

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | | | | | |
|---|--------|--|-----------------------------------|-----------|--------|--|--|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00085817 | 2 Total pages filed: 27 | | | | |
| 3 COMMITTEE NAME Justicia Fronteriza PAC | | OFFICE USE ONLY | | | | | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | Date Received ELECTRONICALLY FILED 01/15/2025 Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed Date Imaged | | Receipt # | Amount | | |
| Receipt # | Amount | | | | | | |
| | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1535 Raphael Circle El Paso, TX 79936 | | | | | |
| MS / MRS / MR FIRST MI Raquel NICKNAME LAST SUFFIX Rojo | | | | | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1535 Raphael Circle El Paso, TX 79936 | | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1535 Raphael Circle El Paso, TX 79936 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (915) 472-9133 | | | | | |
| 9 REPORT TYPE | | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | | | | |
| 10 PERIOD COVERED | | Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024 | | | | | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Justicia Fronteriza PAC | 13 Filer ID (Ethics Commission Filers) 00085817 |
|---|---|

| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|---|-------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,569.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,277.31 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 9,025.51 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Raquel Rojo

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

| | |
|--|---|
| 17 COMMITTEE NAME Justicia Fronteriza PAC | 18 Filer ID (Ethics Commission Filers) 00085817 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,569.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,277.31 |
| 11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 07/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Veronica | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code El Paso, TX 79902 | |
| 8 Principal occupation / Job title (See Instructions) Payroll Tax Analyst | | 9 Employer (See Instructions) University of Tex |
| Date 08/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Veronica | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79902 | |
| Principal occupation / Job title (See Instructions) Payroll Tax Analyst | | Employer (See Instructions) University of Tex |
| Date 09/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Veronica | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79902 | |
| Principal occupation / Job title (See Instructions) Payroll Tax Analyst | | Employer (See Instructions) University of Tex |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Veronica | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79902 | |
| Principal occupation / Job title (See Instructions) Payroll Tax Analyst | | Employer (See Instructions) University of Tex |
| Date 11/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Veronica | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79902 | |
| Principal occupation / Job title (See Instructions) Payroll Tax Analyst | | Employer (See Instructions) University of Tex |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 07/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) El Paso County | | 9 Employer (See Instructions) Not employed |
| Date 08/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) El Paso County | | Employer (See Instructions) Not employed |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) El Paso County | | Employer (See Instructions) Not employed |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) El Paso County | | Employer (See Instructions) Not employed |
| Date 11/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) El Paso County | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 12/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Constance <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) El Paso County | | 9 Employer (See Instructions) Not employed |
| Date 11/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAVARRO, SUSANA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) counselor | | Employer (See Instructions) magellan |
| Date 08/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) counselor | | Employer (See Instructions) magellan |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) counselor | | Employer (See Instructions) magellan |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79932 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) counselor | | 9 Employer (See Instructions) magellan |
| Date 11/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) counselor | | Employer (See Instructions) magellan |
| Date 07/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Legal aid |
| Date 08/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Legal aid |
| Date 09/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Legal aid |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 10/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79903 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Legal aid |
| Date 11/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Legal aid |
| Date 12/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura, Bernadette <hr/> Contributor address; City; State; Zip Code El Paso, TX 79903 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Legal aid |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 08/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 10/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902 | 7 Amount of Contribution (\$) \$1.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 11/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 11/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 12/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Carl <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 07/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 08/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 07/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$27.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) state agency |
| Date 08/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$27.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) state agency |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 09/08/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610 | 7 Amount of Contribution (\$) \$27.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) state agency |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$27.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) state agency |
| Date 11/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$27.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) state agency |
| Date 12/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Briana <hr/> Contributor address; City; State; Zip Code Buda, TX 78610 | Amount of Contribution (\$) \$27.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) state agency |
| Date 07/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/27 |
| 2 FILER NAME Justicia Fronteriza PAC | | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 08/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus | 7 Amount of Contribution (\$) \$15.00 |
| 6 Contributor address; City; State; Zip Code El Paso, TX 79922 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A |
| Date 09/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus | Amount of Contribution (\$) \$15.00 |
| Contributor address; City; State; Zip Code El Paso, TX 79922 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |
| Date 10/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus | Amount of Contribution (\$) \$15.00 |
| Contributor address; City; State; Zip Code El Paso, TX 79932 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus | Amount of Contribution (\$) \$15.00 |
| Contributor address; City; State; Zip Code El Paso, TX 79932 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus | Amount of Contribution (\$) \$15.00 |
| Contributor address; City; State; Zip Code El Paso, TX 79932 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 1/14 Rpt: 14/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 07/01/2024 | 5 Payee name ACTION NETWORK | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/01/2024 | Payee name ACTION NETWORK | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/03/2024 | Payee name ACTION NETWORK | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 2/14 Rpt: 15/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 10/01/2024 | 5 Payee name ACTION NETWORK | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2024 | Payee name ACTION NETWORK | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name ACTION NETWORK | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1900 L Street NW, Suite 900 Washington, DC 20036 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 3/14 Rpt: 16/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
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|-----------------------------|--------------------------------|
| 4 Date 12/31/2024 | 5 Payee name ActBlue |
|-----------------------------|--------------------------------|

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| 6 Amount (\$) \$61.77 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132 |
|--|---|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense act blue fees |
|---------------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------|
| Date 07/16/2024 | Payee name Adobe |
|--------------------|---------------------|

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|---|--|
| Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 |
|---|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---------------------|
| Date 07/26/2024 | Payee name Adobe |
|--------------------|---------------------|

| | |
|---|--|
| Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|-------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/14 Rpt: 17/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 08/26/2024 | 5 Payee name Adobe | |
| 6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/26/2024 | Candidate/Officeholder name Office sought Office held | |
| Date 09/26/2024 | Payee name Adobe | |
| Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/28/2024 | Candidate/Officeholder name Office sought Office held | |
| Date 10/28/2024 | Payee name Adobe | |
| Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) TECH | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/14 Rpt: 18/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 11/26/2024 | 5 Payee name Adobe | |
| 6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/26/2024 | Payee name Adobe | |
| Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/09/2024 | Payee name Ella | |
| Amount (\$) \$129.90 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2817 YandellDr El Paso, TX 79903 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 6/14 Rpt: 19/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
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|-----------------------------|-------------------------------|
| 4 Date 12/09/2024 | 5 Payee name FitFam |
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| 6 Amount (\$) \$220.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2626 San Diego Ave El Paso, TX 79930 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Add |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 07/02/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|---|---|
| Amount (\$) \$15.35 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|---|---|

| | | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
|------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 07/02/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|---|---|
| Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|---|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
|------------------------|---|--|

| | | | |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 7/14 Rpt: 20/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
|---|--|--|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 08/02/2024 | 5 Payee name Google LLC |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|--|
| 6 Amount (\$) \$12.79 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|---------------------------------|--|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|---------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 08/02/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$15.35 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|------------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 09/03/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|------------------------|---|
| Amount (\$) \$15.35 | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|------------------------|---|

Expenditure from corporate funds

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/14 Rpt: 21/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
|---|--|--|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 09/03/2024 | 5 Payee name Google LLC |
|-----------------------------|-----------------------------------|

| | |
|--|--|
| 6 Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|--|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|---------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 10/02/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|---|---|
| Amount (\$) \$15.35 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 10/02/2024 | Payee name Google LLC |
|--------------------|--------------------------|

| | |
|---|---|
| Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
|------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 9/14 Rpt: 22/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 11/04/2024 | 5 Payee name Google LLC | |
| 6 Amount (\$) \$27.35 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Google LLC | |
| Amount (\$) \$15.35 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Google LLC | |
| Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 10/14 Rpt: 23/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 11/04/2024 | 5 Payee name Google LLC | |
| 6 Amount (\$) \$12.79 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2024 | Payee name Microsoft Corporation | |
| Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/26/2024 | Payee name Microsoft Corporation | |
| Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 11/14 Rpt: 24/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 09/25/2024 | 5 Payee name Microsoft Corporation | |
| 6 Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/24/2024 | Payee name Microsoft Corporation | |
| Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/25/2024 | Payee name Microsoft Corporation | |
| Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 12/14 Rpt: 25/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 12/26/2024 | 5 Payee name Microsoft Corporation | |
| 6 Amount (\$) \$10.81 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/09/2024 | Payee name SQUARESPACE INC | |
| Amount (\$) \$294.22 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2024 | Payee name SQUARESPACE INC | |
| Amount (\$) \$12.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 225 Varick Street, 12th Floor New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 13/14 Rpt: 26/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 07/29/2024 | 5 Payee name Zoom Video Communications Inc. | |
| 6 Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/27/2024 | Candidate/Officeholder name Zoom Video Communications Inc. | |
| Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | Office sought 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Office held | | |
| Date 09/27/2024 | Candidate/Officeholder name Zoom Video Communications Inc. | |
| Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | Office sought 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 14/14 Rpt: 27/27 | 2 FILER NAME Justicia Fronteriza PAC | 3 Filer ID (Ethics Commission Filers) 00085817 |
| 4 Date 10/28/2024 | 5 Payee name Zoom Video Communications Inc. | |
| 6 Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/27/2024 | Candidate/Officeholder name Zoom Video Communications Inc. | |
| Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | Office sought 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/27/2024 | Candidate/Officeholder name Zoom Video Communications Inc. | |
| Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds | Office sought 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tech | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tech |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |