

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: _____ FIRST: <u>Lakessa</u> MI: _____ NICKNAME: _____ LAST: <u>Quintana</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>2025 E. TA</u> APT / SUITE #: <u>215</u> CITY: <u>Austin</u> STATE: <u>TX</u> ZIP CODE: <u>78702</u> <input type="checkbox"/> Change of Address	Date Received: <u>October 29, 2024</u> by <u>Edm 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>10-29-24</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Cristina</u> MI: _____ NICKNAME: _____ LAST: <u>Ayala</u> SUFFIX: _____	Receipt # _____ Amount \$ _____	Date Processed _____
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>4605 Bandera Rd</u> APT / SUITE #: _____ CITY: <u>Austin</u> STATE: <u>TX</u> ZIP CODE: <u>78721</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(214)</u> PHONE NUMBER: <u>381-8042</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>9 / 27 / 24</u> THROUGH <u>10 / 20 / 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)	13 OFFICE SOUGHT (if known) <u>MSD Board of Trustees, District 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	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ 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 Lakessa 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)	\$5,871.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$16,672.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$4,487.06
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 Lakessa Quintana, and my date of birth is 12/31/1994.

My address is 2025 E 7th St APT 215, Austin, TX, 78702, USA.
(street) (city) (state) (zip code) (country)

Executed in USA County, State of TX, on the 29 day of October, 20 24.
(month) (year)

Lakessa Quintana
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>LaBessa Quintana</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,871.90</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>16,672.98</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	\$
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:
2 FILER NAME <u>LaBessa Quintana</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/27/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Whellan</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>4600 Laurel canyon ^{msfn} TX 7881</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/26/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karol Pima</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>1711 Perez St UNIT B Austin TX 78721</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/26/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Estevan Delgado</u>	Amount of contribution (\$) <u>\$150.00</u>
Contributor address; City; State; Zip Code <u>6929 Clover Walk Ln Richmond TX, 77469</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/26/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Parich</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>717 Marc Taylor Dr Austin TX 78745</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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 <i>Laressa Quintana</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/20/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Elobar</i>	7 Amount of contribution (\$) <i>\$158.00</i>
6 Contributor address; City; State; Zip Code <i>11337 People Garden Ln Austin TX 78739</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramiro Diaz</i>	Amount of contribution (\$) <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>3316 Colorado High Ave. Austin TX 78744</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorena Campos</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>2823 E MLK #1003 STE 152 Austin TX 78702</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/28/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelley Hardeman</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4665 Avenue A Austin TX 78751</i>		
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 <i>La Ressa Quintana</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathy Hutto</i>	7 Amount of contribution (\$) <i>\$750.00</i>
6 Contributor address; City; State; Zip Code <i>2607 Trail of Madrones Austin TX 78746</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/01/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marc Rodriguez</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>1122 Colorado st STE 2319 Austin TX 78701</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/2/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Romero</i>	Amount of contribution (\$) <i>\$237.20</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/9/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Cohen</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code		
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>Liberal Austin Democrats</i>	7 Amount of contribution (\$) <i>\$ 474.70</i>
<i>10/13/24</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>Jeane Goka</i>	Amount of contribution (\$) <i>\$ 100.00</i>
<i>10/15/24</i>	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#: _____) <i>Trista Allen</i>	Amount of contribution (\$) <i>\$ 100.00</i>
<i>10/21/24</i>	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#: _____) <i>Mike Trimble</i>	Amount of contribution (\$) <i>\$ 250.00</i>
<i>10/24/24</i>	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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)
4 Date <i>9/30/24</i>	5 Payee name <i>JTX strategies</i>	
6 Amount (\$) <i>2,652.32</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 152637 Austin TX 78715</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printed expense</i>	(b) Description <i>push cards</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/26/24</i>	Payee name <i>Donate Way</i>	
Amount (\$) <i>211.47</i>	Payee address; City; State; Zip Code <i>P.O. Box 301267 Austin TX 78703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit card payment</i>	Description <i>fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 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)	
4 Date <i>10/26/24</i>		5 Payee name <i>JTX strategies</i>			
6 Amount (\$) <i>13,297.97</i>		7 Payee address; <i>P.O. BOX 152637</i>		City; <i>Austin</i>	State; Zip Code <i>TX 78715</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printed Expense</i>		(b) Description <i>Direct Mail</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
Date <i>10/15/24</i>		Payee name <i>Lazarus</i>			
Amount (\$) <i>11.22</i>		Payee address; <i>1902 E 6th st</i>		City; <i>Austin</i>	State; Zip Code <i>TX 78702</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Tacos for volunteers</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
Date <i>10/3/24</i>		Payee name <i>CROSS Roads Consultative</i>			
Amount (\$) <i>500</i>		Payee address; <i>1616 W. 6th st</i>		City; <i>Austin</i>	State; Zip Code <i>TX 78703</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Graphics for social media</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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