#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER Jennifer** Ms. NAME Date Received FILED NICKNAME LAST SUFFIX AT3:40'CLOCK 4 Barrera APT / SUITE #: 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE FFR 26 2024 **OFFICEHOLDER** P.O. Box 3323 Alice, Texas 78333 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 361) 389-2800 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Mr. Armando G. Barrera Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CAMPAIGN STATE: · ZIP CODE TREASURER **ADDRESS** 101 N. Cameron St., Alice, Texas 78332 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 361 ) 664-2224 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Description General ✓ Special 03/ 05 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Court at Law Judge 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Jennifer Barrera	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 13,409.31
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,409.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$23,035.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,035.32
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	amount of the profession and of Trice 10, Electron code,	
	\ \X\alpha\a	
		/
	Signature of Co	ndidate /Office helder
	digitature of Ca	ndidate/Officeholder
	•	
a	Please complete either option below	r.
(1) Affidavit	MARIAH TREVINO Notary Public, State of Texas Comm. Expires 01-12-2026 Notary ID 13140740-4	
NOTARY STAMP/SEA	L.	
Sworn to and subscribed	before me by Jennifer Barrera this the	26th day of February
20 24 to certify	which, witness my hand and seal of office.	
MY anidh	Trucing MARIAH TECVINO	NOTARY
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	<del></del> .
My address is	,,,,,,,,,,,	
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of	
	(month	, 20 ) (year)
	· ·	
	Signature of Candid	ate/Officeholder (Declarant)

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
	Jennifer Barrera	_
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$11,506.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$1,903.31
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	\$12,275.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	FRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$6,991.32
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$5,607.32
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

-	The state of the s	include this page i	ii the report.
1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1.
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jennifer Bar	rera		
4 Date 01/30/24	5 Full name of contributor  ut-of-state PAC  Arturo Michel	ID#)	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City: 900 Baghy St. Houston, TX 77002	State: Zip Code	
8 Contributor's principal occupation 9 Contributor's job title			
Attorney		Attorney	
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#	Amount of contribution (\$)
01/30/2024	Gloria Moreno		\$100.00
	Contributor address; City;	State: Zip Code	¥100.00
	236 N. Nagle St., Houston, TX 77003	State. Zip Code	
Contributor's	principal occupation	0.00.00	
		Contributor's job title	
Chief Recov	employer/law firm	Chief Recovery Of Law firm of contributor	ficer
City of Ho		Law inth of contributor	s spouse (ii any)
	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	ID#:	Amount of contribution (\$)
01/30/2024	Adolfo Del Cid		\$500.00
	Contributor address; City;	State: Zip Code	
	555 W. Loop Ste. 525, Bellaire, Texas 7	77041	
Contributor's	principal occupation	Contributor's job title	
Attorney		Attorney	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
Nguyen & D		N/A	
If contributor i	is a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES		
l	f contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requirements.

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### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to comple	ote this form.  1 Total pages Schedule A(J) 2 4	6	
FILER NAME		3 Filer ID (Ethics Commission	n Filer	
ennifer Bar	rera			
Date 1/31/24	5 Full name of contributor  out-of-sta	ate PAC ID#: 7 Amount of contribution (\$100.00	7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; 72 N. Wright St., Alice, Texas 7	State: Zip Code		
Contributor's	principal occupation	9 Contributor's job title		
Business	Owner	Doctor		
	employer/law firm	11 Law firm of contributor's spouse (if any)		
If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor	ate PAC ID#:	\$)	
1/27/2024	Nora Rycroft	\$100.00	,	
	Contributor address, City;	State; Zip Code		
	1911 W. 30th St. Unit A, Austin, 7	TX 78703-1827		
Contributor's	principal occupation	Contributor's job title		
Attorney		Attorney		
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)		
Retired		Paul Rycroft		
If contributor i	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor   out-of-sta	Amount of contribution (	\$)	
4 /20 /2024	1	\$500.00		
1/30/2024	Bret Rycroft	4000.00		
1/30/2024	Bret Rycroft  Contributor address; City.			
1/30/2024		State: Zip Code		
Contributor's	Contributor address; City,	State: Zip Code		
Contributor's	Contributor address; City; 10707 Atwell Dr., Houston, TX 770 principal occupation	State: Zip Code  096  Contributor's job title  Attorney		
Contributor's torney Contributor's	Contributor address; City, 10707 Atwell Dr., Houston, TX 770 principal occupation employer/law firm	State: Zip Code  Contributor's job title  Attorney  Law firm of contributor's spouse (if any)		
Contributor's <b>ttorney</b> Contributor's .ndrews My	Contributor address; City; 10707 Atwell Dr., Houston, TX 770 principal occupation employer/law firm vers, P.C.	State: Zip Code  096  Contributor's job title  Attorney		
Contributor's Attorney Contributor's Andrews My	Contributor address; City, 10707 Atwell Dr., Houston, TX 770 principal occupation employer/law firm	State: Zip Code  Contributor's job title  Attorney  Law firm of contributor's spouse (if any)		
Contributor's Andrews My	Contributor address; City; 10707 Atwell Dr., Houston, TX 770 principal occupation employer/law firm vers, P.C.	State: Zip Code  Contributor's job title  Attorney  Law firm of contributor's spouse (if any)		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

ii the reque	sted information is not applicable, DO NO	i include this page i	n the report,
ः	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jennifer Barı	rera		
4 Date 02/09/24	Full name of contributor out-of-state PAC F Roger Saenz City;  601 E. Main St., Ste. 250, Alice, Texas	7 Amount of contribution (\$) \$500.00	
8 Contributor's p	principal occupation	9 Contributor's job title	
Business	Owner	Account	
10 Contributor's		11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	D#)	Amount of contribution (\$)
02/12/2024	Jason Wolf		\$200.00
	Contributor address; City;  226 S. Tancahua St., Corpus Christi, T.	State: Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
Law Office	e of Jason Wolf	YUKO WOLF	
If contributor is	s a child, law firm of parent(s) (if any)	, , , , , , , , , , , , , , , , , , , ,	
02/12/2024	Oscar Garcia  Contributor address; City;  2401 FM 735, Alice, Texas 78332	D#:) State: Zip Code	Amount of contribution (\$) \$100.00
Contributor's p	principal occupation	Contributor's job title	
Engineer		Engineer	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CORIES O	E THIS SCHEDIN E AS A	MEENEN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

7	he Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1:		
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)	
Jennifer Barı	rera			
4 Date 02/12/2024 5 Full name of contributor		7 Amount of contribution (\$) \$500.00		
	6 Contributor address; City;	State; Zip Code		
9. Contributorio	382 Herlinda St., Brownsville, TX		<u> </u>	
Business	•	9 Contributor's job title		
10 Contributor's	· · · · · · · · · · · · · · · · · · ·	11 Law firm of contributor	's spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	ID#)	Amount of contribution (\$)	
02/12/2024	Catherine M. Miller		\$1,000.00	
	Contributor address; City;	State; Zip Code	41,000.00	
	2905 Gilbert St., Austin, TX 78703	2,2,5		
Contributor's p	principal occupation	Contributor's job title		
Business O	wner			
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>	y:	
Date 02/17/2024	Full name of contributor  ut-of-state PAC	HDW:)	Amount of contribution (\$) \$200.00	
	Donna Escobar  Contributor address; City;	State: Zip Code		
	726 Larkwood, San Antonio, TX 78209			
Contributor's p	principal occupation	Contributor's job title		
Nurse		Nurse		
Contributor's e	employer/law firm	Law firm of contributor	r's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1: 5 A 6	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Jennifer Barr	era		
5 Full name of contributor out-of-state PAC ID#: )  Pam Barrera 6 Contributor address; City; State; Zip Code  315 Sunset Lane, Fort Worth, TX 76114			7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation 9 Contributor's job title			
Doctor		Doctor	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
<del></del>			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/13/2024	Kathryn Snapka		\$500.00
	Contributor address; City;	State; Zip Code	
	P.O. Box 23017, Corpus Christi, TX 78	403	
Contributor's p	principal occupation	Contributor's job title	
Business O	wner	Attorney	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
The Snap	oka Law Firm	Brian Charles	
If contributor is	s a child, law firm of parent(s) (if any)		
Date <b>02/23/2024</b>	Full name of contributor out-of-state PAC    Nelda E. Barrera  Contributor address; City;  1601 Morningside, Alice, TX 78332	D#: D#: State: Zip Code	Amount of contribution (\$) \$1,000.00
· ·	principal occupation	Contributor's job title	
Realtor		Realtor	
Contributor's employer/law firm Law firm of contributor		Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

<u> </u>		186.25	
Т	he Instruction Guide explains how to complete this f	1 Total pages Schedule A(J)1:	
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Jennifer Barı	rera		
4 Date 02/17/2024	5 Full name of contributor	D#)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City;	State: Zip Code	
	315 Sunset Lane, Fort Worth, TX 76	114	
-	principal occupation	9 Contributor's job title	
Retired Te			
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC_i	D#:)	Amount of contribution (\$)
02/17/2024	Dr. Surai Kamat		\$500.00
	Dr. Suraj Kamat  Contributor address; City;	State; Zip Code	\$500.00
	1224 E. Main St., Alice, TX 78332	Clate, Zip Code	
	principal occupation	Contributor's job title	
Business O	wner	Doctor	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor   out-of-state PAC	D#: )	
02/14/2024	BBQ Baked Potato Sale		Amount of contribution (\$) \$5256.00
	Contributor address; City;	State: Zip Code	
	900 E. Front St., Alice, Texas 78332		
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CODIES O	E TIMO COMEDINA - 100	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A2

<u></u>					
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)	
Jennifer Ba	rrera				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 02/03/2024			8 Amount of Contribution \$	9 In-kind contribution description	
;	7 Contributor address; City; State;	Zip Code	\$135.31	Food Expense	
	4046 F. 5th. Alice Tours 70000			 	
40	1016 E. 5th, Alice, Texas 78332	1		de of Texas. Complete Schedule T.	
Marketer	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICIA Home Health Ca		
12 Contributor's	principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)	
14 Cambridge April					
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of	. In-kind contribution	
02/16/2024	Yvonne Riojas		Contribution \$	description	
	Contributor address; City; State;	Zip Code	\$150.00	Brisket Fundraiser	
	707 Gibson Dr., Alice, TX 78332		Check if travel outsi	  de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)  GEF	Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		·		
	ATTACH ADDITIONAL COPIES OF T				
	lf contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting	g requirements.	

### SCHEDULE A2

			<u> </u>	<del></del>	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule 22:		
2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics Co	nmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date 02/16/2024	Victor Gaza 7 Contributor address; City; State; Zip Code  Contribution \$ de Bris Etc.		9 In-kind contribution   description   Briskets, Potatoes,   Etc.   de of Texas, Complete Schedule T. AL)(See Instructions)		
Safety Man	ager	Morrow E	nergy, LLC		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/16/2024	Full name of contributor  out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ \$50.00	I. In-kind contribution I description I Baked Goods	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	t		de of Texas, Complete Schedule T.	
Secretary	apation 7 300 title (FOR NON-30DICIAL) (366 Instituctions)		Employer (FOR NON-JUDICIAL)(See Instructions)  Barrera & Barrera Law Firm		
	principal occupation (FOR JUDICIAL)		ibutor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			·	
				· ·	
	ATTACH ADDITIONAL COPIES OF T			g requirements.	

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
Jennifer Ba	rrera				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$		
5 Date 02/23/2024	6 Full name of contributor □ out-of-state PAC (ID#  Vanessa Reynolds		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	\$500.00	Waters/Snack Bags	
	1016 E. 5th St., Alice, Texas 78332		Check if travel outsi	l de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA		
Marketer			Home Health Ca		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	In-kind contribution	
02/23/2024	Leah Reynolds		Contribution \$	description	
	Contributor address; City, State;	Zip Code	\$185.00	Menudo-Silvas	
	123 Terrell Apt. 8, Alice, TX 78332		Check if travel outsi	 de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICI	AL)(See Instructions)	
Secretary		Barrera & Barrera Law Firm			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	irm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
-	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED additional reporting	g requirements.	

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schegule A2:		
<sup>2</sup> FILER NAME Jennifer Barrera		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 01/31/2024 10 Principal occ	Barrera & Barrera Law Firm	Zip Code	8 Amount of Contribution description  \$90.00   Alice Echo Ad  Check if travel outside of Texas, Complete Scheologer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/31/2024	Full name of contributor □ out-of-state PAC (ID#	Zip Code	Amount of Contribution \$ \$50.00	In-kind contribution description Yellow Paper description To the second
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	<u> </u>	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	'HIS SCHEDI	JLE AS NEEDED	
1	If contributor is out-of-state PAC, please see Instruct	on quide for	additional reporting	n ranuiromante

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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
Other (enter a category not listed shows)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	7 1110	g Expense es/Wages/Contract Labor to complete this form.	Travel Out Of Distri Other (enter a categ	ory not listed above)
1 Total pages Schedule F1	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee name		<u> </u>	
02/01/2024	Efrain Juarez			
6 Amount (\$) \$1,500.00	7 Payee address, 1708 Ann St., Edinburg, TX 78539	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense and political consulting	(b) Description Text messages		
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austi	in, TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  H Jennifer Barrera for County Court a	Office sought t Law Judge		Office held
Date	Payee name			<u> </u>
02/23/2024	McAllen Digital Media			
Amount (\$) \$150.00	Payee address: 2005 Nightingale Ave., McAllen, TX	City; <b>&lt; 78504</b>	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Videos		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	Jennifer Barrera for County Court a	at Law Judge		
Date	Payee name		30	
02/03/2024	St. Elizabeth School			
Amount (\$) \$550.00	Payee address;	City;	State;	Zip Code
	615 E. 5th St., Alice, TX 78332			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Glow Run/Casi	ino Night Spor	nsor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
<del></del>	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jennifer Barrera 4 Date 5 Payee name 02/23/2024 **Nancy Monsevais** 6 Amount (\$) 7 Payee address; City: State: Zip Code \$1,900.00 63 N. Adams, Alice, Texas 78332 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Food Expense Super Saturday/Super Sunday gorditas and **PURPOSE** sausage wraps OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Payee name Date 02/13/2024 McAllen Digital Media Amount (\$) Payee address: City; State; Zip Code \$2,000.00 2005 Nightingale Ave., McAllen, TX 78504 Category (See Categories listed at the top of this schedule) Description **Advertising Expense** Mailers/Videos **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Payee name Date 01/30/2024 Lighhouse Graphics Amount (\$) Payee address; City; State; Zip Code \$1,217.81 3046 SPID, Corpus Christi, TX 78415 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURPOSE Door hangers OF EXPENDITURE Check if travel outside of Texas, Comptelle Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jennifer Barrera 4 Date 5 Payee name 02/10/2024 Alice Country Club 6 Amount (\$) 7 Payee address; City; State: Zip Code \$500.00 260 CR 341, Alice, TX 7832 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense Fundraiser Sponsor **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Date Payee name 02/06/2024 **KOPY Radio** Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2722 N. Hwy 281, Alice, TX 78332 Category (See Categories listed at the top of this schedule) Description Advertising Expense Fundraiser Table Sponsor **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Payee name Date 02/10/2024 JWC Democratic Party Amount (\$) Payee address; State: City: Zip Code \$400.00 204 Dewey Ave., Alice, TX 78332 Category (See Categories listed at the top of this schedule) Description Advertising Expense

**PURPOSE** 

OF **EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/QH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Fundraiser Table Sponsor

Office sought

Check if Austin, TX, officeholder living expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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

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

Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explain		pense ages/Contract Labor	Travel in District Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1:	2 FILER N. Jennifer		-		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
02/15/2024	-	e Tumbling				
6 Amount (\$) \$432.00	7 Payee ac 208 E. M	<sub>ldress:</sub> ain St., Alice, TX 7832		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this ng Expense	s schedule)	(b) Description T-Shirts		
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name er Barrera for County C	ourt at La	Office sought aw Judge		Office held
Date	Payee na	me				
02/23/2024	All Tym	e Tumbling				
Amount (\$) \$102.00		flain St., Alice, TX 783		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this and Expense	schedule)	Description T-Shirts		
		Check if travel outside of Texas, Complete S	Schedule T,	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	1	ate / Officeholder name er Barrera for County C	Court at L	Office sought		Office held
Date	Payee na					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas, Complete S	Schedule T,	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	FACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M  The Instruction Guide explains how to c	dages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:		<u> </u>			
1 Total pages Schedule   1.	Jennifer Barrera	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
02//2024	Carolina Castillo Chavarria				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
100.00	1301 Beam Station Road, Alice, Texas 7	8332			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Salaries/Wages/Contract Labor Labor for campaign services				
OF					
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge					
Date	Payee name				
02/_1/2024	Nora Lee Castillo				
Amount (\$)	Payee address;	City; State; Zip Code			
	214 Rankin St., Alice, TX 78332				
100.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Salaries/Wages/Contract Labor	Labor for compaign services			
OF EXPENDITURE					
		<u></u>			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OF	Jennifer Barrera for County Court at L	aw Judgo			
		.aw Judge			
Date	Payee name				
1					
02/_1_/2024	Laura Ortiz				
Amount (\$)	Payee address;	City; State; Zip Code			
	290 CR 3053, Orange Grove, TX 78372				
	Category (See Categories listed at the top of this schedule)	Description			
DUDDGG	Salaries/Wages/Contract Labor	Description			
PURPOSE OF	January Togoo Contract Labor	Labor for compaign services			
EXPENDITURE					
100.00	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OF	<ul> <li>Jennifer Barrera for County Court at Law</li> </ul>	Judge			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jennifer Barrera 4 Date 5 Payee name 02/ 8 /2024 Carolina Castillo Chavarria 6 Amount (\$) 7 Pavee address: City: State: Zip Code 1301 Beam Station Road, Alice, Texas 78332 100.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Salaries/Wages/Contract Labor Labor for campaign services **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Payee name 02/ 8 /2024 Nora Lee Castillo Amount (\$) Payee address: City; State; Zip Code 214 Rankin St., Alice, TX 78332 100.00 Category (See Categories listed at the top of this schedule) Description Salaries/Wages/Contract Labor Labor for compaign services **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge Date Payee name 02/ \$ /2024 Laura Ortiz Payee address; City; State: Zip Code 100.00 290 CR 3053, Orange Grove, TX 78372 Category (See Categories listed at the top of this schedule) Description Salaries/Wages/Contract Labor PURPOSE Labor for compaign services OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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 Satanes/Manas/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	Training.	Expense Wages/Contract Labor complete this form.	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics	Commission Filers)
4 Date 02/ <u>15</u> /2024	5 Payee name Carolina Castillo Chavarria			
6 Amount (\$)   <b>5</b> 0.00	7 Payee address: 1301 Beam Station Road, Alice, Texas	City, 78332	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Labor for campa	aign services	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  Jennifer Barrera for County Court at	Office sought Law Judge		Office held
Date	Payee name			
02/15/2024	Nora Lee Castillo			
Amount (\$) 150 .00	Payee address: 214 Rankin St., Alice, TX 78332	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Labor for compa	aign services	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		Office sought		Office held
<del></del>	Jennifer Barrera for County Court at	Law Judge		<del>-</del> .
Date	Payee name			
02/15/2024	Laura Ortiz			
Amount (\$)	Payee address;	City;	State;	Zip Code
150.00	290 CR 3053, Orange Grove, TX 78372	<u> </u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description  Labor for con	mpaign service	es
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	i, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jennifer Barrera for County Court at Lav	Office sought w Judge		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
CreditCard 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics	Commission Filers)
4 Date 02/ <u>22</u> /2024	5 Payee name Carolina Castillo Chavarria			,
6 Amount (\$)	7 Payee address: 1301 Beam Station Road, Alice, Texas 7	City; '8332	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Labor for camp	aign services	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Jennifer Barrera for County Court at L	Office sought aw Judge	(	Office held
Date	Payee name			
02/22/2024	Nora Lee Castillo			
Amount (\$)	Payee address; 214 Rankin St., Alice, TX 78332	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Labor for compa	aign services	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jennifer Barrera for County Court at L	Office sought		Office held
Date	Payee name	.aw Judge		
02/22/2024	Laura Ortiz			
Amount (\$)	Payee address	City;	State;	Zip Code
150.00	290 CR 3053, Orange Grove, TX 78372			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description  Labor for co	mpaign services	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jennifer Barrera for County Court at Law	Office sought Judge	(	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02//2024	Eva Davila		
6 Amount (\$)	7 Payee address; 521 W. 5th St., Alice, Texas 78332	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Labor for campa	aign services
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH Jennifer Barrera for County Court at Law Judge			
Date	Payee name		
02/15/2024	Eva Davila		
Amount (\$)	Payee address;	City:	State; Zip Code
150.00	521 W. 5th St., Alice, Texas 78332		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Labor for compa	aign services
	Check if travel outside of Texas, Complete Schedule T	Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jennifer Barrera for County Court at I	Office sought	Office held
Data	Payee name		
02/ <u></u> 8/2024	Eva Davila		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	521 W. 5th St., Alice, Texas 78332		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description  Labor for cor	mpaign services
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Jennifer Barrera for County Court at Law	Office sought  Judge	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category and listed shows)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jennifer Barrera	·	3 Filer ID (Ethics Commission Filers)
4 Date 02/ <u>22</u> /2024	5 Payee name Eva Davila		
6 Amount (\$)	7 Payee address; 521 W. 5th St., Alice, Texas 78332	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Labor for campa	aign services
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  Jennifer Barrera for County Court at L	Office sought aw Judge	Office held
Date	Payee name		
02/22/2024	Naomi Silva		
300.00	Payee address: 1819 Carmen St., Alice, TX 78332	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Labor for compa	aign services
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jennifer Barrera for County Court at	Office sought	Office held
Date	Payee name	Law badge	
02/21/2024	Lighhouse Graphics		
Amount (\$) \$224.00	Payee address;	City;	State; Zip Code
W21 1.00	3046 SPID, Corpus Christi, TX 78415		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

			oraac tiiis	page iii ti	ic report.		
	EXP	ENDITURE CAT	EGORIES	FOR BOX	10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Awards	rage Expense Memorials Expense ices	Office Of Polling E Printing I	Expense Wages/Contrac	Expense t Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense y not listed above)
<u> </u>					TAGETORE		
1 TOTAL PAGES SCHEDULE F4:	Jennifer Barrera					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$ 3,495.66	
5 CREDIT CARD ISSUER	Name of financial instituti  Discover	on					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issue	er Paid	
	\$ \$3,495.66	02/16/2024		02/16/2	2024		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	Cit	y, State,	Zip Code
	The Printers		620 F F	Price Rd	Browne	ville, TX 785	•
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sche		(b) Description		VIIIC, 17 700.	
EXPENDITURE  Political	Advertising Expe	ense		Mailers			
Non-Political		side of Texas. Complet	e Schedule T.		Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder n	name	Off	ice Sought	·	Office Held	
expenditure to benefit C/OH	Jennifer Barrera	a for County	Court at	Law Jud	ge		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issue	er Paid	<del></del> -
	\$ 3,495.66	02/08/2024		02/08/20	)24		
PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	y, State,	Zip Code
	The Printers	<u> </u>	620 E. P	rice Rd., I	Brownsvill	le, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description			on	_	-	
Political	Advertising Expense Maile			Mailers			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			expense			
Complete ONLY if direct	Candidate / Officeholder n			ice Sought		Office Held	
expenditure to benefit C/OH	Jennifer Barrera	for County (	Court at I	Law Judg	je		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issue	er Paid	•
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	y, State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	fule)	(b) Description	n		
Political Non-Political	43 🗖 🛪 🔻						
		side of Texas. Complet			Check if Aus	tin, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Off	ice Sought		Office Held	l
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDUL	E AS NEEC	DED	

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/09/2024	Tillos Vino				
6 Amount (\$) \$722.20 Reimbursement from political contributions intended	7 Payee address: 316 E. Main, Alice, TX 78332	City;	State, Zip Code		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Event Expenses/Food Expenses	Meet and Gree	t		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Jennifer Barrera JWC County	Court at Law Judg	је		
Date	Payee name				
02/15/2024	Wal-Mart				
Amount (\$) \$16.17 Reimbursement from political contributions intended	Payee address; 2701 E. Main St., Alice, TX 78332	City;	State; Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Event Expense				
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  Jennifer Barrera JWC County	Office sought	Office held		
Data		County Court at	Law Judge		
Date	Payee name				
02/21/2024	McDonalds	<u> </u>			
Amount (\$) \$81.19 Reimbursement from political contributions intended	Payee address; 212 N. Johnson Alice, TX 78332	City;	State: Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Food Expense				
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jennifer Barrera 4 Date 5 Payee name 02/23/2024 **Donut Palace** 7 Payee address; 6 Amount (\$) City; State! Zip Code 210 N. Texas Blvd., Alice, TX 78332 \$100.45 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food Expenses EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Jennifer Barrera JWC County Court at Law Judge Date Payee name 02/09/2024 Texas Brick Oven Amount (\$) Payee address; City; State: Zip Code \$20.00 201 S. Wright St., Alice, TX 78332 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **Event Expense** Gift Card **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Jennifer Barrera JWC County County Court at Law Judge Date Payee name 02/09/2024 The District Amount (\$) Payee address: City: State; Zip Code \$50.00 1000 S. Reynolds St., Alice, TX 78332

Reimbursement from political contributions intended

PURPOSE OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Description

Check if Austin, TX, officeholder living expense

Gift Card

Office sought

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas, Complete Schedule T

**Event Expense** 

Office held

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	, intens	/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Jennifer Barrera	3	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
02/09/2024	Renees Cakes				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$16.00  Reimbursement from political contributions intended	510 W. Front, Alice, TX 78332		, , , , , , , , , , , , , , , , , , , ,		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Food Expenses				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T)	X, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH Jennifer Barrera JWC County Court at Law Judge					
Date	Payee name				
02/09/2024	Jennika Casas				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$150.00  Reimbursement from political contributions intended	406 Escobar, Alice, TX 78332				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Event Expense/Food Expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X. officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/6	Jennifer Barrera JWC County County Court at Law Judge				
Date	Payee name				
02/23/2024	Sam's Club				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$42.00  Reimbursement from political contributions intended	4833 SPID, Corpus Christi, TX 78411				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Food Expenses/Event Expense	Cookie Platters			
	Check if travel outside of Texas. Complete Schedule T.		X officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDEL	)		

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Contributions/Danations Made Candidate/Officeholder/Politi Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/12/2024	Harbor Freight		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$8.65 Reimbursement from political contributions intended	1720 E. Main St., Alice, TX 78332		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense		
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austin,	TX, afficeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH Jennifer Barrera JWC County Court at Law Judge			
Date	Payee name		
02/08/2024	L7 Services, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$244.65  Reimbursement from political contributions intended	1712 E. Main St., Alice, TX 78332		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	Jennifer Barrera JWC County	County Court at L	.aw Judge
Date	Payee name		
02/02/2024	Tractor Supply		
Amount (\$)	Payee address;	City;	State; Zip Code
\$163.01 Reimbursement from political contributions intended	3736 E. Hwy 44, Alice, TX 78332		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expenses	T-Posts	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orders and because Historic beauty)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		inting Expense alaries/Wages/Contract Labor ow to complete this form,	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Jennifer Barrera		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/01/2024	Efrain Martinez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$3,769.00 Reimbursement from political contributions intended	1708 Ann St., Edinburg, TX 78539	3	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description	
OF EXPENDITURE	Advertising Expense/ Political Consultin	Text Messages	
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Jennifer Barrera JWC Cou	inty Court at Law Judge	<u> </u>
Date	Рауее пате		
Amount (\$)	Payee address;	City;	State, Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description	
	Check if travel outside of Texas, Complete Schedul	eT. Check if Austin, T	X. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description	
	Check if travel outside of Texas. Complete Scheduli	e T. Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	D

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)	
Jennifer Barrera			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 13,409.31	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,409.31	
02/FXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 23,035.32	
	4. TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$3,288.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information			
required to be reported by me under Title 15, Election Code.			
	Signature of Candidate/Officeholder		
Please complete either option below:			
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by Jennifer Barrera this the 26th day of February			
0.4			
20 24, to certify which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declarati	on		
My name is, and my date of birth is			
My address is	(1)		
Evenued in	• • • • • • • • • • • • • • • • • • • •	state) (zip code) (country)	
Executed in	County, State of , on the day of (mont		
	Signature of Candi	date/Officeholder (Declarant)	