PURPOSE | · · · · · · · · · · · · · · · · · · · | Description |
| | OF | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | [| Check if Austin, TX, officeholder living expense |
| | | | Domain Name + Email |
| dash | Complete ONII V if allows | Condidate/Officebolder regree | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 52/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/02/2024 | Google Domains |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$37.18 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountain View, CA 94043 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Domain Name + Email |
| | | Bomain Name / Email |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | Data | |
| | Date | Payee name |
| | 05/02/2024 | Google Domains |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.38 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountain View, CA 94043 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Domain Name + Email |
| | | Bolliam Name - Elliam |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| - | Date | Payee name |
| | 06/02/2024 | Payee name Google Domains |
| | | · · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$7.42 | 1600 Amphitheatre Parkway |
| | | |
| | | Mountain View, CA 94043 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Domain Name + Email |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 53/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/24/2024 | HEB |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$192.29 | 735 SW Military Dr |
| | | San Antonio, TX 78221 |
| 8 | PURPOSE | 1 |
| ° | OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Food for Catering |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| H | Date | Payee name |
| | 03/20/2024 | Harland Clarke |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.84 | 5800 Northwest Pkwy |
| | | |
| | | San Antonio, TX 78249 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Checks |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/01/2024 | Hernandez, Jennifer |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 754 Brunswick |
| | | San Antonio, TX 78214 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Services The Instruction Gu | | | es/Contract Labor | | OTHER (enter a | category not listed above |) |
|---|--|--------------------|-----------------------------------|---------------------|---------------------|----------------------|-------|-----------------------|---------------------------|---------|
| 1 | Total pages Schedule F1: | 2 FILER NAI | ME | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 54/100 Rpt: | Carranza | , Kristian | | | | | 00087920 | | |
| 4 | Date | 5 Payee nan | ne | | | | | | | |
| | 02/28/2024 | Hunter.io | | | | | | | | |
| 6 | Amount (\$) | 7 Payee add | Iress; City; | State; | Zip Code | | | | | |
| | \$49.00 | 2810 N C | hurch St #5 | | | | | | | |
| | | | | | | | | | | |
| | | Wilmingto | on, DE 19802 | | | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the | ne top of this sche | _{dule)} (b |) Description | | | | |
| | OF EXPENDITURE | Solicitatio | n/Fundraising Exp | ense | | | | ide of Texas. Com | | |
| | | | | | | _ | | , officeholder living | expense | |
| | | | | | | Donor Rese | arci | I | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Officeholder name | Of | ffice sough | t | | Office he | eld | |
| | experialitate to betterit eyes | • | | | | | | | | |
| | Date | Payee nan | ne | | | | | | | |
| | 03/26/2024 | Hunter.io | | | | | | | | |
| | Amount (\$) | Payee add | lress; City; | State; | Zip Code | | | | | |
| | \$49.00 | 2810 N C | hurch St #5 | | | | | | | |
| | | | | | | | | | | |
| | | Wilmingto | on, DE 19802 | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at t | ne top of this sche | _{dule)} (b |) Description | | | | |
| | OF EXPENDITURE | Solicitatio | n/Fundraising Exp | ense | | ш | | ide of Texas. Com | | |
| | EXI ENDITORE | | | | | | | , officeholder living | expense | |
| | | | | | | Donor Rese | earcr | 1 | | |
| | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | Officeholder name | Of | ffice sough | t | | Office he | eld | |
| | experiulture to benefit C/Or | | | | | | | | | |
| | Date | Payee nan | ne | | | | | | | |
| | 04/26/2024 | Hunter.io | | | | | | | | |
| | Amount (\$) | Payee add | lress; City; | State; | Zip Code | | | | | |
| | \$49.00 | 2810 N C | hurch St #5 | | | | | | | |
| | | | | | | | | | | |
| | | Wilmingto | on, DE 19802 | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at t | ne top of this sche | _{dule)} (b |) Description | | | | |
| | OF | | n/Fundraising Exp | | | Check if trave | | ide of Texas. Com | | |
| | EXPENDITURE | | 3 - 1 | | | _ | | , officeholder living | expense | |
| | | | | | | Fundraising | Res | search | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/C | Officeholder name | Of | ffice sough | t | | Office he | eld | |

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to comp | olete this form. | | | |
|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 55/100 Rpt: | Carranza, Kristian | 00087920 | | | |
| 4 | Date | 5 Payee name | • | | | |
| | 03/29/2024 | IBEW Local 60 | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$50.00 | 3518 N Loop 1604 E | | | | |
| | | | | | | |
| | | San Antonio, TX 78247 | | | | |
| 8 | PURPOSE | |) Description | | | |
| | OF | Event Expense | Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | i i i | Check if Austin, TX, officeholder living expense | | | |
| | | | Use of Parking Lot | | | |
| | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sough | t Office held | | | |
| | experience to some ex- | | | | | |
| | Date | Payee name | | | | |
| | 03/01/2024 | Icmat, Jaiden | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$105.00 | 2138 Thayer Cove | | | | |
| | | | | | | |
| | | San Antonio, TX 78253 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) |) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. | | | |
| | | | Check if Austin, TX, officeholder living expense Field Staffing | | | |
| | | | Field Stalling | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held | | | |
| | expenditure to benefit C/O | | t Office field | | | |
| _ | Data | D | | | | |
| | Date 03/04/2024 | Payee name Kelly, Maira | | | | |
| | | • | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$420.00 | 918 W Hutchins Pl | | | | |
| | | 0 4 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | | |
| | | San Antonio, TX 78221 | | | | |
| | PURPOSE OF | , , | Description | | | |
| | EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | | Field Staffing | | | |
| | | | - | | | |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held | | | |
| | expenditure to benefit C/OH | | | | | |
| 1 | experiditure to benefit C/Or | | | | | |
| | experialiture to beriefit C/Or | | | | | |
| | experiditure to benefit C/Or | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 56/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/21/2024 | Kelly, Maira |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$360.00 | 918 W Hutchins PI |
| | | |
| | | San Antonio, TX 78221 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Poll Greeting |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 05/18/2024 | La Fonda on Main |
| | | |
| | Amount (\$) \$32.83 | Payee address; City; State; Zip Code 2415 N Main |
| | φ32.03 | Z413 N Main |
| | | Con Antonio TV 70040 |
| | | San Antonio, TX 78212 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Meal |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | 1 |
| | Date | Payee name |
| | 03/08/2024 | Local Coffee |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.02 | 105 Pearl Parkway |
| | | |
| | | San Antonio, TX 78215 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | U |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|---|---|
| 1 | Total pages Schedule F1: Sch: 57/100 Rpt: | 2 FILER NAME Carranza, Kristian | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 06/07/2024 | 5 Payee name Love's | _1 |
| 6 | Amount (\$) \$17.02 | 7 Payee address; City; State; Zip Code 3880 Loop 467 Sonora, TX 76950 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if tra | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense tion/Gas |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 06/02/2024 | Payee name Lyft Ride | |
| | Amount (\$) \$7.78 | Payee address; City; State; Zip Code 185 Berry St Ste 50 San Francisco, CA 94107 | |
| | PURPOSE OF EXPENDITURE | | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense tion |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 06/03/2024 | Payee name Lyft Ride | |
| | Amount (\$) \$8.58 | Payee address; City; State; Zip Code 185 Berry St Ste 50 | |
| | | San Francisco, CA 94107 | |
| | PURPOSE OF EXPENDITURE | Traver out of District | vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense tion |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Le | egal Services The Instruction Guide exp | | Vages | /Contract Labor | | OTHER (enter a | category not listed above) |
|---|--|-----------------------|---|---------------|-------|--------------------------------|-------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 58/100 Rpt: | Carranza, Kri | stian | | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 06/08/2024 | Lyft Ride | | | | | | | |
| 6 | Amount (\$) | 7 Payee address | | State; Zip Co | ode | | | | |
| | \$5.00 | 185 Berry St | Sie 50 | | | | | | |
| | | San Francisc | o, CA 94107 | | | | | | |
| 8 | PURPOSE OF | | Categories listed at the top of t | his schedule) | (b) | Description Check if travel (| nutsi | de of Texas. Com | nlete Schedule T |
| | EXPENDITURE | Travel Out of | DISTRICT | | | = | | officeholder living | |
| | | | | | | Transportatio | n | | |
| _ | Operation ON V. V. | 0 | de al al anno anno | O.K. | | | | 0‴: | -1.4 |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Office H | eholder name | Office sou | ıght | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 03/13/2024 | Mailchimp | | | | | | | |
| | Amount (\$) | Payee address | ; City; | State; Zip Co | ode | | | | |
| | \$79.95 | 675 Ponce D | e Leon Ave Ne Suite | 5000 | | | | | |
| | | | | | | | | | |
| | | Atlanta, GA 3 | 0308 | | | | | | |
| | PURPOSE OF | | Categories listed at the top of t | his schedule) | (b) | Description | | df-T O | alete Cabadale T |
| | EXPENDITURE | Advertising E | xpense | | | = | | de of Texas. Com officeholder living | |
| | | | | | | Email Service | | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Office | eholder name | Office sou | ight | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 04/13/2024 | Mailchimp | | | | | | | |
| | Amount (\$) | Payee address | ; City; | State; Zip Co | ode | | | | |
| | \$79.95 | 675 Ponce D | e Leon Ave Ne Suite | 5000 | | | | | |
| | | Atlanta, GA 3 | 0308 | | | | | | |
| | PURPOSE OF | | Categories listed at the top of t | his schedule) | (b) | Description | - | | |
| | EXPENDITURE | Office Overhe | ead/Rental Expense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | Email Service | | | , |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Office | eholder name | Office sou | ıght | | | Office he | eld |
| | expenditure to benefit C/O | 1 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form | n. |
|---|--|--|--|
| 1 | Total pages Schedule F1: Sch: 59/100 Rpt: | 2 FILER NAME Carranza, Kristian | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 05/13/2024 | 5 Payee name Mailchimp | |
| 6 | Amount (\$) \$93.54 | 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 | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 05/21/2024 | Payee name Mailchimp | |
| | Amount (\$) \$49.04 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave Ne Suite 5000 Atlanta, GA 30308 | |
| | PURPOSE OF EXPENDITURE | Advertising Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 06/13/2024 | Payee name Mailchimp | |
| | Amount (\$) \$143.91 | Payee address; City; State; Zip Code 675 Ponce De Leon Ave Ne Suite 5000 | |
| | | Atlanta, GA 30308 | |
| | PURPOSE OF EXPENDITURE | Advertising Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Card Payment | The Instruction Guide explains how to comp | lete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| L | Sch: 60/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | |
| Ļ | 04/15/2024 | Map Political Communication | |
| 6 | Amount (\$) \$1,187.89 | 7 Payee address; City; State; Zip Code 2400 S 4th St | |
| | | Austin, TX 78704 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mailers |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| | Date | Payee name | |
| | 04/15/2024 | Map Political Communication | |
| | Amount (\$) \$1,848.98 | Payee address; City; State; Zip Code 2400 S 4th St | |
| | | Austin, TX 78704 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mailers |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| | Date | Payee name | |
| | 03/13/2024 | 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 | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Finance + Comms Consulting |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense Event Expense Loan Repayment/Reimbu

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

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

| | Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 61/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | • |
| | 04/15/2024 | Meritz, Darren | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$500.00 | 11405 Whisper Valley | |
| | | | |
| | | San Antonio, TX 78230 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Finance Consulting |
| | | | Timatice Softsalaring |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| _ | Date | Payee name | |
| | 05/13/2024 | Meritz, Darren | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 11406 Whisper Valley | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | San Antonio, TX 78230 | |
| _ | PURPOSE | | Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Concenting Expense | Check if Austin, TX, officeholder living expense |
| | | | Finance Consulting |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 06/13/2024 | Meritz, Darren | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 11405 Whisper Valley | |
| | | | |
| | | San Antonio, TX 78230 | |
| | PURPOSE OF | , , , | Description |
| | EXPENDITURE | Solicitation/Fundraising Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Finance Consulting |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 62/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/03/2024 | Metropolis Parking |
| 6 | Amount (\$) \$5.82 | 7 Payee address; City; State; Zip Code 504 Lavaca St |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Parking |
| | | Faining |
| <u>_</u> | Complete CNUV'', " | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/25/2024 | Nicolette M Ardiente for ACCD PI 6 |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 6974 Oak Dr Apt 1120 |
| | | |
| | | San Antonio, TX 78256 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officenoider/Political Committee Cilect if Addition Cilect if Addition |
| | | Sommer: |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | y |
| | Date | Payee name |
| L | 03/01/2024 | Numero |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$720.00 | 696 Town Center Dr |
| | | |
| | | Costa Mesa, CA 92626 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Fundraising Research Software |
| | | Tundidising Nescaron Sollware |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 63/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/01/2024 | Numero |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$720.00 | 695 Town Center Dr |
| | | |
| | | Costa Mesa, CA 92626 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Solicitation/Fundraising Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Fundraising Research Software |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 05/24/2024 | Office Depot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$48.70 | 150 N Crossroads |
| | | |
| | | San Antonio, TX 78201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/20/2024 | Panchito's Mexican Restaurant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5.46 | 4100 McCollough Ave |
| | ***** | |
| | | San Antonio, TX 78212 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign Meeting Meal |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Fees Office Overhead/Re
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Cor

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 64/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/25/2024 | ParkWhiz Inc. |
| 6 | Amount (\$) \$18.45 | 7 Payee address; City; State; Zip Code 208 S Jefferson St Chicago, IL 60661 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/07/2024 | Pena Jr., Leonel |
| | Amount (\$) \$240.00 | Payee address; City; State; Zip Code 543 Westminster Ave San Antonio, TX 78228 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field Staffing |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/29/2024 | Payee name Perez, Nayeli |
| | Amount (\$) \$300.00 | Payee address; City; State; Zip Code 914 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Field Staffing |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 65/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/11/2024 | Perez, Nayeli |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$400.00 | 914 W Hutchins Pl |
| | | |
| | | San Antonio, TX 78221 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Field Staffing |
| | | Tion Claiming |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 02/29/2024 | Perez, Tatiana |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$280.00 | 914 W Hutchins Pl |
| | | |
| | | San Antonio, TX 78221 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| | Commission ONLL V if alignet | Condidate Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Data | |
| | Date 06/18/2024 | Payee name Phillips, Tyler |
| | | , F |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,098.50 | 215 E Cevallos St Apt 243 |
| | | Can Antonia TV 70204 |
| | | San Antonio, TX 78204 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Finance Payroll |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries/

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

| l | Credit Card Payment | The Instruction Guide explains how to co | ompl | ete this form. |
|----------|-----------------------------|--|------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 66/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date | 5 Payee name | | - |
| | 06/27/2024 | Phillips, Tyler | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| l | \$2,375.00 | 215 E Cevallos St Apt 243 | | |
| | | | | |
| | | San Antonio, TX 78204 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Finance Payroll |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>l</u> ught | Office held |
| | expenditure to benefit C/OI | 1 | | |
| F | Date | Payee name | | |
| | 03/07/2024 | Ponce, Andrew | | |
| Н | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$80.00 | 1 Camino Santa Maria | | |
| | | | | |
| | | San Antonio, TX 78228 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Field Staffing |
| | | | | . Tota Carring |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>l</u> ught | Office held |
| | expenditure to benefit C/OI | 1 | | |
| F | Date | Payee name | | |
| | 05/15/2024 | Portrait Gallery | | |
| Н | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$8.53 | 8th St and F St NW | | |
| | | | | |
| | | Washington, DC 20001 | | |
| H | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. |
| l | | | | Check if Austin, TX, officeholder living expense Campaign Coffee |
| | | | | Campaign Conce |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sou | l ught | Office held |
| | expenditure to benefit C/OI | | J | |
| \vdash | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e | Salaries/\ | xpens Wages | e /Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | |
|----------|--|----------------|---|-------------------|------------------|----------------------|--------|---|----------------------------|
| 1 | Total pages Schedule F1: | l | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| Ļ | Sch: 67/100 Rpt: | Carranza, | | | | | | 00087920 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 05/15/2024 | Portrait Ga | allery | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | | State; Zip Co | ode | | | | |
| | \$9.85 | 8th St and | F St NW | | | | | | |
| | | | | | | | | | |
| | | Washingto | n, DC 20001 | | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Food/Beve | erage Expense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | Campaign Co | | | y experise |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | L Candidate/Of | ficeholder name | Office sou | <u>I</u> ught | | | Office he | eld |
| | expenditure to benefit C/OI | | | | J | | | | |
| | Date | Payee name | | | | | | | |
| | 03/05/2024 | Prestige P | rinting | | | | | | |
| | Amount (\$) | Payee addr | • | State; Zip Co | ode | | | | |
| | \$779.40 | 9 Burwood | I Lane | | | | | | |
| | | | | | | | | | |
| | | San Anton | io, TX 78216 | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Printing E> | rpense | | | = | | | plete Schedule T. |
| | | | | | | Campaign Lit | | officeholder living | |
| | | | | | | Jampaign Eit | .510 | | y |
| \vdash | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sou | <u>I</u> ught | | | Office he | eld |
| | expenditure to benefit C/OI | | | | J - | | | | |
| — | Date | Payee name | <u> </u> | | | | | | |
| | 04/23/2024 | Prestige P | | | | | | | |
| | Amount (\$) | Payee addr | | State; Zip Co | ode | | | | |
| | \$114.75 | 9 Burwood | - | | | | | | |
| | , • | | | | | | | | |
| | | San Anton | io, TX 78216 | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top | of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Advertisino | g Expense | | | | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | Campaign Lit | | | |
| | | | | | | Jan., pargri Ell | . J. U | | 9 |
| | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sou | <u>l</u> ught | | | Office he | eld |
| | expenditure to benefit C/OI | | | | J | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 68/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 04/20/2024 | Pulquerios |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$60.62 | 129 W Mistletoe Ave |
| | | |
| | | San Antonio, TX 78212 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Prep for Event |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/11/2024 | Rangel, Jaden |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$320.00 | 1 Camino Santa Maria |
| | | |
| | | San Antonio, TX 78228 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 05/14/2024 | Revo Nails |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.00 | 3161 Mt Pleasant |
| | | |
| | | Washington, DC 20010 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Prep for Event |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | capenditure to benefit C/Of | 1 |
| | | |
| l | | |

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

Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (6

| | The Instruction Guide explains how to complete this form. | | | | | | |
|---|---|--|----------|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 69/100 Rpt: | Carranza, Kristian | | 00087920 | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 05/14/2024 | Revo Nails | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | | | |
| | \$65.00 | 3161 Mt Pleasant | | | | | |
| | | | | | | | |
| | | Washington, DC 20010 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description | | | |
| | OF EXPENDITURE | Event Expense | | Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense | | | |
| l | | | | Prep for Event | | | |
| _ | | | <u> </u> | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ıght | Office held | | | |
| | | | | | | | |
| | Date | Payee name | | | | | |
| | 03/08/2024 | Rios, Benjamin | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | | | | |
| | \$400.00 | 8603 Jovega Rise | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78251 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense | | | |
| | | | | Field Staffing | | | |
| L | Operation ONLY if allowed | Out lide to 10 ff in the lide was a second of the second o | | Office held | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ıgnt | t Office held | | | |
| | | | | | | | |
| | Date | Payee name | | | | | |
| | 04/03/2024 | Rodriguez, Anali | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | | | | |
| | \$550.00 | 914 W Hutchins Pl | | | | | |
| | | | | | | | |
| | | San Antonio, TX 78221 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) |) Description | | | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel outside of Texas. Complete Schedule T. | | | |
| | LAFENDITORE | | | Check if Austin, TX, officeholder living expense | | | |
| | | | | Poll Greeting | | | |
| _ | Complete CNUV''. | Condidate/Officeholders are a condidated of the conditated of the condidated of the condidated of the conditated of the | | Office head | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sou | ıgnt | t Office held | | | |
| L | | | | | | | |
| ı | | | | | | | |
| | | | | | | | |

SCHEDULE F1

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

Fees Office Overhead/r
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 70/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/11/2024 | Rodriguez, Richard |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$240.00 | 7118 Castleridge Dr |
| | | |
| | | San Antonio, TX 78227 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/01/2024 | Runnels, David |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$135.00 | 6014 Red Fern Dr |
| | | |
| | | Arlington, TX 76001 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Davisa nama |
| | 03/08/2024 | Payee name Scale To Win |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$765.79 | 13742 Harper Street |
| | 7.000 | -5. 12 Marpor Groot |
| | | Santa Ana, CA 92703 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Voter Outreach |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 71/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/03/2024 | Serna, Paul |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.00 | 13114 Hunters Brook |
| | · | |
| | | San Antonio, TX 78230 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Event Fee |
| | | LVCILLI GC |
| <u>_</u> | Complete ONLY if direct | Condidate/Officeholder name Office cought |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | <u> </u> | |
| | Date | Payee name |
| | 06/08/2024 | Shell Service Station |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$23.31 | 2416 N Main St |
| | | |
| | | Junction, TX 76849 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Transportation/Gas |
| | | Transportation/Oas |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | • | |
| | Date | Payee name |
| | 06/20/2024 | Shell Service |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$41.89 | 1122 S Interstate 35 |
| | | |
| | | New Braunfels, TX 78130 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Transportation/Gas |
| | 0 1. 0 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expe
Contributions/ Donations Made By - Gift/Awards/Memoria

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Al Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 72/100 Rpt: | Carranza, Kristian 00087920 |
| 4 Date | 5 Payee name |
| 03/08/2024 | Siller, Antonio |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$320.00 | 543 Westminster Ave |
| | |
| | San Antonio, TX 78228 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Field Staffing |
| | Tield Stating |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| 5. | |
| Date | Payee name |
| 03/01/2024 | Sonneman, James |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,750.00 | 54 Lois Ln |
| | |
| | Winona, MN 55987 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Campaign Consulting |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 03/19/2024 | Sonneman, James |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,478.57 | 54 Lois Ln |
| | |
| | Winona, MN 55987 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Campaign Consulting |
| Operated Children | Our distance (Office health as marries 20" |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 73/100 Rpt: | Carranza, Kristian 00087920 | | |
| | | | |
| 4 Date | 5 Payee name | | |
| 06/08/2024 | Speedway | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$42.27 | 6700 Gateway Blvd E | | |
| | | | |
| | EL Daco TV 7001E | | |
| | El Paso, TX 79915 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense | | |
| | Transportation/Gas | | |
| | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Date | Payee name | | |
| 03/14/2024 | Squarespace Inc. | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| ` ´ | | | |
| \$24.52 | 225 Varick St | | |
| | | | |
| | New York, NY 10014 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF | Advertising Expense | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Web Hosting | | |
| | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | 1 | | |
| Date | Payee name | | |
| 04/14/2024 | | | |
| | Squarespace Inc. | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$24.52 | 225 Varick St | | |
| | | | |
| | New York, NY 10014 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF | Office Overhead/Rental Expense Cry Schedule T. Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Web Hosting | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| | | | |
| | | | |
| İ | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form | 1. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| L | Sch: 74/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | · |
| | 05/14/2024 | Squarespace Inc. | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$24.52 | 225 Varick St | |
| | | | |
| | | New York, NY 10014 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | n |
| | OF EXPENDITURE | Onice Overneda/Nerital Expense | travel outside of Texas. Complete Schedule T. |
| | | Web Hos | Austin, TX, officeholder living expense |
| | | 1705 1705 | , and a second |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| H | Date | Payee name | |
| | 06/30/2024 | Squarespace Inc. | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.00 | 225 Varick St | |
| | ,==:: | | |
| | | New York, NY 10014 | |
| - | PURPOSE | | n |
| | OF | | travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if | Austin, TX, officeholder living expense |
| | | Web Hos | sting |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | · | | |
| | Date | Payee name | |
| | 05/19/2024 | Squarespace, Inc. | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.00 | 225 Varick St | |
| | | | |
| | | New York, NY 10014 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | |
| | EXPENDITURE | Onice Overneau/Nental Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| | | Web Hos | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | | | |
| | | | |
| 1 | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 75/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/14/2024 | Squarespace, Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$24.52 | 225 Varick St |
| | | |
| | | New York, NY 10014 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Web Hosting |
| | | Web Hosting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Data | David and the second se |
| | Date | Payee name |
| | 05/15/2024 | Squatters Pub |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$23.58 | 3920 West Terminal |
| | | |
| | | Salt Lake City, UT 84122 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Meal |
| | | Campaigh Weal |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name Storbuskle |
| | 06/06/2024 | Starbuck's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6.98 | 2900 W Anderson |
| | | |
| | | Austin, TX 78757 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign Coffee |
| | | Campaign Collec |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 76/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 03/01/2024 | Starbucks | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$9.55 | 7403 N. Loop 1604 | |
| | | | |
| | | San Antonio, TX 78233 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Campaign Meeting Coffee | |
| | | Sampaigh Weeting Conce | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| 9 | expenditure to benefit C/O | | |
| \vdash | Date | Payee name | |
| | 04/28/2024 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$5.68 | 501 West 15th St | |
| | ΦΟ.0δ | 501 West 15th St | |
| | | | |
| | | Austin, TX 78701 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee | |
| | | Campaign conce | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | |
| _ | Data | | |
| | Date | Payee name | |
| | 04/28/2024 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.91 | 501 West 15th St | |
| | | | |
| | | Austin, TX 78701 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Compaign Coffee | |
| | | Campaign Coffee | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OH | | |
| _ | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 77/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/01/2024 | Starbucks |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$13.12 | 1935 SW Military |
| | | Can Antonia TV 70221 |
| Ļ | DUDDOCE | San Antonio, TX 78221 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 03/21/2024 | Straighttalk |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.10 | 9700 NW 112th Ave |
| | | |
| | | Miami, FL 33178 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Phone Services |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date 04/20/2024 | Payee name |
| | | Straighttalk Payer address: City State: 7in Code |
| | Amount (\$) \$38.07 | Payee address; City; State; Zip Code 9700 NW 112th Ave |
| | 490.0. | 0.00 |
| | | Miami, FL 33178 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Phone Services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/O | 1 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | d Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 78/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/25/2024 | Suficiencia, Faye |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 11847 Claudette St |
| | | |
| | | San Antonio, TX 78252 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Finance Payroll |
| | | T marice i ayron |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| | 04/01/2024 | Suficiencia, Faye |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,750.00 | 11847 Claudette St |
| | | |
| | | San Antonio, TX 78252 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Finance Payroll |
| | | T marios i agron |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Data | |
| | Date | Payee name |
| | 04/22/2024 | Suficiencia, Faye |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,750.00 | 11847 Claudette St |
| | | |
| | | San Antonio, TX 78252 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Finance Payroll |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | onponditure to belieff 0/01 | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Political Committee Credit Card Payment | | Salaries/Wages/Contract Labor ow to complete this form. | OTHER (enter a category not listed above) |
|--|---|--|---|
| 1 Total pages Schedule F1: 2 FILER NA | ME | | 3 Filer ID (Ethics Commission Filers) |
| <u>'</u> | a, Kristian | | 00087920 |
| 4 Date 5 Payee na | | | |
| 06/24/2024 Suficiend | cia, Faye | | |
| 6 Amount (\$) 7 Payee ad | dress; City; State; | Zip Code | |
| \$450.00 11847 C | audette St | | |
| | | | |
| | onio, TX 78252 | | |
| | (See Categories listed at the top of this sched | | |
| EXPENDITURE Salaries/ | Wages/Contract Labor | | I outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Field Organia | |
| | | | · · |
| Complete ONLY if direct Candidate/ expenditure to benefit C/OH | Officeholder name Off | ice sought | Office held |
| Date Payee na | me | | |
| 04/26/2024 Sweetwa | iters | | |
| Amount (\$) Payee ad | dress; City; State; | Zip Code | |
| \$16.80 316 W 1 | 2th St | | |
| | | | |
| Austin, T | X 78701 | | |
| I 0E I | (See Categories listed at the top of this sched | | |
| EXPENDITURE Food/Be | verage Expense | <u> </u> | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Campaign C | |
| | | 111 1113 | |
| Complete <u>ONLY</u> if direct Candidate/ expenditure to benefit C/OH | Officeholder name Off | fice sought | Office held |
| Date Pavee na | | | |
| Date Payee na 05/22/2024 Sweetwa | | | |
| | | 7. 0 1 | |
| Amount (\$) Payee ad | , | Zip Code | |
| \$21.92 303 Wes | 1 13111 31 | | |
| Austin, T | X 78701 | | |
| PURPOSE (a) Category | (See Categories listed at the top of this sched | ule) (b) Description | |
| OF Food/Be | verage Expense | | l outside of Texas. Complete Schedule T. |
| | | Campaign C | n, TX, officeholder living expense |
| | | Campaign C | Jones |
| Complete ONLY if direct Candidate/ | Officeholder name Off | fice sought | Office held |
| expenditure to benefit C/OH | Onicentituel name On | nce sought | Office field |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to co | ompl | ete this form. |
|----------|-----------------------------|--|-------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 80/100 Rpt: | Carranza, Kristian | | 00087920 |
| 4 | Date | 5 Payee name | | ' |
| | 05/16/2024 | TGI Fridays | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| l | \$47.32 | 9700 Spine Rd | | |
| | | | | |
| | | Atlanta, GA 30354 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign Meal |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | ıaht | Office held |
| ľ | expenditure to benefit C/OI | | agrit | Office field |
| ⊨ | Date | Davise name | | |
| | 04/04/2024 | Payee name TX Capitol Parking | | |
| ┝ | | | odo | |
| | Amount (\$) \$2.00 | Payee address; City; State; Zip Co 201 E 14th St Ste 9 | oue | |
| | \$2.00 | 201 E 14(i) St Ste 9 | | |
| | | Aughin TV 70701 | | |
| | | Austin, TX 78701 | 1 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District | | Check if Austin, TX, officeholder living expense |
| | | | | Parking |
| | | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sou | ught | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 06/06/2024 | Taco Cabana | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| l | \$15.67 | 2117 W Ben White Blvd | | |
| | | | | |
| l | | Austin, TX 78704 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. |
| l | LXI LINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Campaign Meal |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sou | Ight | Office held |
| | expenditure to benefit C/OI | | agni | Office Held |
| \vdash | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 81/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 03/15/2024 | Tandem | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$4.52 | 2709 Roosevelt Ave | |
| | | | |
| | | San Antonio, TX 78214 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense | |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee | |
| | | Campaign Conee | |
| <u> </u> | 0 1. 0 | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experiantare to benefit ere | | |
| | Date | Payee name | |
| | 03/15/2024 | Tandem | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$6.85 | 2708 Roosevelt Ave | |
| | | | |
| | | San Antonio, TX 78214 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Campaign Coffee | |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experiantare to benefit of er | | |
| | Date | Payee name | |
| | 03/15/2024 | Tandem | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$7.50 | 2707 Roosevelt Ave | |
| | | | |
| | | San Antonio, TX 78214 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Campaign Coffee | |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | - p | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 82/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/18/2024 | Tandem |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$6.85 | 2710 Roosevelt Ave |
| | | |
| | | San Antonio, TX 78214 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee |
| | | Campaign Conee |
| _ | Operation ONLY if allowed | On did to 10 ff as hald a grant Off as south |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 04/07/2024 | Tandem |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.98 | 2707 Roosevelt Ave |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee |
| | | Campaigh Conce |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 04/16/2024 | Tandem |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.31 | 2707 Roosevelt Ave |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| | 0 1. 0 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| L | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 83/100 Rpt: | Carranza, Kristian 00087920 | | |
| 4 | Date | 5 Payee name | | |
| | 04/18/2024 | Tandem | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$3.15 | 2707 Roosevelt Ave | | |
| | | | | |
| | | San Antonio, TX 78214 | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Food/Beverage Expense | | |
| | | Check if Austin, TX, officeholder living expense Campaign Coffee | | |
| | | Sampaigh Sonce | | |
| Ļ | Compulate ONLY if direct | Condidate/Officeholder name Office sought Office hold | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | |
| | | | | |
| | Date | Payee name | | |
| | 04/19/2024 | Tandem | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$2.62 | 2707 Roosevelt Ave | | |
| | | | | |
| | | San Antonio, TX 78214 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Campaign Coffee | | |
| | | Campaigh Conce | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/O | | | |
| | | | | |
| | Date | Payee name | | |
| | 04/19/2024 | Tandem | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$22.73 | 2707 Roosevelt Ave | | |
| | | | | |
| | | San Antonio, TX 78214 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | | Check if Austin, TX, officeholder living expense | | |
| | | Campaign Coffee | | |
| | Commission ONE V. C. P. | Condidate/Officeholder name | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| | | | | |
| | | | | |
| | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 84/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/06/2024 | Tandem |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$4.52 | 2707 Roosevelt Ave |
| | | |
| | | San Antonio, TX 78214 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Coffee |
| | | Campaigh Conce |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | |
| L | | |
| | Date | Payee name |
| | 06/02/2024 | Tandem |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.13 | 2707 Roosevelt Ave |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Campaign Meal |
| | | Campaigh Woal |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | D . | |
| | Date | Payee name |
| | 05/31/2024 | The Aquaduck |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$237.16 | 13506 Spotted Horse |
| | | |
| | | Helotes, TX 78023 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Event Refreshments |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | onpenditure to beliefft C/Of | • |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 85/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/23/2024 | The Cherrity Bar |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$98.47 | 302 Montana St |
| | | |
| | | San Antonio, TX 78203 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Meeting Meal |
| | | Campaigh Meeting Meai |
| _ | Operation ONLY if allowed | On did to 10 ff as hald a grant Off as south |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | · | |
| | Date | Payee name |
| | 03/05/2024 | The Friendly Spot |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.79 | 943 S Alamo St |
| | | |
| | | San Antonio, TX 78205 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign Event |
| | | Sampaigh Event |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 03/05/2024 | Threading Plus |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.00 | 2310 SW Military |
| | | |
| | | San Antonio, TX 78224 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense |
| | ZA ZABITORZ | Check if Austin, TX, officeholder living expense |
| | | Prep for Event |
| _ | Operation ONE VIII II | On didn't 10 ff a balden name |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| | | |

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

| | The Instruction Guide explains how to complete this form. | | | |
|---|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 86/100 Rpt: | Carranza, Kristian | 00087920 | |
| 4 | Date | 5 Payee name | | |
| | 05/11/2024 | Threading Plus | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$43.26 | 2310 SW Military Dr | | |
| | | | | |
| | | San Antonio, TX 78224 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Event Expense Check if travel | outside of Texas. Complete Schedule T. | |
| | | │ │ │ │ │ │ │ Check if Austin | n, TX, officeholder living expense nt | |
| | | T Top for Ever | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/O | | 0.1100 11010 | |
| _ | Date | Payee name | | |
| | 03/29/2024 | Tito's Restaurant | | |
| | Amount (\$) | Payee address; City; State; Zip Code | - | |
| | \$36.51 | 955 S Alamo St | | |
| | 400.01 | COS O / MAINE OL | | |
| | | San Antonio, TX 78205 | | |
| | PURPOSE | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel | outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | 1 000/Develage Expense | n, TX, officeholder living expense | |
| | | Campaign M | eeting Meal | |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | |
| | experialitare to beliefit C/OI | ' | | |
| | Date | Payee name | | |
| | 04/17/2024 | Tito's Restaurant | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$42.46 | 955 S Alamo St | | |
| | | | | |
| | | San Antonio, TX 78205 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | 1 000/Develage Expense | outside of Texas. Complete Schedule T. | |
| | | Campaign M | n, TX, officeholder living expense | |
| | | Campaign in | ooung mea | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/OI | • | | |
| | | | | |
| | | | | |
| ı | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to comple | te this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: Sch: 87/100 Rpt: | 2 FILER NAME Carranza, Kristian | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 05/15/2024 | 5 Payee name Uber | 00007320 |
| 6 | Amount (\$) \$22.92 | 7 Payee address; City; State; Zip Code 1455 Market St | |
| 8 | PURPOSE OF EXPENDITURE | Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 05/15/2024 | Payee name Uber | |
| | Amount (\$) \$22.92 | Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103 | |
| | PURPOSE OF EXPENDITURE | Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 05/15/2024 | Payee name Uber | |
| | Amount (\$) \$36.96 | Payee address; City; State; Zip Code 1455 Market St | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF EXPENDITURE | Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 88/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 05/15/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$36.96 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experiulture to benefit C/Or | | |
| | Date | Payee name | |
| | 05/15/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$60.95 | 1455 Market St | |
| | Ψ00.33 | 1400 Mainet of | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| | 0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | |
| | Date | Payee name | |
| | 06/06/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$5.86 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| L | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OH | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. | |
|---|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 89/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 06/06/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$17.96 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | H | |
| | Date | Payee name | |
| | 06/07/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$6.65 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| | experioration benefit C/O | | |
| | Date | Payee name | |
| | 06/07/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.58 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | experientare to benefit C/O | | |
| | | | |
| | | | |
| | rme provided by Tayas E | thice Commission www.athice state ty us Version V/4.1.0 d278ah | |

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

| | The Instruction Guide explains how to complete this form. | | | |
|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 90/100 Rpt: | Carranza, Kristian | 00087920 | |
| 4 | Date | 5 Payee name | | |
| | 06/07/2024 | Uber | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$9.58 | 1455 Market St | | |
| | | | | |
| | | San Francisco, CA 94103 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Travel Out of District Check if travel | outside of Texas. Complete Schedule T. | |
| | | Check if Austir Transportatio | ı, TX, officeholder living expense | |
| | | Transportant | лі - | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| ľ | expenditure to benefit C/O | | Office field | |
| _ | Date | Davisa nama | | |
| | 06/07/2024 | Payee name Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$9.99 | 1455 Market St | | |
| | Ψ3.33 | 1400 Market of | | |
| | | San Francisco CA 04102 | | |
| | | San Francisco, CA 94103 | | |
| | PURPOSE OF | (a) Category (see Categories listed at the top of this schedule) (b) Description Travel Out of District Check if travel | outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Traver out of District | r, TX, officeholder living expense | |
| | | Transportation | on | |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 06/07/2024 | Uber | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$11.93 | 1455 Market St | | |
| | | | | |
| | | San Francisco, CA 94103 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | | outside of Texas. Complete Schedule T. | |
| | LAPENDITORE | | ı, TX, officeholder living expense | |
| | | Transportation | OTI | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/O | | Office held | |
| | | | | |
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| l | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | al Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 91/100 Rpt: | Carranza, Kristian 00087920 |
| 4 Date | 5 Payee name |
| 06/07/2024 | Uber |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$11.94 | 1455 Market St |
| | |
| | San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Transportation |
| | Transportation |
| O Commission ONLY if allowed | Out til det /Office helden some |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 06/07/2024 | Uber |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$11.99 | 1455 Market St |
| | |
| | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Transportation |
| Operation ONLY if discont | Out til det /Office helden some |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| <u> </u> | |
| Date | Payee name |
| 06/07/2024 | Uber |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$11.99 | 1455 Market St |
| | |
| | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| D. LIDITORE | Check if Austin, TX, officeholder living expense |
| | Transportation |
| Operation Children | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | H · · · · · · · · · · · · · · · · · · · |
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| experience to benefit 6/0 | н |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 92/100 Rpt: | Carranza, Kristian | 00087920 |
| 4 | Date | 5 Payee name | • |
| | 06/07/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$14.94 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | _/ | | Check if Austin, TX, officeholder living expense Transportation |
| | | | Tansportation |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| H | Date | Payee name | |
| | 06/07/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$16.94 | 1455 Market St | |
| | Ψ10.5 ⁴ | 1-00 Market of | |
| | | San Francisco, CA 94103 | |
| | PURPOSE | | Providetion |
| | OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District | Check if Austin, TX, officeholder living expense |
| | | | Transportation |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experientare to benefit of or | ' | |
| | Date | Payee name | |
| | 06/08/2024 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$9.99 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF | . (, | Description |
| | EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | Transportation |
| | | | · |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | | | |
| | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|--|---|---|
| 1 | Total pages Schedule F1: Sch: 93/100 Rpt: | 2 FILER NAME Carranza, Kristian | 3 Filer ID (Ethics Commission Filers) 00087920 |
| 4 | Date 06/08/2024 | 5 Payee name Uber | · |
| 6 | Amount (\$) \$11.90 | 7 Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103 | |
| 8 | PURPOSE OF EXPENDITURE | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 06/08/2024 | Payee name Uber | |
| | Amount (\$) \$11.96 | Payee address; City; State; Zip Code 1455 Market St San Francisco, CA 94103 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 06/08/2024 | Payee name Uber | |
| | Amount (\$) \$11.96 | Payee address; City; State; Zip Code 1455 Market St | |
| | | San Francisco, CA 94103 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel (
Salaries/Wages/Contract Labor OTHER

| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | |
|---|--|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 94/100 Rpt: | Carranza, Kristian | 00087920 | | | | |
| 4 | Date | 5 Payee name | • | | | | |
| | 06/08/2024 | Uber | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| | \$12.91 | 1455 Market St | | | | | |
| | | | | | | | |
| | | San Francisco, CA 94103 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Travel Out of District | el outside of Texas. Complete Schedule T. | | | | |
| | - | Transportati | in, TX, officeholder living expense | | | | |
| | | Tansportati | Oli | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OF | | | | | | |
| _ | Date | Payee name | | | | | |
| | 06/08/2024 | Uber | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$12.95 | 1455 Market St | | | | | |
| | | | | | | | |
| | | San Francisco, CA 94103 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Travel Out of District | el outside of Texas. Complete Schedule T. | | | | |
| | EXI ENDITORE | l — | in, TX, officeholder living expense | | | | |
| | | Transportati | OII | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/O | • | Cine neid | | | | |
| _ | Date | Payee name | | | | | |
| | 06/13/2024 | Uber | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$9.47 | 1455 Market St | | | | | |
| | | | | | | | |
| | | San Francisco, CA 94103 | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Travel Out of District | el outside of Texas. Complete Schedule T. | | | | |
| | LAPENDITORE | | in, TX, officeholder living expense | | | | |
| | | Transportati | on | | | | |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/O | | Office field | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. | ot listed above) |
|---|---|--|--------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics | Commission Filers) |
| | Sch: 95/100 Rpt: | Carranza, Kristian 00087920 | |
| 4 | Date | 5 Payee name | |
| | 06/14/2024 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$12.40 | 1455 Market St | |
| | | | |
| | | San Francisco, CA 94103 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Scher | dule T. |
| | | Check if Austin, TX, officeholder living expense Transportation | |
| | | Transportation | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| H | Date | Payee name | |
| | 06/29/2024 | Uber | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$19.21 | | |
| | | | |
| | | San Francisco, CA 94103 | |
| ┝ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Travel Out of District Check if travel outside of Texas. Complete Scher | dule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Transportation | |
| L | Operation ONLY if allowed | Our stide to 10% as held as many and the control of | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held OH | |
| H | Date | <u> </u> | |
| | Date 06/29/2024 | Payee name Uber | |
| L | | | |
| | Amount (\$) \$12.22 | Payee address; City; State; Zip Code 1455 Market St | |
| | Φ12.22 | 1455 Market St | |
| | | San Francisco, CA 94103 | |
| L | | | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule) | dule T. |
| | EXPENDITURE | Travel Out of District Check if Austin, TX, officeholder living expense | 24.0 |
| | | Transportation | |
| L | | | |
| Γ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| L | expenditure to benefit C/OI | חע | |
| | | | |
| | | | |
| _ | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 96/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/20/2024 | United States Postal Service |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$68.00 | 3918 Clark Ave |
| | | |
| | | San Antonio, TX 78223 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Postage |
| | | 1 Ustage |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | | |
| | Date | Payee name |
| | 04/10/2024 | United States Postal Service |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$42.40 | 12951 Huebner |
| | | |
| | | San Antonio, TX 78230 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Postage |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 05/02/2024 | United States Postal Service |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$17.00 | 1140 S Laredo St |
| | | |
| | | San Antonio, TX 78204 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Postage |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 97/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 05/22/2024 | United States Postal Service |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$63.60 | 12951 Huebner Rd |
| | | |
| | | San Antonio, TX 78230 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Postage for Postcards |
| | | 1 ostage for 1 osteards |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to benefit eye. | • |
| | Date | Payee name |
| | 03/07/2024 | Valdez, Adrian |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$260.00 | 10018 Del Lago Ct |
| | | · |
| | | San Antonio, TX 78245 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Field Staffing |
| | | Thois stanning |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | • |
| | Date | Payee name |
| | 02/28/2024 | Verizon Wireless |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$118.09 | 2350 SW Military Dr |
| | ¥220.00 | |
| | | San Antonio, TX 78224 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Phone Services |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to beliefit 6/01 | • |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|--|
| 1 | Total pages Schedule F1: | |
| • | Sch: 98/100 Rpt: | Carranza, Kristian 00087920 |
| L | | |
| 4 | Date | 5 Payee name |
| | 04/03/2024 | Verizon Wireless |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$118.09 | 600 Coolidge Drive |
| | | |
| | | Folsom, CA 95630 |
| | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Phone Services |
| | | FIIUITE SELVICES |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | Experience to beliefft C/OI | <u> </u> |
| | Date | Payee name |
| | 04/30/2024 | Verizon Wireless |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$118.09 | 600 Coolidge Drive |
| | Ψ110.09 | 000 Coolidge Drive |
| | | |
| | | Folsom, CA 95630 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense |
| | | Phone Services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/30/2024 | Verizon Wireless |
| H | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$143.75 | 2350 SW Military Dr |
| | | |
| | | San Antonio, TX 78224 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Phone Services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense Salaries/Manes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 99/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 03/01/2024 | WalMart Supercenter |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.26 | 1200 SE Military |
| | | |
| | | San Antonio, TX 78214 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | Office Supplies |
| <u>_</u> | Complete ONU V if alice | Condidate/Officeholder name Office sought |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 02/28/2024 | WalMart |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$20.97 | 1200 SE Military |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | Office Supplies |
| | Operation ONLY if allowed | On did to 10 ff as hald a grant Off as south |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/26/2024 | WalMart |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.07 | 1200 SE Military |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Office Supplies |
| L | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Superiorder to belieff 6/01 | • |
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| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 100/100 Rpt: | Carranza, Kristian 00087920 |
| 4 | Date | 5 Payee name |
| | 06/21/2024 | WalMart |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.22 | 1200 SE Military Dr |
| | | |
| | | San Antonio, TX 78214 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | Office Supplies |
| _ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/25/2024 | WalMart |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$65.66 | 1200 SE Military Dr |
| | | |
| | | San Antonio, TX 78214 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Supplies |
| | | Οπίου σαμβίουσ |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 06/08/2024 | Whataburger |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15.84 | 1300 Airway Blvd |
| | | |
| | | El Paso, TX 79925 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Meal |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Oriana.o to borioni O/Oi | |
| | | |
| | | |

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

SCHEDULE K

| | The Instruction Guide explains how to complete this form. | | | | ages Schedule K: L/1 Rpt: 248/248 | | |
|---|---|---|---|------------|--------------------------------------|----------------------------|---------|
| 2 | | | | | - | ilers) | |
| | | | | | 00087 | • | , |
| 4 | Date | _ | 5 Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 06/30/2024 | ľ | CreditHuman | | | | \$10.30 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | • | |
| | | ľ | , waress of person from whom amount is received, "only, state, zip code | | | | |
| | | | | | | | |
| | | | San Antonio, TX 78295 | | | | |
| | | 7 | Purpose for which amount is received Check | if politi | cal cont | ribution returned to filer | |
| | | | Deposit Dividend | | | | |
| _ | Date | Ħ | Name of person from whom amount is received | | | Amount (\$) | |
| | 05/31/2024 | | CreditHuman | | | γσαιε (ψ) | \$5.53 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | , |
| | | | Address of person from whom amount is received, Gity, State, 21p code | | | | |
| | | | | | | | |
| | | | San Antonio, TX 78295 | | | | |
| | | Г | Purpose for which amount is received Check | if politi | cal cont | ribution returned to filer | |
| | | | Deposit Dividend | | | | |
| | Date | Ħ | Name of person from whom amount is received | | | Amount (\$) | |
| | 04/30/2024 | | CreditHuman | | | | \$3.21 |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | L | San Antonio, TX 78295 | | | | |
| | | | | if politi | cal cont | ribution returned to filer | |
| | | | Deposit Dividend | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/31/2024 | | CreditHuman | | | | \$1.63 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | |] | |
| | | | | | | | |
| | | | Can Antania TV 7000F | | | | |
| | | L | San Antonio, TX 78295 | | | <u> </u> | |
| | | | Purpose for which amount is received | if politi | cal cont | ribution returned to filer | |
| | | <u> </u> | | | | 1 | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | 44.00 |
| | 02/29/2024 | | | | | \$1.63 | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | San Antonio, TX 78295 | | | | |
| | | \vdash | | if noli±i | nal cont | ribution roturned to files | |
| | | | Check | ıı bolitli | Jai COM | ribution returned to filer | |
| | | | | | | | |
| | | | | | | | |