

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087920	<b>2</b> Total pages filed: 178
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Kristian MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025	
	NICKNAME LAST Carranza SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 831436  San Antonio, TX 78283		Date Hand-delivered or Date Postmarked
			Receipt #      Amount
			Date Processed
			Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Darren MI	<b>OFFICE USE ONLY</b> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Meritz SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 831436  San Antonio, TX 78283		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (915) 274-2501		
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year 10/27/2024      12/31/2024		
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative		<b>12</b> OFFICE SOUGHT (if known) State Representative District 118

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	79,828.29
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	243,112.09
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 Kristian Carranza  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Carranza, Kristian		<b>19 Filer ID</b> 00087920	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	62,709.81
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	17,118.48
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	243,112.09
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	28.25

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/122 Rpt: 4/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrams, Joyce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cave Junction, OR 97523	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Chris <hr/> Contributor address; City; State; Zip Code  Washington, DC 20012-2617	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) The Library of Congress
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Roberta <hr/> Contributor address; City; State; Zip Code  Olympia, WA 98508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Roberta <hr/> Contributor address; City; State; Zip Code  Olympia, WA 98508	Amount of Contribution (\$)  \$1.03
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albano, Pola <hr/> Contributor address; City; State; Zip Code  BK, NY 11201	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/122 Rpt: 5/178
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alfaro, A J	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Oakland, NJ 07436	
8 Principal occupation / Job title (See Instructions) Microsoft Certified Trainer		9 Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen Cox, Deanna	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Long Beach, CA 90807	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen-Savietta, Cora	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions) Berry Consultants
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altland, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Philadelphia, PA 19123	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Comcast
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altman, Mark	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Woodbourne, NY 12788	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/122 Rpt: 6/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ambrose, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Sacramento, CA 95605	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) University of California-Davis
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ancis, Miriam <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11217	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andersen, Allan <hr/> Contributor address; City; State; Zip Code  Ashland, OH 44805	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Kay <hr/> Contributor address; City; State; Zip Code  Aurora, IL 60506	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annie's List <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/122 Rpt: 7/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Appleman, Gordon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arenberg, Miriam <hr/> Contributor address; City; State; Zip Code  Baltimore, MD 21209	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashley, Nancy <hr/> Contributor address; City; State; Zip Code  New York, NY 10024	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Gotham Vet Center
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin, Margaret <hr/> Contributor address; City; State; Zip Code  Brick, NJ 08723	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Axelrod, Jeffrey <hr/> Contributor address; City; State; Zip Code  Lincoln, MA 01773	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/122 Rpt: 8/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aycock, Christine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Louisville, KY 40299	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ayee, Norma <hr/> Contributor address; City; State; Zip Code  Lake Worth, FL 33460	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) B, Kate <hr/> Contributor address; City; State; Zip Code  Greensboro, NC 27406	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) City of Greensboro
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baber, Amanda <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90025	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Public Technical Identifiers
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bachman, Martin <hr/> Contributor address; City; State; Zip Code  Georgetown, IN 47122	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/122 Rpt: 9/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baily, Robin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Easton, PA 18045	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pet Sitting		<b>9</b> Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Rebecca <hr/> Contributor address; City; State; Zip Code  South Beach, OR 97366	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banks, Hannah <hr/> Contributor address; City; State; Zip Code  Newton, MA 02459	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baptist, Jeremy <hr/> Contributor address; City; State; Zip Code  Overland Park, KS 66207	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barakat, Sabrina <hr/> Contributor address; City; State; Zip Code  Torrance, CA 90503	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/122 Rpt: 10/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnave, Serge <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bayside Queens, NY 11360-1414	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Marion <hr/> Contributor address; City; State; Zip Code  Maplewood, NJ 07040-2617	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barniskis, Mary Sue <hr/> Contributor address; City; State; Zip Code  Hopkins, MN 55305	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrett, Jo-Ann <hr/> Contributor address; City; State; Zip Code  Redmond, OR 97756	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartek, William <hr/> Contributor address; City; State; Zip Code  Honolulu, HI 96815	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/122 Rpt: 11/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bartos, Janet P <hr/> <b>6</b> Contributor address; City; State; Zip Code  Little Rock, AR 72223-4297	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Battle, Claire <hr/> Contributor address; City; State; Zip Code  Oak Park, IL 60304	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) CNH Industrial
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baumgardner, FW <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78217	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beard, Anne <hr/> Contributor address; City; State; Zip Code  Tampa, FL 33603	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beck, Eva Carol <hr/> Contributor address; City; State; Zip Code  Evanston, IL 60201	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/122 Rpt: 12/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benavides, Ysela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Covina, CA 91722	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berger, Jonathan <hr/> Contributor address; City; State; Zip Code  Sebastopol, CA 95472	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sonoma County Superior Court
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berman, Betsy <hr/> Contributor address; City; State; Zip Code  Atlanta, GA 30306	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernardi, Rosemarie <hr/> Contributor address; City; State; Zip Code  Keene, NH 03431	Amount of Contribution (\$)  \$34.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berthiaume, Louis <hr/> Contributor address; City; State; Zip Code  Riverview, FL 33569	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/122 Rpt: 13/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bigger, Arnold Thomas	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20015		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Fusion Academy
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Birns, Eileen	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  Great Neck, NY 11021		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bissonette, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Burnsville, MN 55337		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Mary	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Black, Mary	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/122 Rpt: 14/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackard, Patrick M	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Videographer		<b>9</b> Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blinn, James	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Ofallon, MO 63368		
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Confluence Discovery Technologies
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumm, Richard	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Bethesda, MD 20817		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocock, HMV	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Washington, DC 20015		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Educational Assessment Associates
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bocock, HMV	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Washington, DC 20015		
Principal occupation / Job title (See Instructions) Educational Diagnostician		Employer (See Instructions) Educational Assessment Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/122 Rpt: 15/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boettcher, Steven	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Sale M33 5AA United Kingdom		
<b>8</b> Principal occupation / Job title (See Instructions) Counsellor		<b>9</b> Employer (See Instructions) Steve Boettcher
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boettcher, Steven	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Sale M33 5AA United Kingdom		
Principal occupation / Job title (See Instructions) Counsellor		Employer (See Instructions) Steve Boettcher
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boland, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Miami, FL 33133		
Principal occupation / Job title (See Instructions) Physiologist		Employer (See Instructions) BodyFix Method
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonin, Keith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Winston-Salem, NC 27106		
Principal occupation / Job title (See Instructions) Professor of Physics		Employer (See Instructions) Wake Forest University
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bono, Elaine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Yarmouth Port, MA 02675		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/122 Rpt: 16/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boston, Yvonne	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  Miami, FL 33145		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowles, Cole	Amount of Contribution (\$)  \$18.00
Contributor address; City; State; Zip Code  San Antonio, TX 78253		
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowles, Cole	Amount of Contribution (\$)  \$18.00
Contributor address; City; State; Zip Code  San Antonio, TX 78253		
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyan, Elise	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyd, Margaret	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  New York, NY 10016		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) NYC Public Schools



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/122 Rpt: 17/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bridge, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94127	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Librarian		<b>9</b> Employer (See Instructions) SFMOMA
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brittin-Fulton, Jennifer <hr/> Contributor address; City; State; Zip Code  Kahului, HI 96732	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Gina <hr/> Contributor address; City; State; Zip Code  Miramar, FL 33027	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryan, Helen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buhler, Lynn <hr/> Contributor address; City; State; Zip Code  Baltimore, MD 21201	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) TPAG

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/122 Rpt: 18/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgett, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingman, AZ 86401	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burke, Patrick <hr/> Contributor address; City; State; Zip Code  Manhattan Beach, CA 90266	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnham, Pamela <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnham, Pamela <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Kathy <hr/> Contributor address; City; State; Zip Code  La Verne, CA 91750	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/122 Rpt: 19/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Lois <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kinnelon, NJ 07405	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calder, Marisa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Nonprofit Administrator		Employer (See Instructions) Students of Service (SOS)
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Callan, Thomas <hr/> Contributor address; City; State; Zip Code  Casa Grande, AZ 85122	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, Elizabeth <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22201	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) U.S. House of Representatives
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, Gerald <hr/> Contributor address; City; State; Zip Code  Aitkin, MN 56431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/122 Rpt: 20/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carnahan, Peggy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carpio, Jesus <hr/> Contributor address; City; State; Zip Code  Bakersfield, CA 93313	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carr, Catherine <hr/> Contributor address; City; State; Zip Code  Anacortes, WA 98221	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/122 Rpt: 21/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Chemical Engineer		<b>9</b> Employer (See Instructions) Makel Engineering Inc.
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castano, Marie <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78228	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Food Delivery		Employer (See Instructions) HEB Favor
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavanaugh, Richard <hr/> Contributor address; City; State; Zip Code  Charleston, IL 61920	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavender, Catriona <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hornberger Fuller & Garza Inc
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavender, Catriona <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$18.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hornberger Fuller & Garza Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/122 Rpt: 22/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cessna, Beth	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Asheville, NC 28804		
<b>8</b> Principal occupation / Job title (See Instructions) Educator		<b>9</b> Employer (See Instructions) Mars Hill University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chagani, Farhan	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Converse, TX 78109		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) XPEL
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chahal, Bhupinder	Amount of Contribution (\$)  \$13.00
Contributor address; City; State; Zip Code  Tracy, CA 95376		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chandler, Eric	Amount of Contribution (\$)  \$7.00
Contributor address; City; State; Zip Code  Denver, CO 80220		
Principal occupation / Job title (See Instructions) School Administrator		Employer (See Instructions) Kent Denver School
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charnsangavej, Larissa	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Oakland, CA 94607		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/122 Rpt: 23/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charnsangavej, Larissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oakland, CA 94607	<b>7</b> Amount of Contribution (\$)  \$6.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, John <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code  Baltimore, MD 21209	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christ, Kay <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60657	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Corporate Communications		Employer (See Instructions) Christ-Tomei Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cilley, Mary <hr/> Contributor address; City; State; Zip Code  Pittsboro, NC 27312	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/122 Rpt: 24/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Gary	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Two Rivers, WI 54241		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Melissa	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Springfield, NJ 07081		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Willard	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78215		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Mission Injury Law
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clemons, Bari	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Kirkland, WA 98034		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cochran, Susan	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Edgewater, MD 21037		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/122 Rpt: 25/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cofrin, David	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Atlanta, GA 30306		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Daniel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Glen Ellen, CA 95442		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compost, Shalom	Amount of Contribution (\$) \$9.87
Contributor address; City; State; Zip Code  Santa Cruz, CA 95062		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Condon, Linda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Chicago, IL 60655		
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) IBEW
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conyngham, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78746-4115		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/122 Rpt: 26/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Alice P <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brooklyn, NY 11238	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper, Thomas <hr/> Contributor address; City; State; Zip Code  Glendale, AZ 85302	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Excutive Assistant		Employer (See Instructions) National Bank of Arizona
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornacoff, Rebecca <hr/> Contributor address; City; State; Zip Code  Collegeville, PA 19426	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coward, Thomas <hr/> Contributor address; City; State; Zip Code  Paris, KY 40361	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Maintenance		Employer (See Instructions) UK FMCC
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Don <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Don Cox Company

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/122 Rpt: 27/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crane, Eric	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Medford, NJ 08055		
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Suncatcher Solar Inc
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, Marshall	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Hot Springs, NC 28743		
Principal occupation / Job title (See Instructions) Merchant		Employer (See Instructions) Earth Guild
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crockett, Margaret	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Luis Obispo, CA 93405		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Trudy	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Lyman, SC 29365		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crum, Dorothy E	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Wichita, KS 67226		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Wichita State University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/122 Rpt: 28/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cusick, Alenore K <hr/> <b>6</b> Contributor address; City; State; Zip Code  Glenmont, NY 12077-3617	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dale, Lynne <hr/> Contributor address; City; State; Zip Code  Atlanta, GA 30306	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Keller Williams Realty
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Damri, Mehroo <hr/> Contributor address; City; State; Zip Code  Euless, TX 76040	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniels-Currey, Elizabeth <hr/> Contributor address; City; State; Zip Code  Chico, CA 95973	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davidson, Roger <hr/> Contributor address; City; State; Zip Code  Oakton, VA 22124-2344	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Food Manufacturer		Employer (See Instructions) MaGi Foods

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/122 Rpt: 29/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, HE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deley, David <hr/> Contributor address; City; State; Zip Code  Goleta, CA 93117	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Raytheon
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delve, Robert <hr/> Contributor address; City; State; Zip Code  La Grande, OR 97850	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Democracy Engine <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$1,268.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Democracy Engine <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$39.49
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/122 Rpt: 30/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Democracy Engine	<b>7</b> Amount of Contribution (\$)  \$16.49
<b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Denlinger, Glen	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  FAIRFAX, VA 22932		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Denton, Ann	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Philadelphia, PA 19107		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deppe, Joan	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Village of Nagog Woods, MA 01718		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Paresh	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Greer, SC 29651		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Tobacco Plus

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/122 Rpt: 31/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Paresh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greer, SC 29651	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Tobacco Plus
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desser, Arna <hr/> Contributor address; City; State; Zip Code  Reisterstown, MD 21136	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desser, Arna <hr/> Contributor address; City; State; Zip Code  Reisterstown, MD 21136	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diament, Cynthia <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90066	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Speech-language Pathologist		Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz, Reynaldo <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Accident Injury Attorney PC		Employer (See Instructions) Reynaldo Diaz

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/122 Rpt: 32/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dikelsky, Alexander <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98121	<b>7</b> Amount of Contribution (\$)  \$1.16
<b>8</b> Principal occupation / Job title (See Instructions) Software developer		<b>9</b> Employer (See Instructions) Bayer AG
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dikelsky, Alexander <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98121	Amount of Contribution (\$)  \$1.16
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Bayer AG
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Distelrath, Sandra <hr/> Contributor address; City; State; Zip Code  New Bedford, MA 02744	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dooley, Winifred <hr/> Contributor address; City; State; Zip Code  Burbank, CA 91505	Amount of Contribution (\$)  \$11.37
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Winifred Dooley
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Downey, Patty <hr/> Contributor address; City; State; Zip Code  Tucson, AZ 85711	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/122 Rpt: 33/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Downing, Kathryn A <hr/> <b>6</b> Contributor address; City; State; Zip Code  Burbank, CA 91505	<b>7</b> Amount of Contribution (\$)  \$13.77
<b>8</b> Principal occupation / Job title (See Instructions) Mental Health Professional		<b>9</b> Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drescher, William <hr/> Contributor address; City; State; Zip Code  Mason, MI 48854	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driscoll, Patty <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97404	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duflo, Kathryn <hr/> Contributor address; City; State; Zip Code  Vero Beach, FL 32960	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dumas, Paula <hr/> Contributor address; City; State; Zip Code  Gladwyne, PA 19035	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 31/122 Rpt: 34/178
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunham, Douglas	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Duluth, MN 55811	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Marc	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cooper City, FL 33026	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Marc	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cooper City, FL 33026	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dutton, Dale	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Corte Madera, CA 94925	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Echols, Catharine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78705	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/122 Rpt: 35/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edwards, Dr.Johnie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fitzgerald, GA 31750	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ehrenberg, Ruth <hr/> Contributor address; City; State; Zip Code  Torrance, CA 90504	Amount of Contribution (\$)  \$16.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eichten, Deborah <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Squark Ventures
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elder, Roxanne <hr/> Contributor address; City; State; Zip Code  Austin, TX 78755	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elledge, Richard <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/122 Rpt: 36/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellington, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Atlanta, GA 30316	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Musician		<b>9</b> Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elven, Joyce <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ernst, Patrick R <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espinosa, Andrea <hr/> Contributor address; City; State; Zip Code  Springville, CA 93265	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Espinosa, Andrea <hr/> Contributor address; City; State; Zip Code  Springville, CA 93265	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/122 Rpt: 37/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fairweather, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Verne, CA 91750	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farenga, Cynthia <hr/> Contributor address; City; State; Zip Code  Evanston, IL 60201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cynthia farenga
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farrington, Monica <hr/> Contributor address; City; State; Zip Code  South Burlington, VT 05403	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faulk, Paul <hr/> Contributor address; City; State; Zip Code  Oklahoma City, OK 73102	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fell, Jeffrey <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94115	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) By invitation-only Private Investigator		Employer (See Instructions) Me

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/122 Rpt: 38/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fenner, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Las Vegas, NV 89123	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferris, James <hr/> Contributor address; City; State; Zip Code  Palm Desert, CA 92211	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$4.16
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fine, Mary Ellen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$4.16
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fink, Sara <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48103	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Fitness Instructor		Employer (See Instructions) Ann Arbor YMCA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/122 Rpt: 39/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finlay, Alison N	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Oakland, CA 94610-2417		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finzer, Melvern	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code  Naperville, IL 60540		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Firkus-Hicks, Julie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Reno, NV 89506		
Principal occupation / Job title (See Instructions) Disabled Veteran		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fiske, Ruth	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Saco, ME 04072		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleckenstein, Alexa	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  Brookline, MA 02445		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/122 Rpt: 40/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleming, Julia	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Omaha, NE 68106		
<b>8</b> Principal occupation / Job title (See Instructions) Creighton		<b>9</b> Employer (See Instructions) University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flynn, Colleen	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Walled Lake, MI 48390		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Folk, Mary	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Nashville, TN 37204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fong, Charise	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Kensington, CA 94708		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fontana, Karen	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Mountain View, CA 94043		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/122 Rpt: 41/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Jacqueline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Niskayuna, NY 12309	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Francois, Patricia <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$2.18
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fregapane, Joan <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frosch, Paul S <hr/> Contributor address; City; State; Zip Code  New Fairfield, CT 06812	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retited		Employer (See Instructions) N/A
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gabbard, Susan <hr/> Contributor address; City; State; Zip Code  Oklahoma City, OK 73112	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/122 Rpt: 42/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gair, Peter <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jefferson, NH 03583	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Ofc Asst		<b>9</b> Employer (See Instructions) Town of Guildhall
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galen, Rita <hr/> Contributor address; City; State; Zip Code  Monroe Township, NJ 08831	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garay, Monica <hr/> Contributor address; City; State; Zip Code  Silver Spring, MD 20910	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Congress
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Domingo <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75247	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law offices of Domingo Garcia
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garg, Kumar <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Schmidt Futures

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/122 Rpt: 43/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Oscar <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gatta, John <hr/> Contributor address; City; State; Zip Code  Niles, OH 44446	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George, Heidi <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19103	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilbert, Mary <hr/> Contributor address; City; State; Zip Code  Sonoma, CA 95476	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gill, Lena <hr/> Contributor address; City; State; Zip Code  Easton, MD 21601	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/122 Rpt: 44/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gilliland Jr, Lukin T <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Investor		<b>9</b> Employer (See Instructions) Self Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ginder, Andrea <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Exec. Assist.		Employer (See Instructions) Wentwood Capital
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gipson, JoAnne <hr/> Contributor address; City; State; Zip Code  Reno, NV 89509	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gitchell, Judith <hr/> Contributor address; City; State; Zip Code  Woodstock, IL 60098	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Cinthia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business Operations		Employer (See Instructions) Mas Power Strategies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/122 Rpt: 45/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodfarb, Jay	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85012		
<b>8</b> Principal occupation / Job title (See Instructions) Physical Therapist		<b>9</b> Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Elisa	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Elk Grove, CA 95624		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gradford, Judy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78744		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Carolyn	Amount of Contribution (\$) \$2.05
Contributor address; City; State; Zip Code  Somerset County, NJ 08873		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/122 Rpt: 46/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grewal, Randeep	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77095		
<b>8</b> Principal occupation / Job title (See Instructions) Engineering Manager		<b>9</b> Employer (See Instructions) Emerson
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurman, Ina	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Farmingdale, NJ 07727		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haithcock, Carly	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  austin, TX 78751-5102		
Principal occupation / Job title (See Instructions) Civil engineer		Employer (See Instructions) Nelson\Nygaard
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Petersburg, KY 41080		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Therese	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Discovery Bay, CA 94505		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Alameda Health Systems

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 44/122 Rpt: 47/178
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haney, William	7 Amount of Contribution (\$)  \$227.28
	6 Contributor address; City; State; Zip Code  Wayland, MA 01778	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Dragonfly
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hansen, Paul	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6870	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hansen, Paul	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78727-6870	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haram, Michele	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Austin, TX 78749	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hare, Stacie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  New York, NY 10025	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Share Our Strength

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/122 Rpt: 48/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrington, Chris <hr/> Contributor address; City; State; Zip Code  Portland, OR 97225	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) OHSU
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Lizza <hr/> Contributor address; City; State; Zip Code  Tijeras, NM 87059	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrop, David <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22201	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Mary Jo <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99224-4436	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/122 Rpt: 49/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gloucester, MA 01930	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Data Analyst		<b>9</b> Employer (See Instructions) Workforce Logic
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawrylko, R <hr/> Contributor address; City; State; Zip Code  Kamuela, HI 96743	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heigert, Ryan <hr/> Contributor address; City; State; Zip Code  Vancouver, WA 98687	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Amadeus
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Ruby <hr/> Contributor address; City; State; Zip Code  pasadena, CA 91106	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henstrand, Ann <hr/> Contributor address; City; State; Zip Code  Searsmont, ME 04973	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Henstrand Associates Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/122 Rpt: 50/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Irene	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78260		
<b>8</b> Principal occupation / Job title (See Instructions) Mngr		<b>9</b> Employer (See Instructions) BCDP
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herring, Linda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Christian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Miami, FL 33133		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MDM Ventures
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Christian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Miami, FL 33133		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MDM Ventures
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hillhouse, Steve	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/122 Rpt: 51/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hindin, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94127	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Law Offices of A. Tod Hindin
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinds, Gareth <hr/> Contributor address; City; State; Zip Code  Hyattsville, MD 20781	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Teresa <hr/> Contributor address; City; State; Zip Code  Lynnwood, WA 98037	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Costco
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hodge, Bob <hr/> Contributor address; City; State; Zip Code  Syracuse, NY 13210	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffacker, Judith <hr/> Contributor address; City; State; Zip Code  South Bend, IN 46635	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/122 Rpt: 52/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffman, Mary Ann	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90025		
<b>8</b> Principal occupation / Job title (See Instructions) Psychologist		<b>9</b> Employer (See Instructions) Independent Practice
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Todd	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Benton, LA 71006		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Todd	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Benton, LA 71006		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollenshead, Todd	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Benton, LA 71006		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Honhart, Anne	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Birmingham, MI 48009		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/122 Rpt: 53/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) CrystallinePhoenix
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horning, Dixie <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94118	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) UCSF
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horwitz, Chris <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15217	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Electrogrip
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howard, Christine <hr/> Contributor address; City; State; Zip Code  Sacramento, CA 95825	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudetz, Frank C. <hr/> Contributor address; City; State; Zip Code  Wheaton, IL 60189	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/122 Rpt: 54/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hudson, Patti <hr/> <b>6</b> Contributor address; City; State; Zip Code  Idyllwild-Pine Cove, CA 92549	<b>7</b> Amount of Contribution (\$)  \$23.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Bobby <hr/> Contributor address; City; State; Zip Code  Copperas Cove, TX 76522	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Housekeeping		Employer (See Instructions) VA
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunter, Althea <hr/> Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33323	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hussein, Erin <hr/> Contributor address; City; State; Zip Code  New York, NY 10003	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Columbia University
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irving, Diana <hr/> Contributor address; City; State; Zip Code  Banning, CA 92220	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/122 Rpt: 55/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iskow, Lawrence	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Gaithersburg, MD 20878		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Isserow, Jinny	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Fairfax, VA 22030		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iwanowicz, Michael	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Watertown, MA 02472		
Principal occupation / Job title (See Instructions) Network Engineer		Employer (See Instructions) Jacobs
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jacobs, Alma	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Burlington, NC 27215		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jagur, Parminder	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code  El Dorado Hills, CA 95762		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) VA

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/122 Rpt: 56/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jakubowski, Jay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Provincetown, MA 02657	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Pamela <hr/> Contributor address; City; State; Zip Code  Conway, AR 72034	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jasko, Rudy J <hr/> Contributor address; City; State; Zip Code  Lakewood, OH 44107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jasso, Alonso <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins, Roger <hr/> Contributor address; City; State; Zip Code  Prescott, AZ 86303-5752	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/122 Rpt: 57/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Purcellville, VA 20134	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Pamela <hr/> Contributor address; City; State; Zip Code  Washington, DC 20007	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Ray <hr/> Contributor address; City; State; Zip Code  West Des Moines, IA 50265	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson Law Firm
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Kathy <hr/> Contributor address; City; State; Zip Code  Encino, CA 91436-3625	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Pinna <hr/> Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/122 Rpt: 58/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kahn, Sylvia <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Mateo, CA 94402	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karagosian, Michael <hr/> Contributor address; City; State; Zip Code  Paso Robles, CA 93446	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) MKPE Consulting LLC
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaufman, Jeffrey <hr/> Contributor address; City; State; Zip Code  Battle Ground, WA 98604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keiser, Joan <hr/> Contributor address; City; State; Zip Code  Arlington, VA 22201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Mgmt & Prog Analyst		Employer (See Instructions) Federal Govt
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keller, Katie <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92038	Amount of Contribution (\$)  \$1,900.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/122 Rpt: 59/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kellner, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Woodbridge, VA 22193	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp, Nancy <hr/> Contributor address; City; State; Zip Code  Mountain View, CA 94043	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, Ann <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) Austin Community College
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerley, Bonnie <hr/> Contributor address; City; State; Zip Code  Knoxville, TN 37909	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kidder, Gennell <hr/> Contributor address; City; State; Zip Code  Universal City, TX 78148	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) US GOV		Employer (See Instructions) US GOV

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/122 Rpt: 60/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kile, Patsy	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  Kansas City, KS 66104		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilroy, Elizabeth	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Berlin, MA 01503		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Sonj	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Manhattan, NY 10028		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Sonj	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Manhattan, NY 10028		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kindergan, Viktoria	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Medford, NJ 08055		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/122 Rpt: 61/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joseph	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Glen Flora, TX 77443		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, MaryLou	Amount of Contribution (\$) \$34.00
Contributor address; City; State; Zip Code  Downers Grove, IL 60516		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Orinda, CA 94563		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingery, Paul	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code  Saint Simons Island, GA 31522		
Principal occupation / Job title (See Instructions) Touring Musician		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkland, Joleigh	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Saugerties, NY 12477		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/122 Rpt: 62/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kisner, Bette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dorchester, MA 02125	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) APRN-BC MSN		<b>9</b> Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kizaki, Edythe <hr/> Contributor address; City; State; Zip Code  Fryeburg, ME 04037	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Interviewer		Employer (See Instructions) New Hampshire Employment Security
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kondoff, Karyn <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Training Coordinator		Employer (See Instructions) UT Austin
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koppien, Kim <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94619	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) NYSE
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kralj, Nicholas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kralj Consulting

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/122 Rpt: 63/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Krasnogor, Lester <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chappaqua, NY 10514	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) L. Wachowiak, Kenneth <hr/> Contributor address; City; State; Zip Code  Maple Grove, MN 55311	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LaGrand, John <hr/> Contributor address; City; State; Zip Code  Grand Rapids, MI 49507	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lacerdo, Ella <hr/> Contributor address; City; State; Zip Code  Waianae, HI 96792-3224	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lackritz, Judy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/122 Rpt: 64/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laine, Marsha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Online Sales		<b>9</b> Employer (See Instructions) Marsha Laine
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laine, Marsha <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Online Sales		Employer (See Instructions) Marsha Laine
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lajaunie, Sophia <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) NY Senate
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lake, Ellen <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94610	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lane, Neel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78210	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Norton Rose Fulbright LLP



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**SCHEDULE A1**

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Rapids, MI 49546	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawrence, Fred <hr/> Contributor address; City; State; Zip Code  Waquoit, MA 02536	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) League, Karrie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leard, Kristen <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74133	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) ONEOK
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Deborah <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90012	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of California Second District Court of Appeal

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/122 Rpt: 66/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02111-1585	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lefevre, Ruth <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lehman, Eugene <hr/> Contributor address; City; State; Zip Code  Centerville, OH 45459	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemley, Audrey <hr/> Contributor address; City; State; Zip Code  White Salmon, WA 98672-0685	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Saturno
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemmond, byron <hr/> Contributor address; City; State; Zip Code  Katy, TX 77449-7504	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/122 Rpt: 67/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lester, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kihei, HI 96753	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Marci <hr/> Contributor address; City; State; Zip Code  Gilbert, AZ 85298	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Success Specialist		Employer (See Instructions) Big ideas Learning
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Wesley <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Lewis Commercial Realty Inc.
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liang, Mali <hr/> Contributor address; City; State; Zip Code  Bethesda, MD 20817	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Link, Mary <hr/> Contributor address; City; State; Zip Code  Ashfield, MA 01330	Amount of Contribution (\$)  \$1.37
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/122 Rpt: 68/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke, Mel	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  McHenry, IL 60050		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lofton, Suzy	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Deputy Superintendent		Employer (See Instructions) Lago Vista ISD
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lombardi, Joanne	Amount of Contribution (\$)  \$23.00
Contributor address; City; State; Zip Code  Phildelphia, PA 19107		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Love, Julia	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Rio Medina, TX 78066		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucchese, Robert	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Emeryville, CA 94608		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Lawrence Berkeley National Lab

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/122 Rpt: 69/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maloney, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oakland, CA 94602	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) GoldenGate Sotheby's IR
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Manahan, Carol J <hr/> Contributor address; City; State; Zip Code  Richmond, CA 94804	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Community Church of Mill Valley
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mandel, Laura <hr/> Contributor address; City; State; Zip Code  New York, NY 10023	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcus, David <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02143-4336	Amount of Contribution (\$)  \$2.05
Principal occupation / Job title (See Instructions) Senior Software Support Specialist		Employer (See Instructions) InterSystems Corporation
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Janice <hr/> Contributor address; City; State; Zip Code  Huntington Beach, CA 92647	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/122 Rpt: 70/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bradenton, FL 34205	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Appraiser		<b>9</b> Employer (See Instructions) Self
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Priscila <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Chan Zuckerberg Initiative
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez-Zamora, Gabriella <hr/> Contributor address; City; State; Zip Code  Oskaloosa, IA 52577	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cargill
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marx, Mary <hr/> Contributor address; City; State; Zip Code  Castle Rock, CO 80108	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason, Linda <hr/> Contributor address; City; State; Zip Code  Santa Barbara, CA 93101	Amount of Contribution (\$)  \$23.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Self

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/122 Rpt: 71/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathewa, Daphne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bear, DE 19701-3514	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mazella, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) University of Houston
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBride, Cathy <hr/> Contributor address; City; State; Zip Code  Fort Myers, FL 33966	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McBurnie, Michael <hr/> Contributor address; City; State; Zip Code  Bainbridge Island, WA 98110	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McBurnie Partners
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCabe, Anne and William <hr/> Contributor address; City; State; Zip Code  Delmar, NY 12054	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/122 Rpt: 72/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClure, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Princeton, NJ 08542	<b>7</b> Amount of Contribution (\$)  \$2.05
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Saba Software Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollum, Malcolm <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92126	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGarity, Cathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGeachen, Barbara <hr/> Contributor address; City; State; Zip Code  Rensselaerville, NY 12147	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McIlheran, Sarah <hr/> Contributor address; City; State; Zip Code  Austin, TX 83814	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/122 Rpt: 73/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McInnis, Gavin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hollywood Park, TX 78232	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Wyatt Law Firm PLLC
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKenzie, Janet <hr/> Contributor address; City; State; Zip Code  Carrollton, VA 23314	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNab, Alicia <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) USAO
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPherson, James <hr/> Contributor address; City; State; Zip Code  Harrison, AR 72601	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McSweeny, John <hr/> Contributor address; City; State; Zip Code  Castle Rock, CO 80108	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/122 Rpt: 74/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mckiernan-Gonzalez, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78741	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Texas State University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mellard, Jason <hr/> Contributor address; City; State; Zip Code  Austin, TX 78702	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Texas State University
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melrose, Jane <hr/> Contributor address; City; State; Zip Code  Sarasota, FL 34236	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melton, Caryn <hr/> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Media Relations		Employer (See Instructions) Caryn Melton PR
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merrill, Elizabeth <hr/> Contributor address; City; State; Zip Code  Davis, CA 95618	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/122 Rpt: 75/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mesner, Douglas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pueblo, CO 81005	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired RN		<b>9</b> Employer (See Instructions) Retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metni, Alan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ifly holdings llc
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77348	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77348	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, Steven <hr/> Contributor address; City; State; Zip Code  Springfield, IL 62704-3454	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Steven W Meyer

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/122 Rpt: 76/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mezoff, Kathleen M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gallup, NM 87301	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Carolyn <hr/> Contributor address; City; State; Zip Code  Mount Shasta, CA 96067	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Marjorie <hr/> Contributor address; City; State; Zip Code  Toledo, IA 52342	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minchak, Martha J <hr/> Contributor address; City; State; Zip Code  Proctor, MN 55810	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Minter, Rebecca <hr/> Contributor address; City; State; Zip Code  Ossining, NY 10562	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/122 Rpt: 77/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miranda, Mary	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Pittsgrove Township, NJ 08318	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mireles, Michael	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  San Diego, CA 92107	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Misra, Sukanya	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Milwaukee, WI 53207	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) SC Johnson
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mix, Darcy	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Antique Dealer
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mizell, Emogene	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Forestville, MD 20747	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/122 Rpt: 78/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moberly-Vilaudi, Adrienne	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Los Gatos, CA 95033		
<b>8</b> Principal occupation / Job title (See Instructions) Educator		<b>9</b> Employer (See Instructions) Fremont Union HSD
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mock, Freida	Amount of Contribution (\$)  \$13.00
Contributor address; City; State; Zip Code  Santa Monica, CA 90402-1229		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) American Film Foundation
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molina, Jesus	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78410		
Principal occupation / Job title (See Instructions) SU Counselor		Employer (See Instructions) STSARS
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moltz, John	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Tacoma, WA 98407		
Principal occupation / Job title (See Instructions) Freelance writer		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montfort, Angelica	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code  Plano, TX 75025		
Principal occupation / Job title (See Instructions) Regional Director		Employer (See Instructions) FirstService Residential

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/122 Rpt: 79/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Serena <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morlier, Margaret <hr/> Contributor address; City; State; Zip Code  Canton, GA 30114	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Assoc. Dean		Employer (See Instructions) Reinhardt University
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morrison, Lenore <hr/> Contributor address; City; State; Zip Code  Gearhart, OR 97138	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mulford, Elizabeth <hr/> Contributor address; City; State; Zip Code  Cupertino, CA 95014	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muller, Judith <hr/> Contributor address; City; State; Zip Code  Santa Barbara, CA 93105	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/122 Rpt: 80/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munn, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arvada, CO 80007	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Print Production Manager		<b>9</b> Employer (See Instructions) University of Colorado Boulder
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murray, Daniel <hr/> Contributor address; City; State; Zip Code  Yonkers, NY 10701	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nantier, Terry <hr/> Contributor address; City; State; Zip Code  New York, NY 10022	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions) Papercutz
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naughtin, Patrick <hr/> Contributor address; City; State; Zip Code  Kewanee, IL 61443	Amount of Contribution (\$)  \$16.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Naughtin, Patrick <hr/> Contributor address; City; State; Zip Code  Kewanee, IL 61443	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/122 Rpt: 81/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Jennifer	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Netzow, Pamela	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Ashland, OR 97520		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nicholls, Rosalie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78748		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nickle, Margaret	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Loomis, CA 95650		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nilsen, Benjamin	Amount of Contribution (\$) \$2.27
Contributor address; City; State; Zip Code  Vallejo, CA 94589		
Principal occupation / Job title (See Instructions) Process Technician II		Employer (See Instructions) Thermo Fisher Scientific

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/122 Rpt: 82/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nilsen, Benjamin	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Vallejo, CA 94589		
<b>8</b> Principal occupation / Job title (See Instructions) Process Technician II		<b>9</b> Employer (See Instructions) Thermo Fisher Scientific
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nole, Amelia	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  San Antonio, TX 79249		
Principal occupation / Job title (See Instructions) Physical		Employer (See Instructions) Physical Therapy
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nolin, Paige	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Poquoson, VA 23662		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noodleman, Louis	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  San Diego, CA 92124-1319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Dette, David	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Washington, DC 20003		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/122 Rpt: 83/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OConnor, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Superior, CO 80027	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) ClickHouse Inc.
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OJile, Judith R <hr/> Contributor address; City; State; Zip Code  Wildwood, MO 63011	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oertel, Lauren <hr/> Contributor address; City; State; Zip Code  Austin, TX 78754	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Indivisible
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oeser, Mary <hr/> Contributor address; City; State; Zip Code  Brattleboro, VT 05302	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oleary, Juliette <hr/> Contributor address; City; State; Zip Code  Ascutney, VT 05030	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Home Care Provider		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/122 Rpt: 84/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oleson, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Farmington, MI 48336	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Charles <hr/> Contributor address; City; State; Zip Code  Ewing, NJ 08628	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, David <hr/> Contributor address; City; State; Zip Code  Rocland ME, ME 04841	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, Elsie <hr/> Contributor address; City; State; Zip Code  Conyers, GA 30012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Freelance Artist		Employer (See Instructions) Elsie Olson
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Omielan, Joseph <hr/> Contributor address; City; State; Zip Code  Lexington, KY 40517	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) University of Kentucky

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/122 Rpt: 85/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ordo, Zachary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15203	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Senior Education Specialist		<b>9</b> Employer (See Instructions) Esri
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orlich, Shirley <hr/> Contributor address; City; State; Zip Code  Clayton, CA 94517	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Tricia <hr/> Contributor address; City; State; Zip Code  Palmetto, FL 34221	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pang, Naomi <hr/> Contributor address; City; State; Zip Code  Mililani, HI 96789	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patey, Gretchen <hr/> Contributor address; City; State; Zip Code  Madison, WI 53701	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Waitstaff		Employer (See Instructions) Monona Catering

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/122 Rpt: 86/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pavelko, Ian	<b>7</b> Amount of Contribution (\$)  \$17.00
	<b>6</b> Contributor address; City; State; Zip Code  Madison, WI 53704	
<b>8</b> Principal occupation / Job title (See Instructions) Budget Technician		<b>9</b> Employer (See Instructions) USGS Upper Midwest Water Science Center
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Payan, Diana	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Sun City, AZ 85351	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearson, Pamela	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78702	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peck, Helen	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Denver, CO 80247	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peckham, Michal Elaine	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Glendale, AZ 85308	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/122 Rpt: 87/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perkins, Vicki	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78210		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perrenod, William	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  New Orleans, LA 70117		
Principal occupation / Job title (See Instructions) Nonprofit Business Consultant		Employer (See Instructions) Self
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petersen, Carolyn	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson, Ben	Amount of Contribution (\$)  \$1.25
Contributor address; City; State; Zip Code  Waltham, MA 02452		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Articulate
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petrasso, Richard	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Lexington, MA 02421		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) MIT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/122 Rpt: 88/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petty, Jane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90064	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Music Publishing		<b>9</b> Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pheasant, Maggie <hr/> Contributor address; City; State; Zip Code  Spokane, WA 99202	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Geriatric Care Manager		Employer (See Instructions) Ms.
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Janet <hr/> Contributor address; City; State; Zip Code  Rocklin, CA 95677	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Janet Phillips
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pieri, Lauren <hr/> Contributor address; City; State; Zip Code  Camden, ME 04843	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Filderman MD
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierpont Wilson, Pam <hr/> Contributor address; City; State; Zip Code  Greenville, NC 27834	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/122 Rpt: 89/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierracos, Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75040-4211	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierracos, Jon <hr/> Contributor address; City; State; Zip Code  Garland, TX 75040-4211	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plunk, Shirley <hr/> Contributor address; City; State; Zip Code  Saint Augustine, FL 32086	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poenisch, Theresa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polk, John <hr/> Contributor address; City; State; Zip Code  Havre de Grace, MD 21078	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/122 Rpt: 90/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poston, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cincinnati, OH 45248	<b>7</b> Amount of Contribution (\$)  \$11.37
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pound, Renee & Robert <hr/> Contributor address; City; State; Zip Code  Concord, CA 94518	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Greig <hr/> Contributor address; City; State; Zip Code  San Leon, TX 77539	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Greig <hr/> Contributor address; City; State; Zip Code  San Leon, TX 77539	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Greig <hr/> Contributor address; City; State; Zip Code  San Leon, TX 77539	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/122 Rpt: 91/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Greig <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Leon, TX 77539	<b>7</b> Amount of Contribution (\$)  \$4.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powell, Greig <hr/> Contributor address; City; State; Zip Code  San Leon, TX 77539	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Power, Leigh <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Powers, Colleen <hr/> Contributor address; City; State; Zip Code  Minneapolis, MN 55403	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Content Strategist		Employer (See Instructions) Software for Good
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prete, Marion <hr/> Contributor address; City; State; Zip Code  East Haven, CT 06512	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/122 Rpt: 92/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Margaret <hr/> <b>6</b> Contributor address; City; State; Zip Code  Portsmouth, NH 03801	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Strawbery Banke Museum
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prince, Joan <hr/> Contributor address; City; State; Zip Code  Fort Lee, NJ 07024	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pritsker, Arnold <hr/> Contributor address; City; State; Zip Code  Skokie, IL 60076	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prudowsky, Mark <hr/> Contributor address; City; State; Zip Code  Fremont, CA 94536	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Sistas With Tools
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pullen, Jonathan <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98133	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Systems Integrator		Employer (See Instructions) Numbermining

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/122 Rpt: 93/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffaelli, Paulo	<b>7</b> Amount of Contribution (\$)  \$2.09
<b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94112		
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Cisco Meraki
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Tara	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Castro Valley, CA 94546		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Asana
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ranjithan, Nagaratnam	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Fairfax, VA 22033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rayner, Rob	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, Shona	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  San Francisco, CA 94134		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Atlassian

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/122 Rpt: 94/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reesa, Levy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jupiter, FL 33458	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reid, George <hr/> Contributor address; City; State; Zip Code  New York, NY 10013	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reid, Stephanie <hr/> Contributor address; City; State; Zip Code  Laguna Beach, CA 92651	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richter, Jen <hr/> Contributor address; City; State; Zip Code  Summit, NJ 07901	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riley, Darby <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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**SCHEDULE A1**

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinaldi, Margaret	<b>7</b> Amount of Contribution (\$)  \$1.59
<b>6</b> Contributor address; City; State; Zip Code  Langley, WA 98260		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher/Therapist		<b>9</b> Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Irma	Amount of Contribution (\$)  \$7.00
Contributor address; City; State; Zip Code  Centereach, NY 11720		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Carole	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Lakewood, CA 90712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson-Bedford, Jasmine	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Los Angeles, CA 90016		
Principal occupation / Job title (See Instructions) Trade Show Coordinator		Employer (See Instructions) Fujifilm
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robus, Patricia	Amount of Contribution (\$)  \$6.00
Contributor address; City; State; Zip Code  Austin, TX 78749		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Pediatric Dental Professionals

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Loran <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Clearday
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Linda <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rolke, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rolke, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rolke, Paul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self



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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/122 Rpt: 97/178
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<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rollins, Martin and Genn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lacey, WA 98503	<b>7</b> Amount of Contribution (\$)  \$23.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roman, Elizabeth <hr/> Contributor address; City; State; Zip Code  New York, NY 10075	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosch, Eleanor <hr/> Contributor address; City; State; Zip Code  El Cerrito, CA 94530	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosch, Eleanor <hr/> Contributor address; City; State; Zip Code  El Cerrito, CA 94530	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Julie <hr/> Contributor address; City; State; Zip Code  Vacaville, CA 95687-5524	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Portfolio Manager		Employer (See Instructions) Cisco

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Marjorie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corning, NY 14830	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rothstein, Tracy <hr/> Contributor address; City; State; Zip Code  Santa Rosa Beach, FL 32459	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rowland, Patricia <hr/> Contributor address; City; State; Zip Code  Blakesburg, IA 52536	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubin, Kenneth <hr/> Contributor address; City; State; Zip Code  Cliffside Park, NJ 07010	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St Francis Hospital Roslyn NY
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rusk, Mitzi <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/122 Rpt: 99/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanders, Clinton <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coeur d'Alene, ID 83814	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santini, Mike <hr/> Contributor address; City; State; Zip Code  Bellingham, WA 98229	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Tug Captain		Employer (See Instructions) Crowley
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarter, Rick <hr/> Contributor address; City; State; Zip Code  Washington, DC 20012	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saucedo, Josephine <hr/> Contributor address; City; State; Zip Code  Federal Way, WA 98023	Amount of Contribution (\$)  \$8.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Secretary
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Save Our Schools NOW PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76177	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/122 Rpt: 100/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scanlan, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scarl, Ethan <hr/> Contributor address; City; State; Zip Code  Portland, OR 97215-4012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Diane <hr/> Contributor address; City; State; Zip Code  Ashland, OR 97520	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scharar, Doreen <hr/> Contributor address; City; State; Zip Code  Ocala, FL 34481	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Hannah <hr/> Contributor address; City; State; Zip Code  Hartland, WI 53029	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retail Manager		Employer (See Instructions) Trader Joes

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**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 98/122 Rpt: 101/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schneider, Marilyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Castro Valley, CA 94552-5038	<b>7</b> Amount of Contribution (\$)  \$2.27
<b>8</b> Principal occupation / Job title (See Instructions) Physicist		<b>9</b> Employer (See Instructions) Lawrence Livermore National Laboratory
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schons, Judy <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schornstein, Herman <hr/> Contributor address; City; State; Zip Code  Carpinteria, CA 93013-2639	Amount of Contribution (\$)  \$8.88
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schroller, Alex <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$4.00
Principal occupation / Job title (See Instructions) Technical Trainer		Employer (See Instructions) PROS
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Lorna <hr/> Contributor address; City; State; Zip Code  Lake Stevens, WA 98258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Senders, Warren	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>6</b> Contributor address; City; State; Zip Code  Medford, MA 02155		
<b>8</b> Principal occupation / Job title (See Instructions) Music Teacher		<b>9</b> Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shandor, John M	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Easton, PA 18042		
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) Parkhurst
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharkey, Karen	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Redlands, CA 92374		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaw, Kelly	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Pompton Plains, NJ 07444		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaw, Sally	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Manchester Center, VT 05255		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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**SCHEDULE A1**

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelly, Charles R	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Albuquerque, NM 87108		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) None
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherkow, Mark	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Chicago, IL 60659-2192		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Northeastern Illinois University
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Cynthia	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Pana, IL 62557		
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Cynthia Sherman
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shute, Bill	Amount of Contribution (\$)  \$8.00
Contributor address; City; State; Zip Code  Universal City, TX 78148		
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) San Antonio College
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siddique, Nahid	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Wylie, TX 75098		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UNT Dallas

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siegal, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90035	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Personal Manager		<b>9</b> Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sierra Club Political Committee of Texas <hr/> Contributor address; City; State; Zip Code  Austin, TX 78765	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Randall <hr/> Contributor address; City; State; Zip Code  Mission Viejo, CA 92691	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Daniel <hr/> Contributor address; City; State; Zip Code  Viola, KS 67149	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sims, Rhonda <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586-1952	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) VA



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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/122 Rpt: 105/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sissine, Fred <hr/> <b>6</b> Contributor address; City; State; Zip Code  Oxnard, CA 93036	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slee, Paul <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11238	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Loose Cannon		Employer (See Instructions) INTAR
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sloan, Sharon <hr/> Contributor address; City; State; Zip Code  Pipe Creek, TX 78063	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smiley-Kaliff, Bruce <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Kaliff Insurance
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Bruce <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/122 Rpt: 106/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Janice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Riverside, CA 92506	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Megan <hr/> Contributor address; City; State; Zip Code  Midvale, UT 84047	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) System Administrator		Employer (See Instructions) EnerbankUSA
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Mindy <hr/> Contributor address; City; State; Zip Code  Vancouver, WA 98662	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smolansky, Patti <hr/> Contributor address; City; State; Zip Code  Clearwater, FL 33764	Amount of Contribution (\$)  \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smolen, Bridget <hr/> Contributor address; City; State; Zip Code  Vancouver, WA 98663-2326	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/122 Rpt: 107/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smothers, Patricia	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snider, Kenneth	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Portland, OR 97233		
Principal occupation / Job title (See Instructions) Security Guard		Employer (See Instructions) DPI Security
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snowden, Patricia	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code  Jersey City, NJ 07302		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snowden, Patricia	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Jersey City, NJ 07302		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solitario, Margaret	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Lansdale, PA 19446		
Principal occupation / Job title (See Instructions) Semi-Retired		Employer (See Instructions) Independent contractor for Varsity Tutors

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/122 Rpt: 108/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Solomon, Lucy <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Hills, CA 91307	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) LMFT		<b>9</b> Employer (See Instructions) Lucy Solomon
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sopranos, Katherine <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60611	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stahler-Miller, Kit <hr/> Contributor address; City; State; Zip Code  Palmyra, NJ 08065	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/122 Rpt: 109/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steinberg, Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keizer, OR 97303	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Technical Writer		<b>9</b> Employer (See Instructions) Google
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Kathryn <hr/> Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephenson, Cheri <hr/> Contributor address; City; State; Zip Code  Monkey Island, OK 74331	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steven Lopez, Steven <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stone, Karen <hr/> Contributor address; City; State; Zip Code  Fort Mill, SC 29707	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/122 Rpt: 110/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stoner, Dolores <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stotey, Stephen <hr/> Contributor address; City; State; Zip Code  Salinas, CA 93908	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stratton, Arlene <hr/> Contributor address; City; State; Zip Code  Greenville, DE 19807-2033	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Straw, Wendy <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stucky, Galen <hr/> Contributor address; City; State; Zip Code  Santa Barbara, CA 93117	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/122 Rpt: 111/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sturm, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tampa, FL 33625	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Court Reporter		<b>9</b> Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Graetel <hr/> Contributor address; City; State; Zip Code  Rancho Mirage, CA 92270	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talley, Deborah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Templeton, Edith <hr/> Contributor address; City; State; Zip Code  West Chester, PA 19382	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Friends of Trey Martinez Fischer <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/122 Rpt: 112/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Parent PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Parent PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas United Automobile Workers <hr/> Contributor address; City; State; Zip Code  Lebanon, TN 37090	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00716423</u> ) The Next 50 <hr/> Contributor address; City; State; Zip Code  New York, NY 10021	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Theeman, Margaret <hr/> Contributor address; City; State; Zip Code  Boulder, CO 80303	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/122 Rpt: 113/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thibodeaux, Joyce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houma, LA 70360	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tigner, Rachel <hr/> Contributor address; City; State; Zip Code  Evanston, IL 60201	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Endeavor Health
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Train, Jeffrey <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-2745	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Traube, Victoria <hr/> Contributor address; City; State; Zip Code  New York, NY 10024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Concord Theatricals
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Roberto <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/122 Rpt: 114/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trey Martinez Fischer, Texas Friends of <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Campaign		<b>9</b> Employer (See Instructions) Account
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tuccillo, Liz <hr/> Contributor address; City; State; Zip Code  Manhattan, NY 10013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tudosa, Patricia <hr/> Contributor address; City; State; Zip Code  Brooklyn, NY 11219	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) 32BJ
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uppling, Cheryl <hr/> Contributor address; City; State; Zip Code  Bonsall, CA 92003	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vander Wall, Kathleen <hr/> Contributor address; City; State; Zip Code  Gardnerville, NV 89410	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/122 Rpt: 115/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vemulapalli, Ramachandra <hr/> Contributor address; City; State; Zip Code  Plymouth, MN 55446	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Production Supervisor		Employer (See Instructions) Collins Aerospace
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Venkataramani, Harish <hr/> Contributor address; City; State; Zip Code  Portland, OR 97229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Electronics Engineer		Employer (See Instructions) Intel Corporation
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Veronda, Ronald <hr/> Contributor address; City; State; Zip Code  Flushing, MI 48433	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) The Children of the United States
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vessiny, Robert <hr/> Contributor address; City; State; Zip Code  Carlsbad, CA 92010	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/122 Rpt: 116/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villano, Esther	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>6</b> Contributor address; City; State; Zip Code  West Palm Beach, FL 33407		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Raymundo	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vilvaray, Balaji	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) o9		Employer (See Instructions) Director
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Von Bieberstein, Mary Jo	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Ghent, NY 12075		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vonderohe, Robert	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Downers Grove, IL 60516		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vonderohe, Robert	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Downers Grove, IL 60516		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wakeland, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Albuquerque, NM 87110		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walbran, Mark	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Owatonna Mn, MN 55060		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walbran & Furness
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waldal, Deb	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Bellevue, WA 98005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Terry	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Colorado Springs, CO 80909-2649		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/122 Rpt: 118/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waller, Barry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, M <hr/> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ware, Karen <hr/> Contributor address; City; State; Zip Code  Potomac, MD 20854	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ware, Robert <hr/> Contributor address; City; State; Zip Code  Asheville, NC 28805	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Connie <hr/> Contributor address; City; State; Zip Code  Sequim, WA 98382	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/122 Rpt: 119/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, Louise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bronx, NY 10463-2914	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weathersby, Elizabeth <hr/> Contributor address; City; State; Zip Code  Pilot Point, TX 76258	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Wgi
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weinstein, Suzanne <hr/> Contributor address; City; State; Zip Code  Minneapolis, MN 55403	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendland, Adriana <hr/> Contributor address; City; State; Zip Code  Thousand Oaks, CA 91362	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) HR Director		Employer (See Instructions) Albert & Mackenzie
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wertz, McKim <hr/> Contributor address; City; State; Zip Code  Cleveland, OH 44130	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/122 Rpt: 120/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whisler, Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19148	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Whisler Civilian
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Jon <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Director Nat Res & Env Quality		Employer (See Instructions) Travis County Transportation & Natural Resources
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Kathleen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Wanda <hr/> Contributor address; City; State; Zip Code  Duarte, CA 91010	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Danel <hr/> Contributor address; City; State; Zip Code  Morrisville, PA 19067	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/122 Rpt: 121/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willier, John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hernando, FL 34442	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willier, John <hr/> Contributor address; City; State; Zip Code  Hernando, FL 34442	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, John <hr/> Contributor address; City; State; Zip Code  Culver City, CA 90230	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Motion Picture Sound Editor		Employer (See Instructions) Self Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wing, Linda <hr/> Contributor address; City; State; Zip Code  Richmond, CA 94803	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wise, Jacqueline <hr/> Contributor address; City; State; Zip Code  Bristow, VA 20136	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/122 Rpt: 122/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wishard, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hagerstown, MD 21740	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woldow, Pamela <hr/> Contributor address; City; State; Zip Code  Narberth, PA 19072	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolenccheck, Donna <hr/> Contributor address; City; State; Zip Code  Yonkers, NY 10710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Concept General Contracting
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolfe, Adriann <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$1.09
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Hou-Hou <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/122 Rpt: 123/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20015	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Free Press
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wooldridge, Greg <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyskocil, Steve <hr/> Contributor address; City; State; Zip Code  West Hills, CA 91307	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xie, Selena <hr/> Contributor address; City; State; Zip Code  Austin, TX 78721	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) ATCEMS
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarnall, Tom <hr/> Contributor address; City; State; Zip Code  White Plains, NY 10605	Amount of Contribution (\$)  \$2.05
Principal occupation / Job title (See Instructions) Professor Scholar		Employer (See Instructions) Columbia University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/122 Rpt: 124/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates, Sue Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Freeland, WA 98249-9481	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee, Stephanie <hr/> Contributor address; City; State; Zip Code  Evanston, IL 60201	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Rashid <hr/> Contributor address; City; State; Zip Code  Homer, LA 71040	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Sharon <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Quadrant Holdings
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zembow, Gary <hr/> Contributor address; City; State; Zip Code  Santa Monica, CA 90404	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tech Consultant		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/122 Rpt: 125/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziegast, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Encinitas, CA 92024	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Internet Engineer		<b>9</b> Employer (See Instructions) Domaintools LLC
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zillmer, Debra <hr/> Contributor address; City; State; Zip Code  Madison, WI 53703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) seymour, cynthia <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98119	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) stucky, galen <hr/> Contributor address; City; State; Zip Code  Santa Barbara, CA 93117	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 126/178	
2 FILER NAME Carranza, Kristian		3 Filer ID (Ethics Commission Filers) 00087920	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fair Shot for Texas Workers PAC	8 Amount of contribution (\$) \$3,000.00	9 In-kind contribution description Calls
	7 Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party	Amount of contribution (\$) \$7,059.24	In-kind contribution description Salaries, Payroll Taxes, and Insurance Benefits
	Contributor address; City; State; Zip Code  Austin, TX 78761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (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 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party	Amount of contribution (\$) \$7,059.24	In-kind contribution description Salaries, Payroll Taxes, and Insurance Benefits
	Contributor address; City; State; Zip Code  Austin, TX 78761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/07/2024	<b>5</b> Payee name 3D Signs
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<b>6</b> Amount (\$) \$3,029.64	<b>7</b> Payee address; City; State; Zip Code 8015 W 2nd St  Somerset, TX 78069
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outdoor Signs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2024	Payee name AHSA Property
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Amount (\$) \$1,741.99	Payee address; City; State; Zip Code 2919 Sable Crossing  San Antonio, TX 78232
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/24/2024	Payee name AT&T
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Amount (\$) \$55.53	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 12/25/2024	<b>5</b> Payee name AT&T
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<b>6</b> Amount (\$) \$55.53	<b>7</b> Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2024	Payee name Adobe, Inc
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 345 Park Ave  San Jose, CA 95110
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/09/2024	Payee name Adobe, Inc
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Amount (\$) \$24.89	Payee address; City; State; Zip Code 345 Park Ave  San Jose, CA 95110
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/02/2024	<b>5</b> Payee name Adobe, Inc	
<b>6</b> Amount (\$) \$24.89	<b>7</b> Payee address; City; State; Zip Code 345 Park Ave  San Jose, CA 95110	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2024	Payee name Adobe, Inc	
Amount (\$) \$24.89	Payee address; City; State; Zip Code 345 Park Ave  San Jose, CA 95110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Amazon	
Amount (\$) \$36.43	Payee address; City; State; Zip Code 440 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/03/2024	<b>5</b> Payee name Amazon
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<b>6</b> Amount (\$) \$211.94	<b>7</b> Payee address; City; State; Zip Code 440 Terry Ave N  Seattle, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Barron, Andrea
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Amount (\$) \$195.00	Payee address; City; State; Zip Code 2215 Hays Street  San Antonio, TX 78202
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name Barron, Andrea
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Amount (\$) \$305.00	Payee address; City; State; Zip Code 2215 Hays Street  San Antonio, TX 78202
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Payee name Berlin Rosen LLC	
<b>6</b> Amount (\$) \$9,975.00	<b>7</b> Payee address; City; State; Zip Code 15 Maiden Ln  New York, NY 10038	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Bill Miller Bar-B-Q	
Amount (\$) \$52.45	Payee address; City; State; Zip Code 3511 Roosevelt  San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Bill Miller Bar-B-Q	
Amount (\$) \$18.89	Payee address; City; State; Zip Code 3511 Roosevelt  San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/01/2024	<b>5</b> Payee name Bill Miller Bar-B-Q
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<b>6</b> Amount (\$) \$16.78	<b>7</b> Payee address; City; State; Zip Code 1418 Pleasanton Rd  San Antonio, TX 78221
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2024	Payee name Bill Miller Bar-B-Q
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Amount (\$) \$52.45	Payee address; City; State; Zip Code 3511 Roosevelt  San Antonio, TX 78214
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name Black Rock Coffee
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Amount (\$) \$14.40	Payee address; City; State; Zip Code 13980 Nacogdoches  San Antonio, TX 78233
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/21/2024	<b>5</b> Payee name Blue Scout, LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 2505 Royal Birkdale  Plano, TX 75025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Fundraising/Consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Bowles, Cole	
Amount (\$) \$190.00	Payee address; City; State; Zip Code 5881 East River Rd  Tucson, AZ 85750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Bowles, Cole	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5881 East River Rd  Tucson, AZ 85750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/18/2024	<b>5</b> Payee name Bowles, Cole	
<b>6</b> Amount (\$) \$690.00	<b>7</b> Payee address; City; State; Zip Code 5881 East River Rd  Tucson, AZ 85750	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Burmester, Kieran	
Amount (\$) \$1,078.65	Payee address; City; State; Zip Code 122 Roy Smith #2237  San Antonio, TX 78215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name CVS	
Amount (\$) \$34.91	Payee address; City; State; Zip Code 15038 Nacogdoches  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/06/2024	<b>5</b> Payee name Chavez, Sheryl	
<b>6</b> Amount (\$) \$103.50	<b>7</b> Payee address; City; State; Zip Code 247 Charben Dr  San Antonio, TX 78237	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Chavez, Sheryl	
Amount (\$) \$1,161.50	Payee address; City; State; Zip Code 247 Charben Dr  San Antonio, TX 78237	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Chevron	
Amount (\$) \$7.07	Payee address; City; State; Zip Code 8107 S Flores  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Payee name Chevron	
<b>6</b> Amount (\$) \$31.62	<b>7</b> Payee address; City; State; Zip Code 8107 S Flores  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Chevron	
Amount (\$) \$5.15	Payee address; City; State; Zip Code 8107 S Flores  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Chevron	
Amount (\$) \$16.51	Payee address; City; State; Zip Code 8107 S Flores  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Payee name Circle K	
<b>6</b> Amount (\$) \$8.63	<b>7</b> Payee address; City; State; Zip Code 15010 Judson Rd  San Antonio, TX 78247	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Circle K	
Amount (\$) \$37.09	Payee address; City; State; Zip Code 3322 Pleasanton Rd  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Circle K	
Amount (\$) \$15.50	Payee address; City; State; Zip Code 15010 Judson Rd  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/07/2024	<b>5</b> Payee name Circle K	
<b>6</b> Amount (\$) \$7.08	<b>7</b> Payee address; City; State; Zip Code 3322 Pleasanton Rd  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Conexion Political	
Amount (\$) \$4,673.36	Payee address; City; State; Zip Code 209 Peninsula Dr  Moneta, VA 24121	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Conexion Political	
Amount (\$) \$100,000.00	Payee address; City; State; Zip Code 209 Peninsula Dr  Moneta, VA 24121	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/19/2024	<b>5</b> Payee name Contreras, Diandra
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<b>6</b> Amount (\$) \$210.00	<b>7</b> Payee address; City; State; Zip Code 4330 Spectrum One  San Antonio, TX 78230
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2024	Payee name Copeland, Elliot
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Amount (\$) \$310.25	Payee address; City; State; Zip Code 3730 Hunters Trail  San Antonio, TX 78230
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2024	Payee name Copeland, Elliot
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Amount (\$) \$199.20	Payee address; City; State; Zip Code 3730 Hunters Trail  San Antonio, TX 78230
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Copeland, Elliot	
<b>6</b> Amount (\$) \$540.50	<b>7</b> Payee address; City; State; Zip Code 3730 Hunters Trail  San Antonio, TX 78230	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name CreditHuman	
Amount (\$) \$12.00	Payee address; City; State; Zip Code PO Box 1356  San Antonio, TX 78295	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name CreditHuman	
Amount (\$) \$12.00	Payee address; City; State; Zip Code PO Box 1356  San Antonio, TX 78295	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Payee name CreditHuman	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1356  San Antonio, TX 78295	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name CreditHuman	
Amount (\$) \$12.00	Payee address; City; State; Zip Code PO Box 1356  San Antonio, TX 78295	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name CreditHuman	
Amount (\$) \$12.00	Payee address; City; State; Zip Code PO Box 1356  San Antonio, TX 78295	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Cuellar, Mary	
<b>6</b> Amount (\$) \$287.50	<b>7</b> Payee address; City; State; Zip Code 754 Brunswick  San Antonio, TX 78214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Cuellar, Mary	
Amount (\$) \$585.00	Payee address; City; State; Zip Code 754 Brunswick  San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name De Los Santos, Christian	
Amount (\$) \$333.50	Payee address; City; State; Zip Code 8815 Rustling Branches  San Antonio, TX 78254	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Don Pedro	
<b>6</b> Amount (\$) \$123.40	<b>7</b> Payee address; City; State; Zip Code 1526 SW Military Dr  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Exxon 7-Eleven	
Amount (\$) \$39.16	Payee address; City; State; Zip Code 12351 Interstate 35  San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Exxon 7-Eleven	
Amount (\$) \$26.46	Payee address; City; State; Zip Code 12351 Interstate 35  San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Fedex Office	
<b>6</b> Amount (\$) \$38.42	<b>7</b> Payee address; City; State; Zip Code 7900 Legacy Drive  Plano, TX 75024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Fedex Office	
Amount (\$) \$24.71	Payee address; City; State; Zip Code 7900 Legacy Drive  Plano, TX 75024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Flores C-Store	
Amount (\$) \$6.92	Payee address; City; State; Zip Code 8107 S Flores St  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 10/31/2024	<b>5</b> Payee name Flores C-Store
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<b>6</b> Amount (\$) \$8.39	<b>7</b> Payee address; City; State; Zip Code 8107 S Flores St  San Antonio, TX 78221
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Flores C-Store
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Amount (\$) \$21.11	Payee address; City; State; Zip Code 8107 S Flores St  San Antonio, TX 78221
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2024	Payee name Flores C-Store
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Amount (\$) \$12.00	Payee address; City; State; Zip Code 8107 S Flores St  San Antonio, TX 78221
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/12/2024	<b>5</b> Payee name Flores, Anthony
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<b>6</b> Amount (\$) \$140.00	<b>7</b> Payee address; City; State; Zip Code 11907 Creek Peak  San Antonio, TX 78253
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2024	Payee name Garcia, Sonia
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 1046 Brunswick Blvd  San Antonio, TX 78211
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name Gardner, Mariah
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Amount (\$) \$315.00	Payee address; City; State; Zip Code 8352 Falcon Meadow  Converse, TX 78109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Garza, Angelica	
<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code 117 Lee St  San Antonio, TX 78214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/13/2024	Payee name Garza, Angelica	
Amount (\$) \$980.00	Payee address; City; State; Zip Code 117 Lee St  San Antonio, TX 78214	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/12/2024	Payee name Gatica, Lorenzo	
Amount (\$) \$230.00	Payee address; City; State; Zip Code 6017 Cooper Cash  San Antonio, TX 78252	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/01/2024	<b>5</b> Payee name Google Domains	
<b>6</b> Amount (\$) \$38.38	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name + Email
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2024	Payee name Google Domains	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain Name + Email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Gregory, Dustin	
Amount (\$) \$270.00	Payee address; City; State; Zip Code PO Box 700293  San Antonio, TX 78270	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 10/29/2024	<b>5</b> Payee name Gregory, Gabrien
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<b>6</b> Amount (\$) \$69.00	<b>7</b> Payee address; City; State; Zip Code PO Box 700293  San Antonio, TX 78270
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name Gregory, Gabrien
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Amount (\$) \$188.60	Payee address; City; State; Zip Code PO Box 700293  San Antonio, TX 78270
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2024	Payee name HEB Gas
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Amount (\$) \$23.22	Payee address; City; State; Zip Code 516 S Flores St  San Antonio, TX 78204
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation/Gas
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$30.89	<b>7</b> Payee address; City; State; Zip Code 735 SW Military  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name HEB	
Amount (\$) \$29.14	Payee address; City; State; Zip Code 735 SW Military  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name HEB	
Amount (\$) \$16.08	Payee address; City; State; Zip Code 735 SW Military  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/06/2024	<b>5</b> Payee name Harland Clarke
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<b>6</b> Amount (\$) \$109.94	<b>7</b> Payee address; City; State; Zip Code 5800 Northwest Pkwy  San Antonio, TX 78249
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Hernandez, Jennifer
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Amount (\$) \$287.50	Payee address; City; State; Zip Code 754 Brunswick  San Antonio, TX 78214
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2024	Payee name Hernandez, Jennifer
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Amount (\$) \$746.00	Payee address; City; State; Zip Code 754 Brunswick  San Antonio, TX 78214
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Payee name InFocus Campaigns	
<b>6</b> Amount (\$) \$2,283.47	<b>7</b> Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name InFocus Campaigns	
Amount (\$) \$8,934.03	Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name InFocus Campaigns	
Amount (\$) \$4,119.69	Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/31/2024	<b>5</b> Payee name InFocus Campaigns	
<b>6</b> Amount (\$) \$3,538.16	<b>7</b> Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name InFocus Campaigns	
Amount (\$) \$7,450.38	Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name InFocus Campaigns	
Amount (\$) \$6,397.24	Payee address; City; State; Zip Code 700 K Street NW, Ste 300  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Voter Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Payee name Jaimes, Abel	
<b>6</b> Amount (\$) \$69.00	<b>7</b> Payee address; City; State; Zip Code 522 Dooley Rd  Fredricksburg, TX 78624	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Jaimes, Abel	
Amount (\$) \$211.60	Payee address; City; State; Zip Code 522 Dooley Rd  Fredricksburg, TX 78624	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name James Gonzaba Catering	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 326 Jeannette  San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/02/2024	<b>5</b> Payee name Karimisaleh, Adan	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 129 Saddle Trl  Cibolo, TX 78108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Kelly, Maira	
Amount (\$) \$1,254.00	Payee address; City; State; Zip Code 918 W Hutchins Pl  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Kelly, Maira	
Amount (\$) \$1,112.00	Payee address; City; State; Zip Code 918 W Hutchins Pl  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/28/2024	<b>5</b> Payee name Locke, Hudson	
<b>6</b> Amount (\$) \$128.80	<b>7</b> Payee address; City; State; Zip Code 13602 Bridgeview  San Antonio, TX 78247	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Locke, Hudson	
Amount (\$) \$233.20	Payee address; City; State; Zip Code 13602 Bridgeview  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Locke, Hudson	
Amount (\$) \$365.70	Payee address; City; State; Zip Code 13602 Bridgeview  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Lord, Grecia	
<b>6</b> Amount (\$) \$487.50	<b>7</b> Payee address; City; State; Zip Code 15027 Northern Dancer  San Antonio, TX 78248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Lord, Grecia	
Amount (\$) \$307.50	Payee address; City; State; Zip Code 15027 Northern Dancer  San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Luminous Nails	
Amount (\$) \$65.00	Payee address; City; State; Zip Code 13777 Nacogdoches  San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Prep for Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Payee name Lyft Ride	
<b>6</b> Amount (\$) \$11.58	<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 50  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Lyft Ride	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 185 Berry St Ste 50  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Lyft Ride	
Amount (\$) \$19.76	Payee address; City; State; Zip Code 185 Berry St Ste 50  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Payee name Lyft Ride	
<b>6</b> Amount (\$) \$16.39	<b>7</b> Payee address; City; State; Zip Code 185 Berry St Ste 50  San Francisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Martinez, Erika	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 7559 Toledo Bend  San Antonio, TX 78252	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Martinez, Lydia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7629 Orland Park  San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Payee name McAlister's	
<b>6</b> Amount (\$) \$29.83	<b>7</b> Payee address; City; State; Zip Code 8121 Pat Booker Rd  Live Oak, TX 78233	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/28/2024	Payee name McDonald's	
Amount (\$) \$5.51	Payee address; City; State; Zip Code 13919 Nacogdoches  San Antonio, TX 78217	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/30/2024	Payee name McDonald's	
Amount (\$) \$11.89	Payee address; City; State; Zip Code 3701 Pleasanton  San Antonio, TX 78221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/13/2024	<b>5</b> Payee name Medina, Martin
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<b>6</b> Amount (\$) \$897.00	<b>7</b> Payee address; City; State; Zip Code 10107 Moursund Blvd  San Antonio, TX 78221
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/22/2024	Payee name Muellar, Charles
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Amount (\$) \$390.00	Payee address; City; State; Zip Code 1 Camino Santa Maria, Treadaway 232  San Antonio, TX 78228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/22/2024	Payee name Muellar, Charles
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 1 Camino Santa Maria, Treadaway 232  San Antonio, TX 78228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/12/2024	<b>5</b> Payee name Neira, Hannah	
<b>6</b> Amount (\$) \$130.00	<b>7</b> Payee address; City; State; Zip Code 3102 Coconino Dr  San Antonio, TX 78211	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Phillips, Tyler	
Amount (\$) \$2,375.00	Payee address; City; State; Zip Code 215 E Cevallos St Apt 243  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Phillips, Tyler	
Amount (\$) \$2,375.00	Payee address; City; State; Zip Code 215 E Cevallos St Apt 243  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Finance Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/02/2024	<b>5</b> Payee name Prestige Printing
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<b>6</b> Amount (\$) \$1,016.47	<b>7</b> Payee address; City; State; Zip Code 9 Burwood Lane  San Antonio, TX 78216
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2024	Payee name Prestige Printing
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Amount (\$) \$438.41	Payee address; City; State; Zip Code 9 Burwood Lane  San Antonio, TX 78216
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2024	Payee name Pugh, Christopher
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Amount (\$) \$1,335.00	Payee address; City; State; Zip Code 4042 Wisteria Way  San Antonio, TX 78259
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/12/2024	<b>5</b> Payee name Pugh, Christopher
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<b>6</b> Amount (\$) \$2,115.00	<b>7</b> Payee address; City; State; Zip Code 4042 Wisteria Way  San Antonio, TX 78259
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2024	Payee name Quintanilla, Roxanne
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Amount (\$) \$690.00	Payee address; City; State; Zip Code 218 Coopwood Ave  San Antonio, TX 78237
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2024	Payee name Quintanilla, Roxanne
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Amount (\$) \$1,253.50	Payee address; City; State; Zip Code 218 Coopwood Ave  San Antonio, TX 78237
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/09/2024	<b>5</b> Payee name Reyes, Bernardo	
<b>6</b> Amount (\$) \$92.00	<b>7</b> Payee address; City; State; Zip Code 19415 Desert Oak  San Antonio, TX 78258	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Romano, Aryana	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 9635 Hillside Trail  San Antonio, TX 78250	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name Salazar, Renee	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 1631 Menefee Blvd  San Antonio, TX 78237	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Payee name Scale To Win	
<b>6</b> Amount (\$) \$2,932.91	<b>7</b> Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Scale To Win	
Amount (\$) \$1,904.74	Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Scale To Win	
Amount (\$) \$1,245.95	Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/07/2024	<b>5</b> Payee name Scale To Win	
<b>6</b> Amount (\$) \$1,104.06	<b>7</b> Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Scale To Win	
Amount (\$) \$470.84	Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Serrano, Crystal	
Amount (\$) \$119.60	Payee address; City; State; Zip Code 154 E Hutchins  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Serrano, Crystal	
<b>6</b> Amount (\$) \$1,580.10	<b>7</b> Payee address; City; State; Zip Code 154 E Hutchins  San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Smith, Austin	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 826 Iowa St  San Antonio, TX 78203	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Smith, Austin	
Amount (\$) \$948.75	Payee address; City; State; Zip Code 826 Iowa St  San Antonio, TX 78203	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/29/2024	<b>5</b> Payee name Smoothie King	
<b>6</b> Amount (\$) \$22.83	<b>7</b> Payee address; City; State; Zip Code 2426 SE Military  San Antonio, TX 78223	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Smoothie King	
Amount (\$) \$15.21	Payee address; City; State; Zip Code 2426 SE Military  San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Solis, Caitlin	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 6611 West Commerce, Apt 2602  San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
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<b>4</b> Date 11/13/2024	<b>5</b> Payee name Soto, Maria
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<b>6</b> Amount (\$) \$240.00	<b>7</b> Payee address; City; State; Zip Code 5215 War Cloud Dr  San Antonio, TX 78242
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2024	Payee name Spectrum
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Amount (\$) \$105.43	Payee address; City; State; Zip Code 12238 Silicon Dr Ste 129  San Antonio, TX 78249
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Internet
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/27/2024	Payee name Starbucks
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Amount (\$) \$4.73	Payee address; City; State; Zip Code 8151 Pat Booker Rd  Live Oak, TX 78233
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Starbucks	
<b>6</b> Amount (\$) \$16.62	<b>7</b> Payee address; City; State; Zip Code 8151 Pat Booker Rd  Live Oak, TX 78233	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Starbucks	
Amount (\$) \$7.31	Payee address; City; State; Zip Code 8151 Pat Booker Rd  Live Oak, TX 78233	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Starbucks	
Amount (\$) \$13.64	Payee address; City; State; Zip Code 8151 Pat Booker Rd  Live Oak, TX 78233	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/27/2024	<b>5</b> Payee name Subway	
<b>6</b> Amount (\$) \$15.69	<b>7</b> Payee address; City; State; Zip Code 14084 Nacogdoches  San Antonio, TX 78247	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Suficiencia, Faye	
Amount (\$) \$996.00	Payee address; City; State; Zip Code 11847 Claudette St  San Antonio, TX 78252	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Suficiencia, Faye	
Amount (\$) \$594.50	Payee address; City; State; Zip Code 11847 Claudette St  San Antonio, TX 78252	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/12/2024	<b>5</b> Payee name Suficiencia, Faye	
<b>6</b> Amount (\$) \$1,100.00	<b>7</b> Payee address; City; State; Zip Code 11847 Claudette St  San Antonio, TX 78252	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Sugar Daddy Snack Attack	
Amount (\$) \$12.08	Payee address; City; State; Zip Code 14845 Nacogdoches  San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Switchboard	
Amount (\$) \$115.02	Payee address; City; State; Zip Code 2001 K St NW  Washington, DC 20006	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Payee name Tandem	
<b>6</b> Amount (\$) \$5.68	<b>7</b> Payee address; City; State; Zip Code 2707 Roosevelt Ave  San Antonio, TX 78214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Texas Democratic Party	
Amount (\$) \$18,100.00	Payee address; City; State; Zip Code 314 E Highland Mall Blvd  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Texas Power Strategies	
Amount (\$) \$24,000.00	Payee address; City; State; Zip Code 1610 Dumble St  Houston, TX 77023	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 10/30/2024	<b>5</b> Payee name Tito's Restaurant	
<b>6</b> Amount (\$) \$23.00	<b>7</b> Payee address; City; State; Zip Code 955 S Alamo St  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Tito's Restaurant	
Amount (\$) \$35.99	Payee address; City; State; Zip Code 955 S Alamo St  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Vaughn, Soren	
Amount (\$) \$816.50	Payee address; City; State; Zip Code 315 Thorman PL  San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Vaughn, Soren	
<b>6</b> Amount (\$) \$1,414.50	<b>7</b> Payee address; City; State; Zip Code 315 Thorman PL  San Antonio, TX 78209	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2024	Payee name Verizon Wireless	
Amount (\$) \$139.34	Payee address; City; State; Zip Code 600 Coolidge Drive  Folsom, CA 95630	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Verizon Wireless	
Amount (\$) \$241.08	Payee address; City; State; Zip Code 600 Coolidge Drive  Folsom, CA 95630	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/51 Rpt:	<b>2</b> FILER NAME Carranza, Kristian	<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 11/26/2024	<b>5</b> Payee name Viator, Tegunn	
<b>6</b> Amount (\$) \$240.00	<b>7</b> Payee address; City; State; Zip Code 5527 Rosillo Gate  San Antonio, TX 78222	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Payroll
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name WalMart	
Amount (\$) \$43.17	Payee address; City; State; Zip Code 1200 SE Military  San Antonio, TX 78214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Whataburger	
Amount (\$) \$21.40	Payee address; City; State; Zip Code 503 SW Military  San Antonio, TX 78221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 178/178
<b>2</b> FILER NAME Carranza, Kristian		<b>3</b> Filer ID (Ethics Commission Filers) 00087920
<b>4</b> Date 12/31/2024	<b>5</b> Name of person from whom amount is received CreditHuman	<b>8</b> Amount (\$)  \$0.09
<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78295		
<b>7</b> Purpose for which amount is received Dividend from Credit Union <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/30/2024	Name of person from whom amount is received CreditHuman	Amount (\$)  \$2.00
Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78295		
Purpose for which amount is received Dividend from Credit Union <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/30/2024	Name of person from whom amount is received CreditHuman	Amount (\$)  \$3.00
Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78295		
Purpose for which amount is received Refund from Credit Union for Bank Fee <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/31/2024	Name of person from whom amount is received CreditHuman	Amount (\$)  \$23.16
Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78295		
Purpose for which amount is received Dividend from Credit Hunion <input type="checkbox"/> Check if political contribution returned to filer		