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) 00088660 3 COMMITTEE NAME **OFFICE USE ONLY** Frontera Texas PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1024 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78767 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ryan NAME NICKNAME LAST **SUFFIX** Guillen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 1024 STREET **ADDRESS** (Residence or Business) Austin, TX 78767 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1024 MAILING **ADDRESS** Austin, TX 78767 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 877-9577 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** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/03/2026 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

CONTRIBUTION 2. Measures (Percent of reversions) 3. Officeholders (Percent of reversions) 2. Measures (Percent of reversions) 3. Officeholders (Percent of reversions) 4. Supported (Percent of reversions) 3. Officeholders (Percent of reversions) 4. Supported (Percent of reversions) 3. Officeholders (Percent of reversions) 4. Supported (Percent of reversions) 5. Officeholders (Percent of reversions) 6. Officeholders (Percent of reversions) 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PERCENT) 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PERCENT) 6. TOTAL POLITICAL CONTRIBUTIONS (Percent of Percent of Percen	2 COMMITTEE NAME			2 Eilor ID	(Ethics Commission Filers)
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GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

COMMITTEE NAME Frontera Texas PAC COMMITTEE ACTIVITY I. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain caper to complete this) B. Opposed	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed The Honor Assisted	ADDENDON
Frontera Texas PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed A. Supported Describe by date and location of election and nature of issue.) B. Opposed The Honorable JANIE LOPEZ State Representative	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed The Honor Assisted	Page 3 of 6
ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Export if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed The Honorable JANIE LOPEZ State Representative	COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted	
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(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed The Honorable JANIE LOPEZ State Representative	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed The Honor Assisted	
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Assisted	Assisted	
applicable, classify by party.)	applicable, classify by party.)	ble JANIE LOPEZ State Representative

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				4 of 6
		EE NAME Fexas PAC	18 Filer ID 00088660	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 2,333.85
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/2 Rpt: 5/6	Frontera Texas PAC 00088660				
4 Date	5 Payee name				
06/26/2025	LONESTAR CREATIVE STUDIO				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	6874 GRACE LN				
— Foreseditors from					
Expenditure from corporate funds	SEALY, TX 77474				
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				
	PRINTING EXPENSE FOR PAC PURPOSES				
	Transfer End Form Soles				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
06/09/2025	PEERLY				
Amount (\$)	Payee address; City; State; Zip Code				
\$359.82	2232 DELL RANGE BLVD				
Ψ333.02	2202 DELE NANGE BEVD				
Expenditure from corporate funds	CHEYENNE, WY 82009				
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 TEXTING EXPENSE FOR PAC PURPOSES				
	TEXTING EXITENSE FOR TAKE ON OSES				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Dougo nama				
06/03/2025	Payee name SPIRAL BINDING COMPANY				
Amount (\$)	Payee address; City; State; Zip Code				
\$347.57	9200 WATERFORD CENTRE BLVD				
Expenditure from	SUITE #500				
corporate funds	AUSTIN, TX 78758				
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				
	SUPPLIES EXPENSE FOR PAC PURPOSES				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	/ages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to co	·
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 6/6	Frontera Texas PAC	00088660
4 Date	5 Payee name	•
05/01/2025	SPIRAL BINDING COMPANY	
6 Amount (\$)	7 Payee address; City; State; Zip Co	dh.
\$1,070.15	9200 WATERFORD CENTRE BLVD	
Ψ1,070.13		
Expenditure from	SUITE #500	
corporate funds	AUSTIN, TX 78758	
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
		SUPPLIES EXPENSE FOR PAC PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experialitate to bettern 6/0		
Date	Payee name	
04/29/2025	WALMART.COM	
Amount (\$)	Payee address; City; State; Zip Co	de
\$56.31	702 SOUTH WEST 8TH STREET	
, , , ,		
Expenditure from	BENTONVILLE, TX 72716	
corporate funds		
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
		SUPPLIES EXPENSE FOR PAC PURPOSES
		33. 1 2.23 2.11 2.132 1 3.11 13 1 3.11 3323
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gni Onice nelu