CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 20 00080403

3	CANDIDATE / OFFICEHOLDER		IRST	MI	OFFICE USE ONLY
	NAME	Mr. C	Carlos G.		Date Received
					ELECTRONICALLY FILED
			AST	SUFFIX	07/15/2024
			Quezada		
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
	MAILING ADDRESS	2823 E. Southcross Blvd.			Receipt # Amount
	Change of Address	San Antonio, TX 78223			Date Processed
					Date Imaged
5	CAMPAIGN	MS / MRS / MR FI	RST	MI	
	TREASURER NAME	No	orma		
		NICKNAME LA	AST	SUFFIX	
		Ci	avazos		
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BC	OX PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
	ADDRESS	310 E. Ashley Rd.			
	(Residence or Business)				
		San Antonio, TX 78221			
7	CAMPAIGN	AREA CODE PHONE	NUMBER EXTENSION		
	TREASURER PHONE	(210) 378-0431			
8	REPORT				
ľ	TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer
		July 15	8th day before election	Exceeded modified X	appointment (officeholder only) Final Report (Attach C/OH-FR)
				reporting limit	Tillal Nepolt (Allach Croff-Fr)
9	PERIOD	Month Day Year		Month Day	Year
	COVERED	02/25/2024	THROUGH	07/14/2024	ı
L					
10	ELECTION	ELECTION DATE Month Day Year	X Primary	ELECTION TYPE Runoff	Other
		03/05/2024			
			General	Special	
11	OFFICE	OFFICE HELD (if any)	I	12 OFFICE SOUGHT	(if known)
				State Representa	tive District 118
			GO TO PAGE 2		
For	ms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Quezada, Carlos G.	(Mr.)	14 Filer ID 00080403	(Ethics Comm	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
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	S)	\$	7,740.24		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$	18,182.60		
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	11,266.20		
17 AFFIDAVIT							
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	companying roto be reported	eport is by me		
		Mr. C	arlos G. Quezada				
			f Candidate or Officeho	older			
		Oignata o	Tourisdate of Officerio	naoi			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid	, this the		_ day		
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of offic	er administering	Printed name of officer administering	Title of office	er administerin	g oath		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 20 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00080403 Quezada, Carlos G. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 7,740.24 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 18,182.60 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/20	
2	FILER NAME Quezada, Ca	arlos G. (Mr.)			3	Filer ID (Ethics Commission 00080403	on Filers)
4	Date 03/26/2024	5 Full name of contributor out-of-state PAC (ID#:) Dubay, Abigail (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
		San Antonio, TX 78210					
8	Principal occu nurse	9 Employer (See Instructions) Methodist Hospital		Employer (See Instructions Methodist Hospital	i)		
	Date O2/27/2024 Gonzalez, Charles (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	San Antonio, TX 78212 Principal occupation / Job title (See Instructions) Employer (See Instruction				<u> </u>		
			Ogletree Deakins PC	,			
Date Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.24		
		San Antonio, TX 78202					
	Principal occu crisis respon	pation / Job title (See Instructions) se clinician		Employer (See Instructions Center for Healthcare Se		ices	
	Date Full name of contributor out-of-state PAC (ID#:) 02/26/2024 Quezada, Carlos (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78221		,		Amount of Contribution (\$)	\$2,000.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Quezada, Carlos (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78221			Amount of Contribution (\$)	\$3,500.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
			,				

MONE	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
The Instru	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/20	
2 FILER NAMI		3 Filer ID (Ethics Commission Filers) 00080403	
Quezada, (4 4 Date 03/02/2024	Carlos G. (Mr.) 5 Full name of contributor out-of-state PAC (ID#: Quezada, Maria (Ms.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00	
8 Principal occ	Converse, TX 78109 cupation / Job title (See Instructions)	9 Employer (See Instruction	c)
organizer	supation / 300 title (See instructions)	Texas State Teacher A	
Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Texas Parent PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,000.00
	Austin, TX 78703	Employer (See Instruction	
Principal occ	cupation / Job title (See Instructions)	s)	

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	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 1/14 Rpt: 6/20	Quezada, Carlos G. (Mr.)		00080403
4	Date	5 Payee name		
	02/27/2024	Alamo Mailing		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$1,789.64	13114 Lookout Run		
		San Antonio, TX 78233		
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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				campaign mailer preparation and mailing services
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
ľ	expenditure to benefit C/OI		ugni	Office field
⊨	Data			
	Date 03/01/2024	Payee name Alamo Mailing		
L		•	1 -	
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$2,134.84	13114 Lookout Run		
L		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
				preparation and mailing services for direct mail
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	06/30/2024	Anedot		
Г	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$10.81	1920 McKinney Ave, 7th Floor		
		Dallas, TX 75201		
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				online contribution processing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		ayııı	Office field
\vdash				

SCHEDULE F1

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

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 7/20	Quezada, Carlos G. (Mr.)		00080403
4	Date	5 Payee name		-
	03/04/2024	Election Support Services		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$400.00	2611 Rompel Pass		
		San Antonio, TX 78232		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Consulting Expense	(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	,		Check if Austin, TX, officeholder living expense
				campaign consulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	05/02/2024	Election Support Services		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	2611 Rompel Pass		
		San Antonio, TX 78232		
	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
				campaign concurring
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O			
_	Date	Payee name		
	02/29/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$5.00	111 W Houston St	uo	
	40.00			
		San Antonio, TX 78205		
	DUDDOCE	i	/h\	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(n)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				service charge
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		

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: 3/14 Rpt: 8/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	03/29/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	111 W Houston St
		San Antonio, TX 78205
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 Service charge
		Service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and a second a second and
		Payee name Frost Bank
L	04/30/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	111 W Houston St
		San Antonio, TX 78205
	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 Service charge
		Service dialige
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	04/30/2024	Frost Bank
L	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W Houston St
	φ5.00	TIT W Houston St
		Can Antonia TV 70205
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service charge
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	4
Г		

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: 4/14 Rpt: 9/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	05/31/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	111 W Houston St
	·	
		San Antonio, TX 78205
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
		service charge
L	2	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	'
	Date	Payee name
	05/31/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W Houston St
		San Antonio, TX 78205
	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
		service charge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/28/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	111 W Houston St
		San Antonio, TX 78205
	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
		service charge
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	1

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 Legal Services	norials Expense		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed a	bove)
		_		on Guide explains	now to cor	iipie					
1	1 0	2					[:	3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 5/14 Rpt: 10/20	L	Quezada, Carlos G. (1	∕lr.)					00080403		
4	Date	5	Payee name								
	06/28/2024		Frost Bank								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$5.00		111 W Houston St								
			San Antonio TV 70201	:							
<u>_</u>	DUDDOS-	_	San Antonio, TX 7820			<i>(</i> 1)					
8	PURPOSE OF	(a)	Category (See Categories lis	ed at the top of this sch	iedule)	(b)	Description		df.T O	alata Cabadala T	
	EXPENDITURE		Accounting/Banking				=		de of Texas. Comp officeholder living		
							service charge		omeenolder living	схренос	
							-5 50 Sharge	_			
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder na	200	Office cour	nh+			Office he	ald.	
9	expenditure to benefit C/O		anuluale/Onicenoider nai	iie C	Office souç	JIII			Office he	au	
		_									
	Date		Payee name								
	02/29/2024		GoDaddy								
	Amount (\$)		Payee address; City;	State;	; Zip Cod	de					
	\$9.58		2150 E Warner Rd								
			Tempe, AZ 85284								
-	PURPOSE	(2)			T	(h)	Description				
	OF	ر ^{م)}	Category (See Categories lis		edule)	(u)	Description Check if travel or	utsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		Office Overhead/Renta	ii Exhelise			-		officeholder living		
							campaign sma	art	line		
							-				
	Complete ONLY if direct		Candidate/Officeholder na	ne C		ght			Office he	eld	
	expenditure to benefit C/OI			_		-					
⊨	Data	Г	Davisa nama								
	Date		Payee name								
	03/04/2024		GoDaddy								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de					
	\$9.58		2150 E Warner Rd								
			Tempe, AZ 85284								
	PURPOSE	(a)	Category (See Categories lis	ed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Renta		·		ш		de of Texas. Com		
	LAFLINDITORE								officeholder living	expense	
							campaign sma	artl	line		
	Complete ONLY if direct		Candidate/Officeholder na	ne C	Office souç	ght			Office he	eld	
	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	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: 6/14 Rpt: 11/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	03/22/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.86	2150 E Warner Rd
		Tempe, AZ 85284
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
		campaign domain hosting
		campaigh domain hosting
_	Compulate ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/29/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.58	2150 E Warner Rd
		Tempe, AZ 85284
	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
		campaign smartline
		ouripaigh sharaine
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	04/04/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.58	2150 E Warner Rd
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign domain
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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: 7/14 Rpt: 12/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	04/22/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.86	2150 E Warner Rd
		Tempe, AZ 85284
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
		campaign domain
		Campaigh domain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	04/29/2024	GoDaddy
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$9.58	2150 E Warner Rd
	Ф9.50	2130 E Waller Ru
		Tempe, AZ 85284
	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
		campaign smartline
		Sampaigh Smalaine
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/06/2024	GoDaddy
L	Amount (\$)	-
	` '	Payee address; City; State; Zip Code
	\$9.58	2150 E Warner Rd
		Tempe, AZ 85284
	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
		campaign smartline
		Campaign Smartine
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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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: 8/14 Rpt: 13/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	05/22/2024	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.86	2150 E Warner Rd
		Tempe, AZ 85284
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 campaign domain
		Campaigh domain
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/29/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.33	2150 E Warner Rd
		Tempe, AZ 85284
	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 campaign domain renewals
		Campaigh domain renewals
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	05/29/2024	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.58	2150 E Warner Rd
		Tempe, AZ 85284
	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 campaign smartline
		Campaign Smartine
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\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/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Printi Salari	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	ΙΕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/14 Rpt: 14/20	Quezada,	Carlos G. (Mr.)				(00080403	
4	Date	5 Payee name	e						
	05/30/2024	GoDaddy							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$23.17	2150 E Wa	arner Rd						
		Tempe, Az	Z 85284						
8	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertisino	g Expense			=			plete Schedule T.
						campaign do		officeholder living	
						p g 20-			Š
9	Complete ONLY if direct		ficeholder name	Office	sought			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee name	e						
	02/29/2024	IBC							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$19.72	130 E Trav	/is						
		P. O. Box	47526						
		San Anton	io, TX 78205						
	PURPOSE		See Categories listed at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting	g/Banking			=		e of Texas. Com officeholder living	olete Schedule T.
						analysis char		oc.ioidoi iiviily	
						•	-		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						eld			
	expenditure to benefit C/O								
	Date	Payee name	e						
	03/31/2024	IBC							
	Amount (\$)	Payee addr		State; Zip	Code				
	\$19.50	130 E Trav							
		P. O. Box							
L		San Anton	io, TX 78205						
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Accounting	g/Banking			ш		e of Texas. Com officeholder living	plete Schedule T. expense
						analysis char			- p
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	eld
L	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/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: 10/14 Rpt: 15/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	04/30/2024	IBC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.50	130 E Travis
		P. O. Box 47526
		San Antonio, TX 78205
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 analysis charge
		analysis charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/31/2024	IBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	130 E Travis
	40.00	P. O. Box 47526
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/31/2024	IBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	130 E Travis
		P. O. Box 47526
		San Antonio, TX 78205
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		analysis charge
	Operation ONLY if direct	Our stide to 10 ff as health are now as a second to the se
	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 -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: 11/14 Rpt: 16/20	Quezada, Carlos G. (Mr.) 00080403
4	Date	5 Payee name
	06/30/2024	IBC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	130 E Travis
		P. O. Box 47526
		San Antonio, TX 78205
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 Service fee
		Service lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/30/2024	IBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	130 E Travis
		P. O. Box 47526
		San Antonio, TX 78205
	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 analysis charge
		analysis sharge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/29/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$362.44	675 Ponce De Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	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 campaign email marketing platform monthly fee
		campaign email marketing platform monthly lee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed	d above)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 12/14 Rpt: 17/20	Quezada,	Carlos G. (Mr.)					00080403		
4	Date	5 Payee name	9							
	02/26/2024	Prestige P	rinting							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$880.01	8 Burwood	Lane							
		San Anton	io, TX 78216							
8	PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	j Expense					ide of Texas. Com , officeholder living		
						campaign pri				oor hangers
						oampaign pin		a markoung	materiale at	oor nangoro
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	l ought			Office he	eld	
	Date	Payee name	9							
	02/27/2024	Prestige P								
	Amount (\$)	Payee addre	-	State; Zip C	ode					
	\$901.38	8 Burwood	•	эннэ, цр						
	¥302.00	0 20								
		San Anton	io, TX 78216							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	j Expense						plete Schedule T.	
						campaign pri		, officeholder living		
						campaign pm	IIIC	u marketing	-maner	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<u> </u>							
	02/29/2024	Prestige P								
				0: 1 7' 0						
	Amount (\$)	Payee addro	•	State; Zip C	oue					
	\$9.00	8 Burwood	Lane							
		San Anton	io, TX 78216							
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	j Expense					ide of Texas. Com		
	2/11 2/13/17 C/12							, officeholder living	j expense	
						shortage from	ıın	ivoice		
	0 1. 5		e		<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ught			Office he	eid	
		•								
_										4 0 1070 1 0

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: 13/14 Rpt: 18/20	Quezada, Carlos G. (Mr.)			00080403			
4	Date	5 Payee name						
	03/01/2024	Prestige Printing						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$845.43	8 Burwood Lane						
		San Antonio, TX 78216						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	n				
	OF EXPENDITURE	Advertising Expense			de of Texas. Com	plete Schedule T.		
	EXPENDITURE	- '	ш		officeholder living			
			campaigr	n printe	d marketing	-mailer		
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:				055			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld		
	·							
	Date	Payee name						
	03/04/2024	Prestige Printing						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,211.32	8 Burwood Lane						
		San Antonio, TX 78216						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	n				
	OF EXPENDITURE	Advertising Expense				plete Schedule T.		
					officeholder living	-direct mailer		
			oapa.g.	, p	ag			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld		
	expenditure to benefit C/O							
	Date	Payee name						
	07/10/2024	Quezada, Carlos (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$8,733.80	2823 E Southcross						
	, , , , , , , ,							
		San Antonio, TX 78221						
	PURPOSE	I a s	Description	n				
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement			de of Texas. Com	plete Schedule T.		
	EXPENDITURE	Loan Repayment Remindration	Check if	Austin, TX,	officeholder living	g expense		
			repayme	nt of pe	rsonal funds	s used for campaign		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought			Office he	eld		
	experiulture to beliefit 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 cor	nplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 19/20	Quezada, Carlos G. (Mr.)	00080403
4	Date	5 Payee name	
	05/13/2024	Smokerz Paradiz	
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de
	\$43.28	145545 Brook Hollow Blvd	
		San Antonio, TX 78232	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			gifts for donors
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ht Office held
	experioration to benefit C/Oi	1	
	Date	Payee name	
	03/04/2024	Wix	
	Amount (\$)	Payee address; City; State; Zip Coo	de
	\$7.79	500 Terra A Francois Blvd	
		Suite 600	
		San Franciscoq, CA 94158	
	PURPOSE OF		(b) Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			campaign website hosting
			, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held
	expenditure to benefit C/O		
\vdash			

		FORM C/OH - FR						
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 20 of 20						
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)						
	Quezada, Carlos G. (Mr.)	00080403						
3	SIGNATURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
	Mr. Carlo	os G. Quezada						
		andidate / Officeholder						
_	<u> </u>							
4	** Complete A & B below only if you are not an officeholder **							
	Complete A & B below only if you are not an officenoider							
	A CAMPAIGN FUNDS							
	Check only one:							
	I do not have unexpended contributions or unexpended interest or income earned from polit	ical contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.							
	B ASSETS							
	Check only one:							
	X I do not retain assets purchased with political contributions or interest or other income from	political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.							
	Mr. Coulo	os C. Quozada						
		e of Candidate						
	,	e of Candidate						
5	OFFICEHOLDER							
	** Complete this section only if you are an officeholder **							
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.							
	Signature	e of Officeholder						