FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 21 00090443 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Vanessa NAME Date Received **ELECTRONICALLY FILED** 01/15/2021 NICKNAME LAST **SUFFIX Fuentes** ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** PO Box 18004 MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78760 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Bianca NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4306 Berkman Dr **ADDRESS** Unit E (Residence or Business) Austin, TX 78723 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 797-8273 **PHONE** REPORT

January 15

Day

Day

11/03/2020

OFFICE HELD (if any)

ELECTION DATE

10/25/2020

Year

Year

July 15

Month

Month

TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

χ General

Runoff

Exceeded \$500 limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2020

12 OFFICE SOUGHT (if known)

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Fuentes, Vanessa			14 Filer ID 00090443	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	is accepted or political expens is may have been made with required to report this informa	ut the candidate's or off	ïceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
Ш	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME	<u> </u>		
		COMMITTEE CAI	MPAIGN TREASURER ADDF	RESS		
16 CONTRIBUTION TOTALS			NS OF \$50 OR LESS (OTHE ANS), UNLESS ITEMIZED	R THAN PLEDGES,	\$	0.00
		AL CONTRIBUTION PLEDGES, LOANS	ONS , OR GUARANTEES OF LOA	ANS)	\$	1,374.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURE	S OF \$100 OR LESS, UNLE	SS ITEMIZED	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURI	ES		\$	19,418.13
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THI	E LAST DAY OF THE	\$	262.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS	AS OF THE LAST DAY	\$	0.00
17 AFFADAVIT						
			I swear, or affirm, under pen true and correct and include under Title 15, Election Cod	s all information required	accompanying d to be reporte	report is ed by me
				Vanessa Fuentes		
			Signature	e of Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subse	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness	s my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of office	cer administer	ing oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 21
18 FILER Fuent		IE /anessa	19 Filer ID 00090443	(Ethics C	Commission Filers)
20 SCHEI NAME		SUF	BTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,374.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	19,418.13
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/21		
2	FILER NAME Fuentes, Va	nessa		3	Filer ID (Ethics Commission 00090443	ı Filers)
4					Amount of Contribution (\$)	\$34.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/02/2020 Bascilia, Angel Contributor address; City; State; Zip Code 1817 Olney Rd. Falls Church, VA 22043				Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Date 10/26/2020	Full name of contributor out-of-state PAC (ID#:_ Brown, Bre Contributor address; City; State; Zip Code 3413 Werner Avenue			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78722 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/30/2020	Full name of contributor out-of-state PAC (ID#:_ Cesaro, Peter Contributor address; City; State; Zip Code 2407 Bridle Path Austin, TX 78703)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/02/2020	Full name of contributor out-of-state PAC (ID#:_ Cotera, Martha Contributor address; City; State; Zip Code 1502 Norris Drive Austin, TX 78704)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/21	
2	FILER NAME Fuentes, Var	nessa		3	Filer ID (Ethics Commission 00090443	n Filers)
4					Amount of Contribution (\$)	\$25.00
		Austin, TX 78702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2020 Dunkerley, Betty Contributor address; City; State; Zip Code 1006 Home Depot Way Apt. 7102 Bastrop, TX 78602				Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 11/03/2020	Full name of contributor out-of-state PAC (ID#:_ Erazo, Angelica Contributor address; City; State; Zip Code 6407 Spingdale Rd.)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78723				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/26/2020	Full name of contributor out-of-state PAC (ID#:_ Martinez, Wency Contributor address; City; State; Zip Code 508 Lightsey Rd. Austin, TX 78704			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/03/2020	Full name of contributor out-of-state PAC (ID#:_ McRae, Pete Contributor address; City; State; Zip Code 915 S. College Georgetown, TX 78626			Amount of Contribution (\$)	\$400.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/21		
2	FILER NAME Fuentes, Var	nessa	3	Filer ID (Ethics Commission 00090443	n Filers)		
4			7	Amount of Contribution (\$)	\$50.00		
8	Principal occu		9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/03/2020 Perez, Justin Contributor address; City; State; Zip Code 4306 Berkman Drive Apt E Austin, TX 78723			Amount of Contribution (\$)	\$400.00		
	Principal occu Chief of Staf	pation / Job title (See Instructions)	Employer (See Instructions Hon. Celia Israel	s)			
	Date 11/02/2020	Full name of contributor out-of-state PAC (ID#:_ Praxis, Solveij Contributor address; City; State; Zip Code 1902 Willow Creek Drive #101 Austin, TX 78741)		Amount of Contribution (\$)	\$15.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/28/2020	Contributor address; City; State; Zip Code 5213 Corrientes Cv.			Amount of Contribution (\$)	\$100.00	
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 10/28/2020	Full name of contributor out-of-state PAC (ID#:_ Retna-Neel, Cristina Contributor address; City; State; Zip Code 13019 Silver Creek Dr. Austin, TX 78727			Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		Fotal pages Schedule A1: Sch: 4/4 Rpt: 7/21
2	FILER NAME Fuentes, Vanessa		Filer ID (Ethics Commission Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Williamson, Sarah 6 Contributor address; City; State; Zip Code 3712 Ashbury Rd. Round Rock, TX 78681	7 /	Amount of Contribution (\$) \$50.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 1/14 Rpt: 8/21	2 FILER NAME Fuentes, Vanessa		3 Filer ID (Ethics Commission Filers) 00090443
4	Date 11/04/2020	5 Payee name Act Blue		I
6	Amount (\$) \$103.61	7 Payee address; City; State; Zip Co PO Box 441146 Somerville, MA 02144	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 12/09/2020	Payee name Act Blue		
	Amount (\$) \$26.81	Payee address; City; State; Zip Co PO Box 441146 Somerville, MA 02144	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 12/03/2020	Payee name Act Blue		
	Amount (\$) \$15.15	Payee address; City; State; Zip Co	ode	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1: Sch: 2/14 Rpt: 9/21	2 FILER NAME Fuentes, Vanessa		3 Filer ID (Ethics Commission Filers) 00090443
4	Date 11/10/2020	5 Payee name Act Blue		L
6	Amount (\$) \$169.00	7 Payee address; City; State; Zip C PO Box 441146 Somerville, MA 02144	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date 11/11/2020	Payee name Bluelink Messaging		
	Amount (\$) \$2,025.00	Payee address; City; State; Zip C 4301 50th Street NW Suite 300, PMB 1011 Washington DC, DC 20016	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date 11/15/2020	Payee name Bluelink Messaging		
	Amount (\$) \$25.00	Payee address; City; State; Zip C 4301 50th Street NW Suite 300, PMB 1011 Washington DC, DC 20016	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - I Committee	e Legal Se	rds/Memorials Exper rvices struction Guide (:		ages/	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)
1	Total pages Schedule F1:	2 FILE	R NAME					I	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/14 Rpt: 10/21		ntes, Vanessa	ı						00090443	·
4	Date	5 Paye	ee name								
	11/05/2020	Burk	ke, Kyle								
6	Amount (\$) \$500.00	220:	ee address; 3 Marcus Abra tin, TX 78748	City; ams Blvd	State;	Zip Coo	de				
Ļ	DUDDOCE].	(h)	5 10			
8	PURPOSE OF EXPENDITURE		gory (See Catego aries/Wages/C			dule)		=	, TX,	de of Texas. Con officeholder livin	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholde	er name	Off	ffice soug	ght			Office h	eld
	Date	Paye	ee name								
	10/27/2020	DSF	Political								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Coo	de				
	\$500.00	1250	0 H. Street NV	٧.							
		Suit	e 200								
		Was	shington D.C.,	DC 20005							
	PURPOSE		gory (See Catego		of this sched	(alult	(b)	Description			
	OF EXPENDITURE	Adv	ertising Exper	se				=		de of Texas. Con officeholder livin	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/Oh		date/Officeholde	er name	Off	ffice soug	ght			Office h	eld
	Date	Paye	ee name								
	10/31/2020	Dolla	ar Tree								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Coo	de				
	\$52.98	950	0 S IH 35 Fror	tage Rd Ste	J-400						
		Aus	tin, TX 78748								
	PURPOSE OF EXPENDITURE		gory (See Catego d/Beverage E		o of this sched	dule)		<u> </u>	, TX,	officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/Oł		date/Officeholde	er name	Off	ffice soug	ght			Office h	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to o	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 11/21	Fuentes, Vanessa		00090443
4	Date	5 Payee name		
	10/29/2020	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$200.00	1 Hacker Way		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				FB ads
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
[ا	expenditure to benefit C/O		ugni	Office field
⊨	Date	D		
	10/30/2020	Payee name Facebook		
L			`	
	Amount (\$) \$200.00		oue	
	\$200.00	1 Hacker Way		
		M. J. B. J. 04 04005		
L		Menlo Park, CA 94025		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Chask if traval sutside of Taylor Complete Schoolule T
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				FB Ads
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	10/31/2020	Facebook		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$200.00	1 Hacker Way		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				FB ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	lught	Office held
	Complete ONLY if direct expenditure to benefit C/OH		uyill	Office field
\vdash				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Award/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	-	e this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/14 Rpt: 12/21	Fuentes, Vanessa		00090443	
4	Date	5 Payee name			
	11/02/2020	Facebook			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$200.00	1 Hacker Way			
		Menlo Park, CA 94025			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description	
	OF EXPENDITURE	Advertising Expense	[Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense B ads	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held	-
	expenditure to benefit C/OI		- g- · ·	22	
-	Date	Payee name			=
	11/03/2020	Facebook			
_	Amount (\$)	Payee address; City; State; Zip Co	ode		_
	\$125.00	1 Hacker Way	oue		
	Ψ123.00	Triacker way			
		Menlo Park, CA 94025			
	DUDDOCE		(1-) -		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense	
			F	-B ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
	experiulture to belieff C/Or	1			
	Date	Payee name			
	11/04/2020	Facebook			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$250.00	1 Hacker Way			
		Menlo Park, CA 94025			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description	
	OF EXPENDITURE	Advertising Expense	[Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense B ads	
			1 '		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht	Office held	-
	expenditure to benefit C/O		- g- · ·	22	
					-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 13/21	Fuentes, Vanessa		00090443
4	Date	5 Payee name		
	12/01/2020	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$11.11	1 Hacker Way		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				FB ads
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held
	expenditure to benefit C/OI		J	
	Date	Payee name		
	10/26/2020	Facebook		
_	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$200.00	1 Hacker Way		
	,			
		Menlo Park, CA 94025		
	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, laterially Expense		Check if Austin, TX, officeholder living expense
				Fb Ads
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	10/27/2020	Facebook		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$100.00	1 Hacker Way		
		Menlo Park, CA 94025		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				FB Ads
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	re)
_	Sch: 7/14 Rpt: 14/21	Fuentes, Vanessa 00090443	13)
4	Date	5 Payee name	
	10/28/2020	Facebook	
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code 1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense FB ads	
		FD dus	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/10/2020	Google Ads	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	1600 Amphitheatre Parkway	
	φοσο.σσ	1000 / Imprinteduce i ditway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Google Ads	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/11/2020	Google Ads	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$136.87	1600 Amphitheatre Parkway	
	\$200.01	1 2000 / unipriuricatio i arkivay	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	LA LINDITORE	Check if Austin, TX, officeholder living expense	
		Google Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	п	

SCHEDULE F1

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

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

Eveni Expense Luar Fees Offic Food/Beverage Expense Polii Gift/Awards/Memorials Expense Print Legal Services Sala

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

	Credit Card Payment	The Instruction Guide explains how to co	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 15/21	Fuentes, Vanessa		00090443
4	Date	5 Payee name		
	11/03/2020	Gusto		
6	Amount (\$) \$12.80	7 Payee address; City; State; Zip Cor 525 20th Street	de	
		San Francisco, CA 94107		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Software
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sout	ght	Office held
	Date	Payee name		
	12/02/2020	Gusto		
	Amount (\$) \$6.40	Payee address; City; State; Zip Co. 525 20th Street	de	
		San Francisco, CA 94107		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 11/01/2020	Payee name HEB		
	Amount (\$) \$10.83	Payee address; City; State; Zip Co 6607 S IH 35 Frontage Rd	de	
		Austin, TX 78744		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gloves for Volunteers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	ers)
	Sch: 9/14 Rpt: 16/21	Fuentes, Vanessa 00090443	
4	Date	5 Payee name	
	10/30/2020	HotTejano.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	9401 S 1st St	
		Austin, TX 78744	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Radio Ads	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialiture to beliefit C/O	·	
	Date	Payee name	
	11/06/2020	Hustle Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,180.20	595 Market St.	
		Suite 920	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Text Messaging	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
-	Date	T -	
	Date 11/05/2020	Payee name	
		Jimmy Johns	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$159.00	610 East Stassney	
		Ste. C-1	
		Austin, TX 78745	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food For Volunteers	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 17/21	Fuentes, Vanessa 00090443
4	Date	5 Payee name
	10/28/2020	Kerr, Taylor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$480.00	6263 Mcneil Drive, Apt #1524
		Austin, TX 78729
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/01/2020	Kerr, Taylor
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	6263 Mcneil Drive, Apt #1524
		Austin, TX 78729
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/01/2020	Kirkpatrick, Riley
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.00	208 Braeswood
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 18/21	Fuentes, Vanessa 00090443
4	Date	5 Payee name
	11/05/2020	Little Caesars
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.38	5200 E. William Cannon
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pizza For Staff
		1 122a T Of Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	10/27/2020	Minuteman Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.52	1221 W. 6th Street
		В
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZAI ZHBITORZ	Check if Austin, TX, officeholder living expense
		Postcards and Stickers
	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/29/2020	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.75	9600 I-35 Suite R
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Stamps for Mail
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 19/21	Fuentes, Vanessa	00090443
4	Date	5 Payee name	•
	11/12/2020	Premiere Political Communications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	4805 Woodview Avenue	
		Austin, TX 78756	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin Robocalls	n, TX, officeholder living expense
		Robocalis	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
\vdash	Date	David and a	
	11/01/2020	Payee name Quik Print	
	Amount (\$)	•	
	\$430.15	Payee address; City; State; Zip Code 410 Congress Ave	
	φ430.13	410 Congress Ave	
		Austin TV 70701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	I filling Expense	n, TX, officeholder living expense
		Postcards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	l	
	Date	Payee name	
	11/15/2020	Quintana, LaRessa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	233 Maplewood S	
		Kyle, TX 78640	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		n, TX, officeholder living expense
		Contract Lab	oor
	Complete ONLY if alias -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 20/21	Fuentes, Vanessa	00090443
4	Date	5 Payee name	<u> </u>
	10/29/2020	Reel Popcorn	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.21	8504 South Congress Avenue	
l			
l		Austin, TX 78744	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE		Check if Austin, TX, officeholder living expense
l			Food for Volunteer Event
Ļ	Operation ONLY if dispose	On all data (Office helden as as a	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	· 		
l	Date	Payee name	
ᆫ	10/28/2020	Solidarity Strategies	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$5,165.00	247 16th Street SE	
l			
L		Washington DC, DC 20003	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Design and Mail
			3
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	11/05/2020	Taco Cabana	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$18.38	6430 IH-35 Frontage Rd	
l		-	
l		Austin, TX 78745	
⊢	PURPOSE		Description
l	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Breakfast For Volunteers
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The state of the s	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 21/21	Fuentes, Vanessa 00090443
4	Date	5 Payee name
	11/01/2020	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	9500 S IH 35 Frontage Rd Suite G
		Austin, TX 78748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks For Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/01/2020	Tyminski, Talan
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.00	5508 S Hearsey Dr.
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2020	Vela Cardenas , Paola
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.00	20915 Wilderness Oak, Apt 9203
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Somutet Labor
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		