

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 32		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST ESTEBAN	MI	OFFICE USE ONLY Date Received RECEIVED JAN 15 2026 BY: <i>[Signature]</i>		
	NICKNAME STEVE	LAST GUERRA	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 3106 Sapphire Ct. APT / SUITE #: Brownsville, Tx. 78520			STATE: ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (954)	PHONE NUMBER 407-8181	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST SAMUEL	MI	Date Hand-delivered or Date Postmarked 11/15/2024 4:30pm Receipt # Amount \$		
	NICKNAME	LAST GUERRERO	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 808 Tefora Ave Rancho Viejo, Tx. 78575			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (954)	PHONE NUMBER 466-8809	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month 7	Day 15	Year 2025	Month 1	Day 15	Year 2026
11 ELECTION	ELECTION DATE Month 3	Day 3	Year 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) BND COMMISSIONER Pt. 4			13 OFFICE SOUGHT (if known) CAMERON COUNTY JUDGE		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 56,450.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 27,85.91
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 39,798.94
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 23,193.51
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 39,941.15

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 or Officeholder

Please complete either option below:

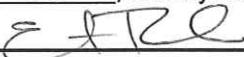
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Esteban Guerra this the 15 day of January.

20 20, to certify which, witness my hand and seal of office.



Maria Estela Rangel

Public Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Schedule A1:
2 FILER NAME <i>Esteban Guerra</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>7/18</i>	5 Full name of contributor <i>CIL Commodities Integrated Logistics.</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>2500.00</i>
	6 Contributor address; [REDACTED]	City: _____ State: _____ Zip Code <i>McAllen, TX 78503</i>	
8 Principal occupation / Job title (See Instructions) <i>Registers Co.</i>		9 Employer (See Instructions)	
Date <i>7/24</i>	Full name of contributor <i>Garduno Tax and Associates.</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1000.00</i>
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code <i>Brownsville, TX. 78520</i>	
Principal occupation / Job title (See Instructions) <i>Accountants</i>		Employer (See Instructions)	
Date <i>7/28</i>	Full name of contributor <i>Hexstructure, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2500.00</i>
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code <i>Brownsville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions)	
Date <i>7/21</i>	Full name of contributor <i>Rodrigo Tostado</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500.00</i>
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code <i>Brownville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>car salesman.</i>		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <i>Esteban Guerra</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29</i>	5 Full name of contributor <i>Triman Group LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>2500.00</i>
	6 Contributor address: [REDACTED]	City:	State:	Zip Code <i>Brownsville, TX 78520</i>
<p>8 Principal occupation / Job title (See Instructions) <i>Construction</i></p>		<p>9 Employer (See Instructions)</p>		
Date <i>7/23</i>	Full name of contributor <i>Pendue, Brandon, Felder, Collins & Mott</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1500.00</i>
<p>Contributor address: [REDACTED]</p>		City:	State:	Zip Code <i>Houston, TX 77008</i>
<p>Principal occupation / Job title (See Instructions) <i>Attorneys</i></p>		<p>Employer (See Instructions)</p>		
Date <i>7/29</i>	Full name of contributor <i>Prime Power Services</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>500.00</i>
<p>Contributor address: [REDACTED]</p>		City:	State:	Zip Code <i>Brownsville, TX 78520</i>
<p>Principal occupation / Job title (See Instructions) <i>electrical services.</i></p>		<p>Employer (See Instructions)</p>		
Date <i>7/30</i>	Full name of contributor <i>Vicente Mendez</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>2500.00</i>
<p>Contributor address: [REDACTED]</p>		City:	State:	Zip Code <i>Brownsville, TX 78520</i>
<p>Principal occupation / Job title (See Instructions) <i>engineer</i></p>		<p>Employer (See Instructions)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Schedule A1:
2 FILER NAME <i>Esteban Garcia</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29</i>	5 Full name of contributor <i>Asneros Law Group</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>1000.00</i>
	6 Contributor address: [REDACTED]	City:	State:	Zip Code <i>Brownsville, TX 78520</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions)		
Date <i>7/30</i>	Full name of contributor <i>Carlos A Garcia Jr.</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1000.00</i>
Contributor address; [REDACTED]		City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
Principal occupation / Job title (See Instructions) <i>businessman / customs broker</i>		Employer (See Instructions)		
Date <i>7/30</i>	Full name of contributor <i>Ivan Sosa</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1000.00</i>
Contributor address; [REDACTED]		City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
Principal occupation / Job title (See Instructions) <i>Auto Sales</i>		Employer (See Instructions)		
Date <i>7/30</i>	Full name of contributor <i>Alejandro Martinez</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1000.00</i>
Contributor address; [REDACTED]		City: <i>Rancho Viejo</i>	State: <i>TX</i>	Zip Code <i>78575</i>
Principal occupation / Job title (See Instructions) <i>USCBP</i>		Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <i>Esteban Suerra</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <i>RI Builders</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>1000.00</i>
	6 Contributor address: [REDACTED]	City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
8 Principal occupation / Job title (See Instructions) <i>Construction</i>			9 Employer (See Instructions)	
Date <i>7/31</i>	Full name of contributor <i>American Divisions, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1000.00</i>
	Contributor address: [REDACTED]	City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
Principal occupation / Job title (See Instructions) <i>Security co.</i>			Employer (See Instructions)	
Date <i>7/31</i>	Full name of contributor <i>Mark Sossi</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>1000.00</i>
	Contributor address: [REDACTED]	City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
Principal occupation / Job title (See Instructions) <i>attorney.</i>			Employer (See Instructions)	
Date <i>8/1</i>	Full name of contributor <i>YASA Investments, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>250.00</i>
	Contributor address: [REDACTED]	City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code <i>78520</i>
Principal occupation / Job title (See Instructions) <i>Investment firm.</i>			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p><i>Esteban Guerra</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>8/1</i></p>	<p>5 Full name of contributor</p> <p><i>Mario Alberto Reyna</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>7 Amount of contribution (\$)</p> <p><i>1500.00</i></p>
	<p>6 Contributor address:</p> <p><i>[REDACTED]</i></p>	<p>City: <i>McAllen, Tx</i></p>	<p>State: <i></i></p>	<p>Zip Code: <i>78503</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p> <p><i>engineer</i></p>		<p>9 Employer (See Instructions)</p>		
<p>Date</p> <p><i>8/1</i></p>	<p>Full name of contributor</p> <p><i>The Port Occupational Medical Clinic, LLC</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>400.00</i></p>
	<p>Contributor address:</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>Tx</i></p>	<p>Zip Code: <i>78520</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>medical clinic</i></p>		<p>Employer (See Instructions)</p>		
<p>Date</p> <p><i>7/31</i></p>	<p>Full name of contributor</p> <p><i>Carlos R. Ponce</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>600.00</i></p>
	<p>Contributor address:</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>Tx</i></p>	<p>Zip Code: <i>78520</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>doctor</i></p>		<p>Employer (See Instructions)</p>		
<p>Date</p> <p><i>8/1</i></p>	<p>Full name of contributor</p> <p><i>Jose D. Borjon</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>1000.00</i></p>
	<p>Contributor address:</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>Tx</i></p>	<p>Zip Code: <i>78520</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>lobbyist</i></p>		<p>Employer (See Instructions)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <i>Esteban guerra</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <i>Immobilite Asset, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>125.00</i>
6 Contributor address: [REDACTED]	City: <i>Brownsville Tx</i>	State: <i>TX</i>	Zip Code: <i>78520</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>8/1</i>	Full name of contributor <i>INPRA, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>125.00</i>
Contributor address: [REDACTED]		City: <i>Brownsville</i>	State: <i>TX</i>	Zip Code: <i>78520</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>8/1</i>	Full name of contributor <i>Legal Ventures of Texas.</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>750.00</i>
Contributor address: [REDACTED]		City: <i>Brownsville Tx</i>	State: <i>TX</i>	Zip Code: <i>78520</i>
Principal occupation / Job title (See Instructions) <i>engineer</i>		Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p><i>Esteban Galván</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>8/1</i></p>	<p>5 Full name of contributor</p> <p><i>CESAR LOPEZ</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>7 Amount of contribution (\$)</p> <p><i>1250.00</i></p>
	<p>6 Contributor address;</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>TX</i></p>	<p>Zip Code: <i>78520</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p> <p><i>consultant</i></p>			<p>9 Employer (See Instructions)</p>	
<p>Date</p> <p><i>8/2</i></p>	<p>Full name of contributor</p> <p><i>Humberto Garza</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>1000.00</i></p>
	<p>Contributor address;</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Weslaco</i></p>	<p>State: <i>TX</i></p>	<p>Zip Code: <i>78596</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>consultant</i></p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p><i>8/1</i></p>	<p>Full name of contributor</p> <p><i>Ricardo Pérez</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>5000.00</i></p>
	<p>Contributor address;</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>TX</i></p>	<p>Zip Code: <i>78501</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>businessman</i></p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p><i>8/1</i></p>	<p>Full name of contributor</p> <p><i>NPP Legacy LLC</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p><i>500.00</i></p>
	<p>Contributor address;</p> <p><i>[REDACTED]</i></p>	<p>City: <i>Brownsville</i></p>	<p>State: <i>TX</i></p>	<p>Zip Code: <i>78520</i></p>
<p>Principal occupation / Job title (See Instructions)</p> <p><i>mortgage brokers</i></p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date 7/29	5 Full name of contributor Erick Lucio	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; [REDACTED]	City; State; Zip Code Rancho Vijo Tx 78575		
8 Principal occupation / Job title (See Instructions) attorney.	9 Employer (See Instructions)		
Date 8/1	Full name of contributor 57 Concrete, LLC	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5000.00
Contributor address; [REDACTED]	City; State; Zip Code MISSION TX 78574		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 7/21	Full name of contributor TSVC Inc PAC	<input checked="" type="checkbox"/> out-of-state PAC (ID#: #C00457853)	Amount of contribution (\$) 1000.00
Contributor address; [REDACTED]	City; State; Zip Code Olathe, KS 66061		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 7/30	Full name of contributor Graydon Strama Lucio Group	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Contributor address; [REDACTED]	City; State; Zip Code Austin TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <i>Esteban Guerra</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29</i>	5 Full name of contributor <i>B4 oil, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; <i>[REDACTED]</i>	City; State; Zip Code <i>Rancho Viejo Tx 78575</i>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>7/29</i>	Full name of contributor <i>CB3 Consultants.</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>2500.00</i>
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code <i>Edinburg Tx 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>7/31</i>	Full name of contributor <i>Legal OS Extruded, LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>500.00</i>
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>8/1</i>	Full name of contributor <i>Ruben Gutierrez</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)		Amount of contribution (\$) <i>500.00</i>
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>Esteban Guerra</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <i>SGSW Enterprises LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>1000.00</i>
	6 Contributor address; [REDACTED]	City: <i>Brownsville TX</i> State: <i>78520</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>8/1</i>	Full name of contributor <i>JOLE Enterprise</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1500.00</i>
	Contributor address; [REDACTED]	City; <i>Brownsville TX</i> State; <i>78520</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/1</i>	Full name of contributor <i>Dean M. Piacente</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1500.00</i>
	Contributor address; [REDACTED]	City; <i>Atlantic Beach Florida</i> State; <i>32233</i>	
Principal occupation / Job title (See Instructions) <i>CEO.</i>		Employer (See Instructions)	
Date <i>8/1</i>	Full name of contributor <i>Colby R Tanner</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2000.00</i>
	Contributor address; [REDACTED]	City; <i>Harlet, TX</i> State; <i>76052</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Schedule A1:
2 FILER NAME <i>Esteban Guerra</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8/2</i>	5 Full name of contributor <i>Antonio Gutierrez</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address:		City; State; Zip Code <i>Brownsville Tx 78520</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>8/3</i>	Full name of contributor <i>Blue Eye Bistro</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>500.00</i>
Contributor address;		City; State; Zip Code <i>Brownsville Tx 78575</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/2</i>	Full name of contributor <i>Day Consulting Group</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>500.00</i>
Contributor address;		City; State; Zip Code <i>Rancho Viejo Tx 78575</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/30</i>	Full name of contributor <i>Sergio Sabatini</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1500.00</i>
Contributor address;		City; State; Zip Code <i>Denver Co 80209</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Schedule A1:
2 FILER NAME <i>Esteban Luvera</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/2</i>	5 Full name of contributor <i>Eyewitness Investigative Services</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; [REDACTED]	City; State; Zip Code <i>Brownsville TX 78526</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>10/1</i>	Full name of contributor <i>Ruben O'bell</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>250.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/7</i>	Full name of contributor <i>Navco Logistics</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1000.00</i>
Contributor address; [REDACTED]	City; State; Zip Code <i>Brownsville TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

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 Schedule E:	
2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <i>7000.00</i>	
5 Date of loan <i>1/12</i>	7 Name of lender <i>Esteban Guerra</i>	8 Lender address; City; State; Zip Code <i>3104 Sapphire Brownsville TX 78520</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i> <input type="radio"/>	9 Loan Amount (\$)		
10 Interest rate		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Entrepreneur</i>		13 Employer (See Instructions) <i>Self</i>	
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION		17 Name of guarantor 18 Guarantor address; City; State; Zip Code <input type="checkbox"/> not applicable	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender Lender address; City; State; Zip Code	Loan Amount (\$)	Interest rate
Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i> <input type="radio"/>			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION		Amount Guaranteed (\$)	
Name of guarantor Guarantor address; City; State; Zip Code <input type="checkbox"/> not applicable			
Principal Occupation (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/1</i>	5 Payee name <i>Rio Grande Stitch</i>		
6 Amount (\$) <i>23.36</i>	7 Payee address; <i>247 Frontage Rd Ste B</i>	City; <i>Brownsville</i>	
		State; <i>TX</i>	
		Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expense.</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>8/1</i>	Payee name <i>Fiesta Graphics.</i>		
Amount (\$) <i>66.90</i>	Payee address; <i>205 Paredes Line Rd</i>	City; <i>Brownsville</i>	State; <i>TX</i>
		Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense.</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>8/1</i>	Payee name <i>WALMART.</i>		
Amount (\$) <i>580.61</i>	Payee address; <i>3500 W. Alton Stair</i>	City; <i>Brownsville</i>	State; <i>TX</i>
		Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/4</i>	5 Payee name <i>STARBUCKS</i>		
6 Amount (\$) <i>164.95</i>	7 Payee address; <i>4200 N. EXPRESSWAY</i>	City: <i>BROWNSVILLE</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>8/4</i>	Payee name <i>CIRCLE K</i>		
Amount (\$) <i>571.75</i>	Payee address;	City: <i>BROWNSVILLE</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>8/4</i>	Payee name <i>STRIPES</i>		
Amount (\$) <i>515.51</i>	Payee address;	City: <i>BROWNSVILLE</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVNT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUTIERREZ</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/4</i>	5 Payee name <i>HEB</i>		
6 Amount (\$) <i>380.48</i>	7 Payee address; <i>BROWNSVILLE</i>	City; <i>TX</i> State; <i>78520</i> Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>8/4</i>	Payee name <i>SAMS CLUB</i>		
Amount (\$) <i>651.22</i>	Payee address; <i>BROWNSVILLE</i>	City; <i>TX</i> State; <i>78520</i> Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>8/4</i>	Payee name <i>PRISM SOLUTIONS GROUP</i>		
Amount (\$) <i>1698.00</i>	Payee address; <i>5 CALLE JACARANDA</i>	City; <i>BROWNSVILLE</i>	State; <i>TX</i> Zip Code <i>78520</i>
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/4</i>	5 Payee name <i>RIVERBENT GOLF RESORT</i>		
6 Amount (\$) <i>5612.00</i>	7 Payee address; <i>1541 U.S. 281</i>	City: <i>BROWNSVILLE</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>8/5</i>	Payee name <i>HESS INDUSTRIES</i>		
Amount (\$) <i>1400.00</i>	Payee address; <i>304 W. DAFFODIL AVE</i>	City: <i>MCALLEN</i> State: <i>TX</i> Zip Code <i>78501</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSES.</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>8/5</i>	Payee name <i>MANUEL GOMEZ PHOTOGRAPHY</i>		
Amount (\$) <i>800.</i>	Payee address;	City: <i>BROWNSVILLE</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/7</i>	5 Payee name <i>JOAN RODRIGUEZ</i>
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6 Amount (\$) <i>1000.00</i>	7 Payee address; <i>1837 E Taylor St. Apt A</i>	City; <i>Brownsville</i>	State; <i>TX</i>	Zip Code <i>78520.</i>
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Check if individual's residence address.

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/27</i>	Payee name <i>AMAZON . com</i>
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Amount (\$) <i>581.58</i>	Payee address;	City;	State;	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>8/27</i>	Payee name <i>Roberto Vela</i>
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Amount (\$) <i>300.00</i>	Payee address;	City;	State;	Zip Code <i>Brownsville TX 78520.</i>
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages EXPENSE</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/3</i>	5 Payee name <i>MARTIN VILLARREAL</i>		
6 Amount (\$) <i>525.00</i>	7 Payee address; <i>128 DAWLEY ST</i>	City: <i>BROWNSVILLE</i>	
		State: <i>TX</i>	
		Zip Code: <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>9/4</i>	Payee name <i>Roberto Vera.</i>		
Amount (\$) <i>200</i>	Payee address;	City: <i>BROWNSVILLE</i>	State: <i>TX</i>
		Zip Code: <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages/labor expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>9/8</i>	Payee name <i>HEB.</i>		
Amount (\$) <i>260.04</i>	Payee address;	City: <i>BROWNSVILLE</i>	State: <i>TX</i>
		Zip Code: <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food EXPENSE FOR EVENT</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN LERDINA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/15</i>	5 Payee name <i>GOOD NEIGHBOR SETTLEMENT HOME</i>		
6 Amount (\$) <i>100.00</i>	7 Payee address; <i>1254 E Tyler St.</i>	City; <i>BROWNSVILLE</i>	
		State; <i>TX</i>	
		Zip Code <i>78520</i>	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>10/20</i>	Payee name <i>SAMS CLUB</i>		
Amount (\$) <i>517.30</i>	Payee address;	City; <i>BROWNSVILLE</i>	State; <i>TX</i>
			Zip Code <i>78520</i>
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD / EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Date <i>10/27</i>	Payee name <i>DICKS SPORTING GOODS</i>		
Amount (\$) <i>125.78</i>	Payee address;	City; <i>BROWNSVILLE</i>	State; <i>TX</i>
			Zip Code <i>78520</i>
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/10</i>	5 Payee name <i>AMAZON . com</i>		
6 Amount (\$) <i>556.84</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>11/25</i>	Payee name <i>FEZA MONROZ</i>		
Amount (\$) <i>205</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>LOS FRENCHES TX</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/1</i>	Payee name <i>HEB</i>		
Amount (\$) <i>317.84</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>BROWNSVILLE TX 78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>ESTEBAN GUERRA</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/2</i>	5 Payee name <i>PRISM SOLUTIONS GROUP</i>		
6 Amount (\$) <i>1000</i>	7 Payee address; <i>5 CAUSE JOURNAL</i>	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78020</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/9</i>	Payee name <i>Stefano's</i>		
Amount (\$) <i>260.00</i>	Payee address;	City: <i>Harlingen</i> State: <i>TX</i> Zip Code <i>78526</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD / EVENT EXPENSE</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/12</i>	Payee name <i>Dollar General</i>		
Amount (\$) <i>185.00</i>	Payee address;	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Award expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related 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 F1:	2 FILER NAME <i>Esteban Guerra</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/17</i>	5 Payee name <i>TEXAS DEMOCRATS</i>		
6 Amount (\$) <i>1341.00</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES FOR VAN</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/2</i>	Payee name <i>Roberto Vela</i>		
Amount (\$) <i>200</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Brownsville Tx 78570</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/8</i>	Payee name <i>Cameron County Democratic Party</i>		
Amount (\$) <i>1250.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Marlin Tx</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Filing expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Esteban Guerra</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>Dec 12. 25</i>	5 Payee name <i>Schools Vote</i>		
6 Amount (\$) <i>2984.59</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee / labor</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/15</i>	Payee name <i>Martin Villarreal</i>		
Amount (\$) <i>1200.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expen</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/19</i>	Payee name <i>Bernardo Diaz</i>		
Amount (\$) <i>3520.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City:	State: Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expen</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Esteban Guerra</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/19</i>	5 Payee name <i>Martin Villarreal</i>		
6 Amount (\$) <i>1200</i>	7 Payee address; <i>128 Dawley St</i>	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/23</i>	Payee name <i>Lisandro Rena</i>		
Amount (\$) <i>750</i>	Payee address;	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/24</i>	Payee name <i>Regino Villarreal</i>		
Amount (\$) <i>600.00</i>	Payee address;	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
<input type="checkbox"/> Check if individual's residence address.			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Esteban Sverra</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/29</i>	5 Payee name <i>Lisandro Pena</i>		
6 Amount (\$) <i>150</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>labor</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/29</i>	Payee name <i>Roberto Vela</i>		
Amount (\$) <i>300.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>12/23</i>	Payee name <i>Best Buy</i>		
Amount (\$) <i>647.34</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Equipment expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Esteban Sierra</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/16</i>	5 Payee name <i>Dollar General</i>		
6 Amount (\$) <i>251.10</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/22</i>	Payee name <i>Bubbas 57</i>		
Amount (\$) <i>500.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>1/5</i>	Payee name <i>HEB</i>		
Amount (\$) <i>306.90</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / event expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking

Fees

Office Overhead/Rental Expense

Transportation Equipment & Related 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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
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Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	printing expense	

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Best Buy

Amount (\$)	Payee address;	City:	State:	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Software expense	

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
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Date	Payee name
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Payee name

Edith Saldana Photography

Amount (\$)	Payee address;	City:	State:	Zip Code
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Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	labor / photography	

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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Esteban Sueno</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/12</i>	5 Payee name <i>Regino Villarreal</i>		
6 Amount (\$) <i>1240</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>labor</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>1/13</i>	Payee name <i>Schools Vote</i>		
Amount (\$) <i>2902.0</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fee / labor</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>1/14</i>	Payee name <i>Walmart</i>		
Amount (\$) <i>618.02</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City: <i>Brownsville</i> State: <i>TX</i> Zip Code <i>78520</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expenses</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME <i>Esteban Sueno</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/4</i>	5 Payee name <i>River Bend Golf Resort Prices</i>		
6 Amount (\$) <i>3600.</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>7/29</i>	Payee name <i>4 over. com</i>		
Amount (\$) <i>421.15</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <i>7/26</i>	Payee name <i>Academy Sports + Outdoor</i>		
Amount (\$) <i>120.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED			