FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085817 3 COMMITTEE NAME **OFFICE USE ONLY** Justicia Fronteriza PAC Date Received **ELECTRONICALLY FILED** 07/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1535 Raphael Circle Date Hand-delivered or Date Postmarked Change of Address El Paso, TX 79936 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Raquel NAME NICKNAME LAST **SUFFIX** Rojo STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1535 Raphael Circle STREET **ADDRESS** (Residence or Business) El Paso, TX 79936 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1535 Raphael Circle MAILING **ADDRESS** El Paso, TX 79936 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 472-9133 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME	_			13 Filer II		(Ethics Commission Filers)
Justicia Fronteriza PAC	<u> </u>			00085	817	
4 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	0. 14	A. Supported				
	Measures (Describe by date and location	A. Supported				
	of election and nature of issue.)					
		B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					
5 CONTRIBUTION	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	D DOLUTICAL C	ONTRIBUTIONS (OTHER THAN	<u> </u>		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT MADE ELECTRO	EES OF LOANS, OR	\$	i	0.00
	2. TOTAL POLITICA	-	-	-		
	(OTHER THAN PLE	EDGES, LOANS	S, OR GUARANTEES OF LOANS)	\$)	994.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL E	XPENDITURES	\$	3	0.00
	4. TOTAL POLITICA	AL EXPENDIT	URES	\$	3	1,792.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		NS MAINTAINED AS OF THE LAST	T DAY \$	i	8,560.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE		LL OUTSTANDING LOANS AS OF ERIOD	THE \$	i	0.00
6 AFFIDAVIT	<u> </u>			1		
		t	swear, or affirm, under penalty of prue and correct and includes all infounder Title 15, Election Code.			
		_	·	uel Rojo		
			Signature of Ca	ampaign Tr	easure	er er
AFFIX NOTARY	Y STAMP / SEAL ABOVE					
Sworn to and subscribed	d before me, by the said		······································	this the		day
			my hand and seal of office.			
Signature of officer ad	dministering oath	Printed name o	of officer administering oath	Title o	f office	r administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 30

					3 01 30
		EE NAME	18 Filer ID	(Ethic	cs Commission Filers)
Jus	sticia Fi	ronteriza PAC	00085817		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	994.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,792.94
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

The Instruct FILER NAME Justicia Fron Date 01/21/2024	teriza PAC 5 Full name of contributor	s for	m.	1	Total pages Schedule A1:	
Justicia Fron 4 Date	5 Full name of contributor ut-of-state PAC (ID					
	5 Full name of contributor out-of-state PAC (ID#:)			3	Filer ID (Ethics Commission 00085817	ı Filers)
				7	Amount of Contribution (\$)	\$10.00
9 Dringing aggr		ام	Employer (See Instructions	<u></u>		
Payroll Tax A	pation / Job title (See Instructions) analyst	9	Employer (See Instructions University of Tex	s)		
Date 02/21/2024	Full name of contributor out-of-state PAC (IE Carrillo, Veronica Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	El Paso, TX 79902					
Principal occu _l Payroll Tax <i>A</i>	pation / Job title (See Instructions) analyst		Employer (See Instructions University of Tex	S)		
Date 03/21/2024	Full name of contributor out-of-state PAC (ID Carrillo, Veronica Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$10.00
	El Paso, TX 79902					
Principal occu _l Payroll Tax <i>P</i>	pation / Job title (See Instructions) analyst		Employer (See Instructions University of Tex	s)		
Date 04/21/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
Principal occu Payroll Tax <i>A</i>	El Paso, TX 79902 Dation / Job title (See Instructions) Analyst		Employer (See Instructions University of Tex	<u> </u> s)		
Date 05/21/2024	Full name of contributor out-of-state PAC (IE Carrillo, Veronica Contributor address; City; State; Zip Code El Paso, TX 79902				Amount of Contribution (\$)	\$10.00
Principal occu Payroll Tax <i>A</i>	pation / Job title (See Instructions)		Employer (See Instructions University of Tex	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE A		
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/30		
2	FILER NAME Justicia Fron	iteriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)	
4	Date 06/21/2024	5 Full name of contributor Carrillo, Veronica6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00	
	Dringing oggu	El Paso, TX 79902	lo.	Employer (See Instructions	_			
8	Payroll Tax A	pation / Job title (See Instructions) Analyst	9	Employer (See Instructions University of Tex	·)			
	Date 01/04/2024	Full name of contributor Crawford, Constance Contributor address; City; Stat				Amount of Contribution (\$)	\$10.00	
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	.)			
	El Paso Cou			Not employed	')			
	Date 02/04/2024	Full name of contributor Crawford, Constance Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00	
		El Paso, TX 79902						
	Principal occu El Paso Cou	pation / Job title (See Instructions) nty		Employer (See Instructions Not employed	5)			
	Date 03/04/2024	Full name of contributor Crawford, Constance Contributor address; City; Stat El Paso, TX 79902	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu El Paso Cou	pation / Job title (See Instructions) nty		Employer (See Instructions Not employed	5)			
	Date 04/04/2024	Full name of contributor Crawford, Constance Contributor address; City; Stat El Paso, TX 79902	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu El Paso Cou	pation / Job title (See Instructions)		Employer (See Instructions Not employed	<u> </u>			
		•		1.20.2				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S	SCHEDULE A1		
	The Instruc	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/30	
2	FILER NAME Justicia Fron	iteriza PAC			3	Filer ID (Ethics Commission 00085817	n Filers)
4	Date 05/04/2024	5 Full name of contributor Crawford, Constance6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	El Paso, TX 79902	To.	Franksian (Cookarational	<u></u>		
8	El Paso Cou	pation / Job title (See Instructions) nty		Employer (See Instructions Not employed	5)		
	Date 06/04/2024	Full name of contributor Crawford, Constance Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal assu	El Paso, TX 79902		Franks von (Cook kastu votis vo	<u></u>		
	El Paso Cou	pation / Job title (See Instructions) nty		Employer (See Instructions Not employed	5)		
	Date 02/26/2024	Full name of contributor Reza, Ana Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79907					
	Principal occu Bridge Chap	pation / Job title (See Instructions) lain		Employer (See Instructions Episcopal Dioces	s)		
Date 01/17/2024		Full name of contributor out-of-state PAC (ID#:) Schulte, Kim Contributor address; City; State; Zip Code El Paso, TX 79932				Amount of Contribution (\$)	\$15.00
	Principal occu counselor	pation / Job title (See Instructions)		Employer (See Instructions magellan	<u>(</u>		
	Date 02/17/2024	Full name of contributor Schulte, Kim Contributor address; City; State El Paso, TX 79932	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu counselor	pation / Job title (See Instructions)		Employer (See Instructions magellan	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	N	S		SCHEDULE F		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/30		
2	FILER NAME Justicia Fron	teriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)	
4	Date 03/17/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00	
_	Deinsinal	El Paso, TX 79932	_	Frankrick (O. a. bashousticae				
8	counselor	pation / Job title (See Instructions)	9	Employer (See Instructions magellan	5)			
	Date 04/17/2024	Full name of contributor				Amount of Contribution (\$)	\$15.00	
	Principal occu	El Paso, TX 79932 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	counselor	pation, our title (ede mottadants)		magellan	,,			
	Date 05/17/2024	Full name of contributor)		Amount of Contribution (\$)	\$15.00	
		El Paso, TX 79932						
	Principal occu counselor	pation / Job title (See Instructions)		Employer (See Instructions magellan	5)			
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID#:_Schulte, Kim Contributor address; City; State; Zip Code El Paso, TX 79932				Amount of Contribution (\$)	\$15.00	
	Principal occu counselor	pation / Job title (See Instructions)	Employer (See Instructions) magellan		5)			
	Date 03/15/2024	Full name of contributor out-of-state PAC (ID#:_ Segura, Bernadette Contributor address; City; State; Zip Code El Paso, TX 79903				Amount of Contribution (\$)	\$10.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/30		
2	FILER NAME Justicia From			3	Filer ID (Ethics Commission 00085817	Filers)	
4	Date 04/15/2024	5 Full name of contributor out-of-state PAC (ID#:_ Segura, Bernadette 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00	
_	<u> </u>	El Paso, TX 79903	10.5.1.10				
8	attorney	pation / Job title (See Instructions)	Employer (See Instructions) Legal aid)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/15/2024 Segura, Bernadette Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Dringing! goog	El Paso, TX 79903	Employer (Co.) Instructions				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Legal aid)			
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#:_ Segura, Bernadette Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		El Paso, TX 79903					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Legal aid)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902			Amount of Contribution (\$)	\$1.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902			Amount of Contribution (\$)	\$1.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/30	
2	FILER NAME Justicia Fron	iteriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)
4	Date 02/24/2024	 5 Full name of contributor out-of-state PAC (ID# Starr, Carl 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1.00
_	Dringing aggr	El Paso, TX 79902	١,	Employer (Coo Instructions	<u></u>		
8	not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	·)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1.00
		El Paso, TX 79902					
	Principal occur Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$1.00
		El Paso, TX 79902					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 03/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902				Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902			•	Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/30		
2	FILER NAME Justicia Fron	iteriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)	
4	Date 04/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00	
8	Principal occur	El Paso, TX 79902 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·/			
0	Not Employe		ا	Not Employed	·)			
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00	
		El Paso, TX 79902						
	Principal occup Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)			
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$1.00	
		El Paso, TX 79902						
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902)		Amount of Contribution (\$)	\$1.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>			
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID# Starr, Carl Contributor address; City; State; Zip Code El Paso, TX 79902				Amount of Contribution (\$)	\$1.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	<u>`</u>		1					

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/30	
2	FILER NAME Justicia Fron	iteriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)
4	Date 01/08/2024	 Full name of contributor out-of-state PAC (ID#:_ Stone, Briana Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$27.00
_		Buda, TX 78610	_		_		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions state agency	5)		
	Date 02/08/2024	Full name of contributor			•	Amount of Contribution (\$)	\$27.00
	Principal occu	Buda, TX 78610 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Attorney	panon, cos uno (coe monacuono)		state agency	-,		
	Date 03/08/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$27.00
		Buda, TX 78610					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions state agency	5)		
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_ Stone, Briana Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$27.00
	Principal occu Attorney	Buda, TX 78610 pation / Job title (See Instructions)		Employer (See Instructions state agency	<u> </u> s)		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_Stone, Briana Contributor address; City; State; Zip Code Buda, TX 78610)		Amount of Contribution (\$)	\$27.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions state agency	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/30		
2	FILER NAME Justicia Fron	teriza PAC			3	Filer ID (Ethics Commission 00085817	Filers)	
4	Date 06/08/2024	 Full name of contributor out-of-state PAC (ID# Stone, Briana Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$27.00	
_		Buda, TX 78610						
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions state agency	5)			
	Date 01/05/2024	Full name of contributor			•	Amount of Contribution (\$)	\$15.00	
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u>			
	Retired	,		N/A	,			
	Date 02/05/2024	Full name of contributor	:)	•	Amount of Contribution (\$)	\$15.00	
		El Paso, TX 79922						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)			
Date 03/05/2024		Full name of contributor out-of-state PAC (ID# Valdez, Jesus Contributor address; City; State; Zip Code El Paso, TX 79922)		Amount of Contribution (\$)	\$15.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>l</u> s)			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Valdez, Jesus Contributor address; City; State; Zip Code El Paso, TX 79922)		Amount of Contribution (\$)	\$15.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)			
			1					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/30	
2	FILER NAME Justicia Fron	iteriza PAC				3	Filer ID (Ethics Commission 00085817	n Filers)
4	Date 05/05/2024	5 Full name of contributorValdez, Jesus6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$15.00
_		El Paso, TX 79922		_				
8	Principal occu Retired	pation / Job title (See Instructions	;) 	9	Employer (See Instructions N/A	5)		
	Date 06/05/2024	Full name of contributor Valdez, Jesus Contributor address; City; S)		Amount of Contribution (\$)	\$15.00
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions	:)		Employer (See Instructions	<u>:)</u>		
	Retired	pation / Job title (See Instructions) -		N/A	P)		
	Date 01/25/2024	Full name of contributor Westermann, Alison Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79912						
	Principal occu Program Dire	pation / Job title (See Instructions ector	s)		Employer (See Instructions Borderland Rain	s)		
Date 01/12/2024		Full name of contributor out-of-state PAC (ID#:) salas, martha Contributor address; City; State; Zip Code El Paso, TX 79930				Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions ed	;)		Employer (See Instructions Not Employed	5)		
	Date 01/05/2024	Full name of contributor staudt, kathleen Contributor address; City; S El Paso, TX 79912	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	(i)		Employer (See Instructions Not Employed	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/30	
2	FILER NAME Justicia Fron	FILER NAME Justicia Fronteriza PAC			3	Filer ID (Ethics Commission 00085817	ı Filers)
4	Date 02/05/2024			7	Amount of Contribution (\$)	\$20.00	
8	Principal occur	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>)</u>		
Ŭ	Not Employe			Not Employed	')		
	Date 03/05/2024	Full name of contributor staudt, kathleen Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$20.00
		El Paso, TX 79912					
	Principal occur Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/05/2024 staudt, kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	Dringing conu	El Paso, TX 79912		Employer (See Instructions	_		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAG 05/05/2024 staudt, kathleen		out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$20.00
				Employer (See Instructions Not Employed	5)		
	Date O6/05/2024 Full name of contributor out-of-state PAC (ID#:) Staudt, kathleen Contributor address; City; State; Zip Code El Paso, TX 79912			Amount of Contribution (\$)	\$20.00		
	Principal occupation / Job title (See Instructions) Not Employed Not Employed			()			
	тос Етрюуе			Not Employed			

PLEI	DGED CONTRIBU	TIONS			SCHEDULE B
т	he Instruction Guide exp	plains how to comp	lete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 15/30
2 FILER N Justicia	AME Fronteriza PAC			3	Filer ID (Ethics Commission Filers) 00085817
4 TOTAL	OF UNITEMIZED PLEDO	 GES			\$ 0.
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID		8	Amount of pledge (\$) 9
			1	[Check if travel outside of Texas. Complete Schedu
10 Principal	l occupation / Job title (See Instru	ictions)	11 Employer (See In	structi	ons)

LO	ANS					SCHED	JLE E
The	The Instruction Guide explains how to complete this form		ages Schedule E: L/1 Rpt: 16/30				
2 FILER	R NAME cia Fronteria	za PAC			3 Filer ID (Ethics Commission Filers) 00085817		n Filers)
4 тот.	AL OF UN	IITEMIZED LOANS			•	\$	0.00
5 Date of	of Ioan	7 Name of lender	out-of-state Pa	AC (ID#:		9 Loan Amount (\$)
6 Is lend financ institu	ial	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Princip	pal occupation	on / Job title (See Instruct	ions)	13 Employer (See Instruction	ıs)	•	
	iption of Coll one	ateral		15 Check if personal funds w	ere deposite	ed into political accoun (See Instruction	
16 GUAF	RANTOR RMATION	17 Name of guarantor				19 Amount Guaran	teed (\$)
☐ no	ot applicable	18 Guarantor address;	City; State;	Zip Code			
20 Principal occupation		21 Employer (See Instruction	ıs)	. 1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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:	
Sch: 1/14 Rpt: 17/30	2 FILER NAME3 Filer ID(Ethics Commission Filers)Justicia Fronteriza PAC00085817
4 Date	5 Payee name
06/03/2024	ACTION NETWORK
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
Expenditure from corporate funds	Washington, DC 20036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	/ / / · · · · · · · · · · · · · · · · ·
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2024	ACTION NETWORK
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
Ψ10.00	1500 L Street (VVV, Suite 500
Expenditure from	
corporate funds	Washington, DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Davies same
Date	Payee name
04/01/2024	ACTION NETWORK
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
Expenditure from corporate funds	Washington, DC 20036
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	I GUII
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	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: 2/14 Rpt: 18/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
03/01/2024	ACTION NETWORK
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
— Forest diture from	
Expenditure from corporate funds	Washington, DC 20036
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Tech
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	
Date	Payee name
02/01/2024	ACTION NETWORK
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
,	
Expenditure from	Washington DC 20026
corporate funds	Washington, DC 20036
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/02/2024	ACTION NETWORK
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1900 L Street NW, Suite 900
Expenditure from corporate funds	Washington, DC 20036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 19/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
02/12/2024	AF Business Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$170.00	11985 Pellcano Dr
Expenditure from corporate funds	El Paso, TX 79936
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Miscellaneous
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$39.47	366 Summer Street
,,,,,,	
Expenditure from corporate funds	Somerville, MA 02144-3132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/10/2024	Albert Genius
Amount (\$)	Payee address; City; State; Zip Code
\$48.00	3528 Hayden Ave
φ46.00	3320 Hayueli Ave
Expenditure from corporate funds	South Culver City, CA 90232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Miscellaneous
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
1 Total pages Schedule F1: Sch: 4/14 Rpt: 20/30	2 FILER NAME3 Filer ID(Ethics Commission Filers)Justicia Fronteriza PAC00085817
4 Date	5 Payee name
04/29/2024	Albert Genius
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$108.00	3528 Hayden Ave
Expenditure from corporate funds	South Culver City, CA 90232
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Miscellaneous
	Misocharicous
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
CAPCHARAIGE TO DEFICIT C/O	·
Date	Payee name
04/05/2024	Albert Genius
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$92.00	3528 Hayden Ave
Expenditure from	
corporate funds	South Culver City, CA 90232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Crossing to the control of the con
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Miscellaneous
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
01/02/2024	Canva
Amount (\$)	Payee address; City; State; Zip Code
\$119.99	110 Kippax St.
4110.00	
Expenditure from	
corporate funds	Surry Hills NSW 2010 Australia
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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: 5/14 Rpt: 21/30	Justicia Fronteriza PAC 00085817	
4 Date	5 Payee name	
06/03/2024	Google LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$12.79	1600 Amphitheatre Pkwy	
Expenditure from		
corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Tech	
	Tech	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
06/03/2024	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.35	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Tech	
	Tech	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
Complete ONLY if direct expenditure to benefit C/OI		
·		_
Date	Payee name	
05/02/2024	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.79	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Tech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
oxponditure to benefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/14 Rpt: 22/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
05/02/2024	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.35	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	redi
Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/29/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$21.31	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Tech
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/02/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$12.79	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/14 Rpt: 23/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
04/02/2024	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.69	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Tech
	recii
O Commission ONLL V if dispose	Condidate/Office holder name Office pought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/04/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$12.79	1600 Amphitheatre Pkwy
Evnanditura from	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	redi
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ÿ
Date	Power name
03/04/2024	Payee name Google LLC
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$12.79	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Tech
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3. po. la.ta. 3 to bollont 0/01	
Forms provided by Teyas F	thics Commission Wash athics state type Version V// 1.0 d278aha0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/14 Rpt: 24/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
02/02/2024	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.79	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	redi
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
02/02/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$12.79	1600 Amphitheatre Pkwy
— Forestitus from	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Tech
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better civot	
Date	Payee name
01/29/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1.58	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
İ	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/14 Rpt: 25/30	Justicia Fronteriza PAC 00085817	
4 Date	5 Payee name	
01/02/2024	Google LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.79	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Tech	
	l lecii	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
oxportantaro to sorione or o		
Date	Payee name	
01/02/2024	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.79	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Tech	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	П	
Date	Payee name	
06/24/2024	Microsoft Corporation	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.81	One Microsoft Way	
+20.01		
Expenditure from corporate funds	Redmond, WA 98052	
		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Tech	
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

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 26/30	Justicia Fronteriza PAC 00085817	
4 Date	5 Payee name	
05/28/2024	Microsoft Corporation	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.81	One Microsoft Way	
Expenditure from corporate funds	Redmond, WA 98052	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
LA LABITORL	Check if Austin, TX, officeholder living expense	
	Tech	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Oi		
Date	Payee name	
04/25/2024	Microsoft Corporation	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.81	One Microsoft Way	
Ψ10.01	One wildrosoft way	
Expenditure from		
corporate funds	Redmond, WA 98052	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Tech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of	•	
Date	Payee name	
03/25/2024	Microsoft Corporation	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.81	One Microsoft Way	
*		
Expenditure from	Dedmand WA 000F2	
corporate funds	Redmond, WA 98052	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Tech	
	16611	
Complete ONLY if allow	Condidate/Officeholder name	
Complete <u>ONLY</u> 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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 27/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
02/26/2024	Microsoft Corporation
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.81	One Microsoft Way
— Forest dit us from	
Expenditure from corporate funds	Redmond, WA 98052
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	Tech
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
01/25/2024	Microsoft Corporation
Amount (\$)	Payee address; City; State; Zip Code
\$10.81	One Microsoft Way
	,
Expenditure from corporate funds	Redmond, WA 98052
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tech
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/13/2024	Nevarez, Jeannette
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	11400 Arrow Rock
Expenditure from	
corporate funds	El Paso, TX 79936
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contract work
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 28/30	Justicia Fronteriza PAC	00085817
4 Date	5 Payee name	·
01/09/2024	Nevarez, Jeannette	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$400.00	11400 Arrow Rock	
Expenditure from		
corporate funds	El Paso, TX 79936	
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. Check if Austin, TX, officeholder living expense
		Contract work
Complete ONLY if direct expenditure to benefit C/OF		sought Office held
Date	Payee name	
02/28/2024	Postal World	
Amount (\$)	Payee address; City; State; Zip) Code
\$5.99	11985 Pellicano D., Ste. G	
Expenditure from corporate funds	El Paso, TX 79936	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
		j
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/27/2024	Zoom Video Communications Inc.	
Amount (\$)	Payee address; City; State; Zip) Code
\$17.04	55 Almaden Blvd, 6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tech
		T CONT
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/14 Rpt: 29/30	Justicia Fronteriza PAC 00085817	
4 Date	5 Payee name	
05/28/2024	Zoom Video Communications Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$17.04	55 Almaden Blvd, 6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Tech	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
04/29/2024	Zoom Video Communications Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$17.04	55 Almaden Blvd, 6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Tech	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	
03/27/2024	Zoom Video Communications Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.04	55 Almaden Blvd, 6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Tech	
	1.33.1	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
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<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 30/30	Justicia Fronteriza PAC 00085817
4 Date	5 Payee name
02/27/2024	Zoom Video Communications Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.04	55 Almaden Blvd, 6th Floor
Expenditure from corporate funds	San Jose, CA 95113
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tech
	recii
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2024	Zoom Video Communications Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$17.04	55 Almaden Blvd, 6th Floor
Expenditure from corporate funds	San Jose, CA 95113
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Tech
	Tech
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held