

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

NICKNAME

STEVE

LAST

GUERRA

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

3106 Sapphire Ct.

APT / SUITE #:

Brownsville, Tx. 78520

CITY:

STATE:

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(956)

PHONE NUMBER

407-8181

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr

FIRST

SAMUEL

MI

NICKNAME

LAST

GUERRERO

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

808 Tesoro Ave
Rancho Viejo, Tx. 78575

CITY:

STATE:

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(956)

PHONE NUMBER

466-8809.

EXTENSION

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 15 / 2025

THROUGH

Month

Day

Year

1 / 15 / 2026.

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

BND COMMISSIONER P. 4

13 OFFICE SOUGHT (if known)

CAMERON COUNTY JUDGE

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 56,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2785.91
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,798.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,193.51
OUTSTANDING LOAN TOTALS	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.

Esteban Guerra

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.

E. Rangel

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>7/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CIL Commodities Integrated Logistics</i>	7 Amount of contribution (\$) <i>2500.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>McAllen, TX 78503</i>		
8 Principal occupation / Job title (See Instructions) <i>logistics co.</i>		9 Employer (See Instructions)
Date <i>7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gardano Tax and Associates</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code [Redacted] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hexstructure, LLC</i>	Amount of contribution (\$) <i>2500.00</i>
Contributor address; City; State; Zip Code [Redacted] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodrigo Tostado</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville, 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

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Trimani Group LLC</i>	7 Amount of contribution (\$) <i>2500.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville, TX 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Construction</i>		9 Employer (See Instructions)
Date <i>7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Perdue, Brown, Felder, Collins & Mott</i>	Amount of contribution (\$) <i>1500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Houston, Tx. 77008</i>		
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)
Date <i>7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Prime Power Services</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville, Tx 78520</i>		
Principal occupation / Job title (See Instructions) <i>electrical services.</i>		Employer (See Instructions)
Date <i>7/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Vicente Mendez</i>	Amount of contribution (\$) <i>2500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>engineer</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/29</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cisneros Law Group</i>	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <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 <input type="checkbox"/> out-of-state PAC (ID#: <i>Carlos A Garcia Jr.</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Brownsville TX 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 <input type="checkbox"/> out-of-state PAC (ID#: <i>Ivan Sosa</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Auto Sales</i>		Employer (See Instructions)
Date <i>7/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alejandro Martinez.</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Rancho Viejo TX 78575</i>		
Principal occupation / Job title (See Instructions) <i>US CBP</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PI Builders</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American Divisions, LLC</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Security Co.</i>		Employer (See Instructions)
Date <i>7/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Sossi</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>attorney.</i>		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>YASA Investments, LLC</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>investment firm.</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mario Alberto Reyna</i>	7 Amount of contribution (\$) <i>1500.⁰⁰</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>McAllen, Tx 78503</i>		
8 Principal occupation / Job title (See Instructions) <i>engineer</i>		9 Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Port Occupational Medical Clinic, LLC</i>	Amount of contribution (\$) <i>400.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions) <i>medical clinic</i>		Employer (See Instructions)
Date <i>7/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos R. Ponce</i>	Amount of contribution (\$) <i>600.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions) <i>doctor</i>		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose D. Borjon</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions) <i>lobbyist</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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4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Immobiliare Asset, LLC</i>	7 Amount of contribution (\$) <i>125.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville Tx 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>INPRA, LLC</i>	Amount of contribution (\$) <i>125.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Legal Ventures of Texas.</i>	Amount of contribution (\$) <i>750.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Oscar Arturo Garga</i>	Amount of contribution (\$) <i>1250.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>McAllen Tx 78504</i>		
Principal occupation / Job title (See Instructions) <i>engineer</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CESAR LOPEZ</i>	7 Amount of contribution (\$) <i>1250⁰⁰</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>	
8 Principal occupation / Job title (See Instructions) <i>consultant</i>		9 Employer (See Instructions)
Date <i>8/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Humberto Garza</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Westlaco TX 78596</i>	
Principal occupation / Job title (See Instructions) <i>consultant</i>		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricardo Perez</i>	Amount of contribution (\$) <i>5000⁰⁰</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78501</i>	
Principal occupation / Job title (See Instructions) <i>businessman</i>		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NRP Legacy LLC</i>	Amount of contribution (\$) <i>500⁰⁰</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>mortgage brokers</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erick Lucio <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Rancho Viejo Tx 78575	7 Amount of contribution (\$) 250⁰⁰
8 Principal occupation / Job title (See Instructions) attorney.		9 Employer (See Instructions)
Date 8/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 57 Concrete, LLC <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Mission TX 78674	Amount of contribution (\$) 5000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# #C00457853) TSVC Inc PAC <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Olatho, KS 66061	Amount of contribution (\$) 1000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graydon Strama Lucio Group <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Austin TX 78701	Amount of contribution (\$) 1000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>7/29</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>B4 oil, LLC</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code [Redacted] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CB3 Consultants.</i>	Amount of contribution (\$) <i>2500⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Edinburg TX 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/31</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Legal OS Entrusted, LLC</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownville Tx 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Gutierrez</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownville TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/1</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SGSW Enterprises LLC</i> <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Brownsville TX 78520</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOLE Enterprise</i> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Brownsville TX 78520</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dean M. Piacente</i> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Atlantic Beach Florida 32233</i>	Amount of contribution (\$) <i>1500⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions)

Date <i>8/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Colby R Tanner</i> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <i>Harlet, TX 76052</i>	Amount of contribution (\$) <i>2000⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/2</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Gutierrez</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blue Eye Bistro</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville Tx 78575</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Day Consulting Group</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Rancho Viejo Tx 78575</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Sabatini</i>	Amount of contribution (\$) <i>1500.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Denver CO 80209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 Luerma</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/2</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eyewitness Investigative Services</i>	7 Amount of contribution (\$) <i>200.00</i>
	6 Contributor address; City; State; Zip Code [REDACTED] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben O'bell</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville Tx 78520</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Navco Logistics</i>	Amount of contribution (\$) <i>1000.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esteban Guerra</i>		9 Loan Amount (\$)	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code <i>3106 Sapphire Braunsalle Tx 76020</i>		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 <input type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				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 <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	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 ESTEBAN GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 8/1	5 Payee name Rio Grande Stitch			
6 Amount (\$) 23.36	7 Payee address: 247 Frontage Rd Ste B		City: Brownsville	State: TX
		Zip Code 78520		
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense.		(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 ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name				
Office sought				
Office held				
Date 8/1	Payee name Fiesta Graphics.			
Amount (\$) 66.90	Payee address: 205 Paredes Line Rd		City: Brownsville	State: TX
		Zip Code 78520		
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense.		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name				
Office sought				
Office held				
Date 8/1	Payee name WAL MART.			
Amount (\$) 580.61	Payee address: 3500 W. Alton Jct		City: Brownsville	State: TX
		Zip Code 78520		
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	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>64.95</i>	7 Payee address; <i>4200 N. EXPRESSWAY</i>		City; <i>BROWNVILLE</i>	State; <i>TX</i>
	<input type="checkbox"/> Check if individual's residence address.		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>8/4</i>	Payee name <i>CIRCLE K</i>			
Amount (\$) <i>571.75</i>	Payee address;		City; <i>BROWNVILLE</i>	State; <i>TX</i>
	<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>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				
Date <i>8/4</i>	Payee name <i>STRIPES</i>			
Amount (\$) <i>515.51</i>	Payee address;		City; <i>BROWNVILLE</i>	State; <i>TX</i>
	<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>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				

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ESTEBAN GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 8/4	5 Payee name HEB.			
6 Amount (\$) 380.48	7 Payee address; <input type="checkbox"/> Check if individual's residence address.		City; BROWNSVILLE	State; TX
			Zip Code 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(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 8/4	Payee name SAMS CLUB			
Amount (\$) 651.22	Payee address; <input type="checkbox"/> Check if individual's residence address.		City; BROWNSVILLE	State; TX
			Zip Code 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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 8/4	Payee name PRISM SOLUTIONS GROUP.			
Amount (\$) 1698.00	Payee address; 5 CALE JACARANDA <input type="checkbox"/> Check if individual's residence address.		City; BROWNSVILLE	State; TX
			Zip Code 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ESTEBAN GUERRA</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/6</i>	5 Payee name <i>RIVERBENT GOLF RESORT</i>			
6 Amount (\$) <i>5612.00</i>	7 Payee address; <i>4541 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.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSES</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>306 W. DAFFODIL AVE</i>		City; <i>MCKINNEY</i>	State; <i>TX</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 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 GARCIA 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ESTEBAN GUERRA	3 Filer ID (Ethics Commission Filers)	
4 Date 8/7	5 Payee name JOAN RODRIGUEZ		
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code 1837 E Taylor St. Apt A Brownville TX 78520.		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Wages expense		(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 ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 8/27	Payee name AMAZON . com		
Amount (\$) 581.58	Payee address; City; State; Zip Code		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 8/27	Payee name Roberto Vela		
Amount (\$) 300.00	Payee address; City; State; Zip Code Brownville Texas 78520.		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages expense EXPENSE		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ESTEBAN GUEXRA</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>
	<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>78520</i>	
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>
	<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>78520.</i>	
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>
	<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>78520</i>	
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				
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN LUERNA		3 Filer ID (Ethics Commission Filers)	
4 Date 9/15		5 Payee name GOOD NEIGHBOR SETTLEMENT HOME			
6 Amount (\$) 100.00		7 Payee address; 1254 E Tyler St.		City; BROWNVILLE	State; TX
				Zip Code 78520	
		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) donation		(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 10/20		Payee name SAMS CLUB			
Amount (\$) 517.30		Payee address;		City; BROWNVILLE	State; TX
				Zip Code 78520	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD / EVENT EXPENSES		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 10/27		Payee name DICKS SPORTING GOODS			
Amount (\$) 125.78		Payee address;		City; BROWNVILLE	State; TX
				Zip Code 78520	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		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;		City;	State; 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>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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>11/25</i>		Payee name <i>FELIX MUÑOZ</i>			
Amount (\$) <i>200</i>		Payee address;		City; <i>LOS FREJUNOS</i>	State; <i>TX</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>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 ONLY 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;		City; <i>BROWNSVILLE</i>	State; <i>TX</i> Zip Code <i>77520</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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ESTEBAN GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 12/2	5 Payee name PRISM SOLUTIONS GROUP			
6 Amount (\$) 1000	7 Payee address; 5 CAUSE TARRANTA	City; DALLAS	State; TX	Zip Code 75202
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense		(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 12/9	Payee name Stefano's			
Amount (\$) 260.00	Payee address;	City; Harlingen	State; TX	Zip Code 79520
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / EVENT EXPENSE		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 12/12	Payee name Dollar General			
Amount (\$) 185.00	Payee address;	City; Brownsville	State; TX	Zip Code 78520
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Award expense		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	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>1341⁰⁰</i>	7 Payee address; City; State; 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>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; City; State; Zip Code <i>Brownsville TX 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>1200</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>1250⁰⁰</i>	Payee address; City; State; Zip Code <i>Harlingen Texas</i> <input type="checkbox"/> Check if individual's residence address.		
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

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
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;		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>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>1200⁰⁰</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>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>3520⁰⁰</i>	Payee address;		City;	State;
			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>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				

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Esteban Guerra</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/19</i>	5 Payee name <i>Martin Villarreal</i>
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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
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Date <i>12/23</i>	Payee name <i>Lisandro Pena</i>
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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
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Date <i>12/24</i>	Payee name <i>Regino Villarreal</i>
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Amount (\$) <i>600⁰⁰</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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Esteban Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/29</i>	5 Payee name <i>Lisandro Pena</i>			
6 Amount (\$) <i>750</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				
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Esteban Guerra</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; 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/22</i>	Payee name <i>Bubba's 57</i>	
Amount (\$) <i>500.⁰⁰</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>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 ONLY 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; 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 ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Egehan Erturk</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/4</i>	5 Payee name <i>Martin Villarreal</i>			
6 Amount (\$) <i>332.50</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 ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>1/12</i>	Payee name <i>Best Buy</i>			
Amount (\$) <i>140.71</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>Software 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 ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date <i>1/12</i>	Payee name <i>Edith Saldana Photography</i>			
Amount (\$) <i>270.62</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 / photography</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 ONLY 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 <i>Esteban Juarez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/12</i>	5 Payee name <i>Rogelio Villarreal</i>	
6 Amount (\$) <i>1240</i>	7 Payee address; City; State; Zip Code <i>Brownville TX 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>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>2902.00</i>	Payee address; City; State; Zip Code <i>Brownville TX 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>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; City; State; Zip Code <i>Brownville TX 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 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			

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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	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 <i>Esteban Suarez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/4</i>	5 Payee name <i>River bend Golf Resort Prizes</i>		
6 Amount (\$) <i>3600.</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Brownsville Tx 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>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; City; State; 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>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>120.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Brownsville TX 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			