

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>LaBessa</u> MI: _____ NICKNAME: _____ LAST: <u>Quintana</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>2025 E 7th</u> APT / SUITE #: <u>APT 215</u> CITY: <u>Austin</u> STATE: <u>TX</u> ZIP CODE: <u>78702</u>	Date Received <u>October 7, 2024</u> by <u>Edne Butts</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>902-9780</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked <u>Oct. 7, 2024</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Ms.</u> FIRST: <u>Cristina</u> MI: _____ NICKNAME: _____ LAST: <u>Ayala</u> SUFFIX: _____	Receipt # <u>N/A</u>	Amount \$ <u>N/A</u>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(240)</u> PHONE NUMBER: <u>381-8042</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>8 / 26 / 24</u> <u>9 / 26 / 24</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>District AKD Board of Trustees 2</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME LaRessa Quintana **16 Filer ID (Ethics Commission Filers)**

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,658.90</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,850.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,808.31</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is LaRessa Quintana, and my date of birth is 12/31/1994
 My address is 2025 E 7th St, Austin, TX, 78702, USA
 (street) (city) (state) (zip code) (country)
 Executed in Travis County, State of Texas, on the 7 day of October, 20 24
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Larissa Quintana</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>161,658.9</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4,850.59</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>11,808.31</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Lalessa Quintana		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENA Campos	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 2823 E. MLK Blvd #1003 Austin, TX 78702		
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Campos Consulting Group, LLC
Date 9/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Diaz	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 3316 Colorado ^{high} Ave Austin, TX, 78744		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) HEB
Date 9/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karrol Rimal	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1711 Perez St, Unit B, Austin, TX, 78721		
Principal occupation / Job title (See Instructions) House of Representatives		Employer (See Instructions) Advisor
Date 9/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Escobar	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 11337 Pebble Garden Ln. Austin, TX, 78739		
Principal occupation / Job title (See Instructions) TFFA		Employer (See Instructions) Attorney
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minda Anderson	7 Amount of contribution (\$) \$20 ⁰⁰
	6 Contributor address; City; State; Zip Code 3414 Dunleigh Dr, Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Austin ISD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Stone	Amount of contribution (\$) \$100 ⁰⁰
	Contributor address; City; State; Zip Code 913 Nile St Austin, TX, 78702	
Principal occupation / Job title (See Instructions) GNDC		Employer (See Instructions) Lawyer
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolina Calvo	Amount of contribution (\$) \$50 ⁰⁰
	Contributor address; City; State; Zip Code 3710 Lone Pine Dr, Santa Fe, TX 77510	
Principal occupation / Job title (See Instructions) Government Relations Manager		Employer (See Instructions) Houston Food Bank
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Rios	Amount of contribution (\$) \$100 ⁰⁰
	Contributor address; City; State; Zip Code 18100 Gantry Dr. Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Wells Fargo

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Lawe	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 401 Little Texas Ln Austin, TX, 78745	
8 Principal occupation / Job title (See Instructions) Hardware Developer		9 Employer (See Instructions) IBM
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Orozco	Amount of contribution (\$) \$300
	Contributor address; City; State; Zip Code 1104 Glen Summer Dr. Austin, TX, 78753	
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Hertz
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damian Pantoja	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2301 Grove Blvd Austin, TX, 78741	
Principal occupation / Job title (See Instructions) Community Engagement Specialist		Employer (See Instructions) City of Austin
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Flannigan	Amount of contribution (\$) \$94.70
	Contributor address; City; State; Zip Code 12803 Michelangelo st Austin, TX, 78729	
Principal occupation / Job title (See Instructions) Austin, Cowaction Enterprises		Employer (See Instructions) Public Administration

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emily Marks</i>	7 Amount of contribution (\$) <i>\$ 250⁰⁰</i>
<i>9/6/24</i>	6 Contributor address; City; State; Zip Code <i>2509 Hale Ave Memphis, TN, 38112</i>	
8 Principal occupation / Job title (See Instructions) <i>Arts Manager</i>		9 Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bucy Campaign</i>	Amount of contribution (\$) <i>\$ 237.⁰⁰</i>
<i>9/5/24</i>	Contributor address; City; State; Zip Code <i>P.O. Box 530 Austin, TX, 78767</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Wagner</i>	Amount of contribution (\$) <i>\$ 300⁰⁰</i>
<i>9/4/24</i>	Contributor address; City; State; Zip Code <i>1640 W. 6th St Austin, TX, 78703</i>	
Principal occupation / Job title (See Instructions) <i>Ass. Instructor + student</i>		Employer (See Instructions) <i>UT Austin</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Hummel</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
<i>9/4/24</i>	Contributor address; City; State; Zip Code <i>4706 Pennington Ct. Indianapolis IN, 46254</i>	
Principal occupation / Job title (See Instructions) <i>CEO + Founder</i>		Employer (See Instructions) <i>Retail Politics</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Scheinman	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 308 Magnolia St Bentville, AR, 72712	
8 Principal occupation / Job title (See Instructions) Gov. Relations manager		9 Employer (See Instructions) Earn In
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aidan Alvarado	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) 3rd District VP		Employer (See Instructions) TEXAS State Assoc. of Firefighters
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juliana Cruz Kerker	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 8508 Burrell Dr Austin, TX 78757	
Principal occupation / Job title (See Instructions) Director of Government Relations		Employer (See Instructions) HCA Healthcare
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dylan Luna	Amount of contribution (\$) \$ 250.00
	Contributor address; City; State; Zip Code 2408 Dielman Dr. Seguin, TX, 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8/22/24	Greg Anderson 1701 Sigmond Ave Austin, TX, 78723	\$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Director of Community Affairs		Habitat for Humanity
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/22/24	Ramiro Diaz 3316 Colorado High Ave Austin, TX 78744	\$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Software Engineer		HEB
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/21/24	Celso + Samantha Baez 2606 Rogers Ave Austin, TX, 78722	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/21/24	Stephanie Simpson 1910 Collier St Austin, TX 78704	\$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Senior Director state Gov. Relations		Sanofi
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
8/19/24	Raul Longoria 6 Contributor address; City; State; Zip Code 2526 Darwood St Austin, TX, 78704	\$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Student		UT Austin
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
8/19/24	Ruben Cantu Contributor address; City; State; Zip Code 3605 Pennsylvania Ave, Austin TX 78721	\$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Founder / CEO		Self, LMNTS
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Williams Pavich	7 Amount of contribution (\$) \$500 ⁰⁰
	6 Contributor address; City; State; Zip Code 717 Marc Taylor Dr. Austin, TX, 78745	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevan Delgado	Amount of contribution (\$) \$1500 ⁰⁰
	Contributor address; City; State; Zip Code 6029 Clover Walk In Richmond TX 77469	
Principal occupation / Job title (See Instructions) Rockwell Fund		Employer (See Instructions) Senior Program officer
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Revelynn Lawson	Amount of contribution (\$) \$100 ⁰⁰
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Sweet	Amount of contribution (\$) \$100 ⁰⁰
	Contributor address; City; State; Zip Code 7213 Garnet Mill Ln Austin, TX, 78744	
Principal occupation / Job title (See Instructions) Austin, ISD		Employer (See Instructions) Instructional coach
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
9/24/24	Paulina Artieda	\$50.00
6 Contributor address; City; State; Zip Code		
8008 MellenCamp Dr. Austin, TX, 78744		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
The New Philanthropists		Executive Director
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/23/24	Alice Woods	\$50.00
Contributor address; City; State; Zip Code		
1805 South 34th St Austin, TX, 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Consultant		Broadleaf Community Cen.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/22/24	Arthur Soto	\$30.00
Contributor address; City; State; Zip Code		
9653 McPherson Rd. Laredo, TX, 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
University of Nevada, Las Vegas		Professor
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/21/24	Cristina Ayala	\$100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
9/21/24	Kenna Okoro 6 Contributor address; City; State; Zip Code 2900 Sunridge Dr. Austin, TX, 78741	\$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Lawyer		Okoro Law
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/21/24	Irma Reyes Contributor address; City; State; Zip Code 3715 S. 18th St Austin, TX, 78704	\$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Executive Director		Mexican American Leg. Caus
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/21/24	Juan Escobar Contributor address; City; State; Zip Code 11337 Pebble Garden Ln Austin, TX, 78739	\$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Banker		Bank
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
9/21/24	Lauren Hodley Contributor address; City; State; Zip Code 105 W 51st St Austin, TX, 78751	\$ 237.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Texas Senate		Legislative Director

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8/21/24	Talan Tyminski 5508 Hearsay Dr Austin, TX, 78744	\$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Senior Vice President		MACH 1 Group
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/19/24	Denise Rose 2400 Webberville Rd Austin, TX, 78702	\$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Governmental Affairs Consultant		Jackson Walker, LLP
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/19/24	Diana Arevalo 242 Leming San Antonio, TX, 78224	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Managing Director of Advocacy		ALS Association
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/19/24	Lawrence Gonzales 1076 Verbana Dr. Austin, TX, 78750	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Sr. Organizational Change Man. Spec		TPS
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8/28/24	Adam Powell 8805 Dawnridge Dr. Austin, TX, 78757	\$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Unemployed		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/28/24	Carlos De La Peña 4009 Sabio Dr. Austin, TX, 78749	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Partner		Texas Lobby Partners
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/28/24	Curtis Smith 6600 Rancho Dr. Austin, TX, 78744	\$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Government Affairs		Texas Nursery & Landscape Assoc.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
8/27/24	Kylin Lee 11404 June Dr. Austin, TX, 78753	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Counselor		Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Reyes	7 Amount of contribution (\$) \$40 ⁰⁰
8/30/24	6 Contributor address; City; State; Zip Code 2760 Travis St. Houston, TX, 77006	
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) Thurgood Marshall School of Law
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merced Aguilar	Amount of contribution (\$) \$200 ⁰⁰
8/29/24	Contributor address; City; State; Zip Code 6011 Holden Oaks, Corpus Christi 78412	
Principal occupation / Job title (See Instructions) Grader		Employer (See Instructions) King crossing prison ministries
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Ryan	Amount of contribution (\$) \$50 ⁰⁰
8/29/24	Contributor address; City; State; Zip Code 1307 W 39th 1/2 St. Austin, TX, 78756	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texanna Turner	Amount of contribution (\$) \$50 ⁰⁰
8/29/24	Contributor address; City; State; Zip Code 604 Whipple Way Austin, TX, 78745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME: LaRessa Quintana		3 Filer ID (Ethics Commission Filers)
4 Date 8/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Guerrero	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code P.O. Box 354 Gregory TX 78359		
8 Principal occupation / Job title (See Instructions) Associate		9 Employer (See Instructions) Wdl greens
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole Lopez, Lia Guerra	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5828 Zachary St. Austin, TX 78747		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Kohn + Associates
Date 9/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carme Krou	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bl Running Deer Ln Dripping Springs 78620		
Principal occupation / Job title (See Instructions) VP of Advocacy, Public Policy		Employer (See Instructions) Texas Hospital Assoc.
Date 9/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Renteria	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1511 Haskele st. Austin, TX, 78702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lloyd Roggett</i>	7 Amount of contribution (\$) <i>\$250.00</i>
<i>9/13/24</i>	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Education Austin PAC</i>	Amount of contribution (\$) <i>\$5,000.00</i>
<i>9/9/24</i>	Contributor address; City; State; Zip Code <i>8716 North Mopac Austin, TX, 78759</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Shipton</i>	Amount of contribution (\$) <i>\$500.00</i>
<i>9/6/24</i>	Contributor address; City; State; Zip Code <i>919 Congress Ave Austin, TX, 78712</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME LaRESSa Quintana	3 Filer ID (Ethics Commission Filers)
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4 Date 10/7/24	5 Payee name Donate Way
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6 Amount (\$) 524.16	7 Payee address; City; State; Zip Code P.O. Box 301207 Austin TX 70703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Card fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 8/27/24	Payee name Austin Ed. Fund
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Amount (\$) 150.48	Payee address; City; State; Zip Code 4000 S Interstate 35 Austin, TX, 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Ticket purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date 8/27/24	Payee name DOVE Springs Blvd / Ricardo Zavala
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Amount (\$) 103.20	Payee address; City; State; Zip Code Austin, TX 78744
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Ticket Purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officerholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>LaRessa Quintana</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/19/24</i>	5 Payee name <i>CROSSroads consultative</i>
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6 Amount (\$) <i>500</i>	7 Payee address; City; State; Zip Code <i>1616 W 6th St Austin, TX 78703</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	(b) Description <i>Logo Creation</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/23/24</i>	Payee name <i>Pueblo Viejo Food</i>
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Amount (\$) <i>87.27</i>	Payee address; City; State; Zip Code <i>3901 Promontory Pt Dr Austin TX 78744</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Food purchase for campaign event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/13/24</i>	Payee name <i>CheckMark</i>
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Amount (\$) <i>3,479.55</i>	Payee address; City; State; Zip Code <i>3217 N I35 Austin, TX, 78722</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>yard signs, lit. stickers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Larissa Quintana	3 Filer ID (Ethics Commission Filers)
4 Date 8/21/24	5 Payee name USPS	
6 Amount (\$) 49.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 823 Congress Ave Austin, TX, 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description P.O. Box
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/16/24	Payee name CROSSROADS CONSULTATIVE	
Amount (\$) 500 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1616 W 6th St 78703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting expense	Description Branding
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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