# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00035579		2 Total pages filed: 17
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Roberto D.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024
	Bobby	Guerra		SUFFIX	0171072024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	10213 N. 10th St.				Receipt # Amount
ADDRESS	Man Allana TV 70504				·
Change of Address	McAllen, TX 78504				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mrs.	Olga C.			
INAIVIE					
	NICKNAME	LAST		SUFFIX	
		Gabriel			
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT /	SUITE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4512 N. 4th Street				
(Residence or Business)	McAllen, TX 78504				
	·				
	4554 0055	10115 11111555			
7 CAMPAIGN TREASURER		HONE NUMBER E	EXTENSION		
PHONE	(956) 207-5125				
8 REPORT					
TYPE	January 15	30th day before	election R	unoff	15th day after campaign treasurer
					appointment (officeholder only)
	X July 15	8th day before		xceeded modified eporting limit	Final Report (Attach C/OH-FR)
<b>a</b> DEDIOD	Manth Day Va			Month Day	Voor
9 PERIOD COVERED	Month Day Ye 01/01/2024		IROUGH	Month Day 06/30/2024	Year
	01/01/2024	!!	INOUGH	00/30/2022	<del>!</del>
10 ELECTION	ELECTION DATE	:		ELECTION TYPE	
	Month Day Ye	l <u>—</u>	rimary	Runoff	Other
	11/05/2024		· ·	Cassial	
		X	eneral	Special	
11 OFFICE	OFFICE HELD (if any)	L	<u> </u>	12 OFFICE SOUGHT	(if known)
III OFFICE	State Representative I	District 41 Hidalgo		State Representa	
	Ciato Nopresentative I	Journal 12 Fridaige		State Hoprosonia	are bloarer 12
		GO T	O PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Guerra, Roberto D. (*	The Honorable)	<b>14</b> Filer ID ( 00035579	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAM	NS)	\$ 37,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,075.90
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 129,212.74
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 135,104.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 100,000.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
		The Hono	orable Roberto D. Gue	rra
		Signature	of Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEE	T PG 3 3 of 17
	LER NAM uerra, R	(Ethics Commiss	ion Filers)		
		E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	37,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	100,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	125,390.11
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,822.63
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/17	=	
2	FILER NAME Guerra, Rob	erto D. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00035579	_
4		5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$) \$10,000.00	)
_		McAllen, TX 78504				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/10/2024 Border Health PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00	<b>=</b> )
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	Employer (See Instructions	)		_
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gorena, Michael A. Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250.00	<b>-</b>
	Dringinal occu	McAllen, TX 78504 pation / Job title (See Instructions)	Employer (See Instructions			_
	T IIICipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_ House Democratic Campaign Committee Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$6,250.00	)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Resnick, Stewart Contributor address; City; State; Zip Code Los Angeles, CA 90064	)		Amount of Contribution (\$) \$1,000.00	)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		_
						_

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/17	
2	FILER NAME Guerra, Rob	erto D. (The Honorable)		3	Filer ID (Ethics Commission 00035579	on Filers)
4					Amount of Contribution (\$)	\$1,500.00
_	Deinsinal	AUSTIN, TX 78701-1665	2 Farely (Carlot Arthur)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas American Federation of Teachers  Contributor address; City; State; Zip Code  Austin, TX 78741			Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions)  Employer (See Instruction						
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Daine in all a service	Austin, TX 78711	Farely (Carly Instruction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$4,000.00
			Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Teachers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78759			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	JLE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/17		
2	FILER NAME Guerra, Rob	erto D. (The Honorable)		3	Filer ID (Ethics Commiss 00035579	sion Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
	Dein eine Langu	Minnetonka, MN 55343	O Frankrije (Ozakasti os	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/05/2024 Vale, S.F.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Rio Grande City, TX 78572				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Starr Camargo Bridge C			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Zachary Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

LOANS				SCHEDULE E			
The Instruction	The Instruction Guide explains how to complete this form.  1 Total page Sch: 1/1						
2 FILER NAME Guerra, Roberto	o D. (The Honorable)		3 Filer ID 000355	(Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS			\$			
5 Date of loan 06/27/2024	7 Name of lender out-of-state PA Lone Star National Bank	C (ID#:	)	9 Loan Amount (\$) \$100,000.00			
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 8.5 11 Maturity Date			
	Edinburg, TX 78540			12/18/2024			
<b>12</b> Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions	s)				
14 Description of Co  X None	llateral	15 Check if personal funds we	re deposited	l into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)			
X not applicable	18 Guarantor address; City; State;	Zip Code					
20 Principal occupat	ion	21 Employer (See Instructions)					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed a	above)
	Credit Card F dyment			The Instruction G	uide explains l	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/7 Rpt: 8/17		Guerra, Rob	erto D. (The H	onorable)					00035579		
4	Date	5	Payee name									
	02/14/2024		Carrera, Mig	guel (Mr.)								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,000.00		135 Paseo I	Del Prado								
			Edinburg, T	X 78541								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting E			·					plete Schedule T.	
	LAFENDITORE							_		officeholder living	g expense	
								campaign ser	rvic	es		
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	0	office sou	ght			Office h	eld	
	'	_										
	Date		Payee name									
	04/25/2024		Carrera, Mig	guel (Mr.)								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$4,000.00		135 Paseo I	Del Prado								
			Edinburg, T	X 78541								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting E	Expense				<b>=</b>			plete Schedule T.	
								<b>—</b>		officeholder livin	g expense	
								campaign ser	IVIC	es		
_	Complete ONLY if direct	<u>_</u>	Candidate/Offic	ceholder name		Office sough	aht			Office h	old	
	expenditure to benefit C/OI		zanuluale/Onic	centituer manne	O	nnce sout	ynı			Office II	eiu	
		_										
	Date		Payee name	n Camanainn								
	03/20/2024		Dade Phela									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$1,000.00		P.O. Box 84	8								
			Nederland,	TX 77627								
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description				
	EXPENDITURE			s/Donations M		ittoo				de of Texas. Con officeholder living	nplete Schedule T.	
			Candidate/C	Officeholder/Pol	illicai Commi	illee		contribution for				
									J. 1	_ 5.550.5116		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ω	Office soug	ght			Office h	eld	
	expenditure to benefit C/OI				J		J			200 11		
l												

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 9/17	Guerra, Roberto D. (The Honorable) 00035579
4	Date	5 Payee name
	01/03/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,821.49	1505 S. Lone Star Way
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		monthly credit card payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,683.38	1505 S. Lone Star Way
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		monthly credit card payment
		monary disease said paymons
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$764.92	1505 S. Lone Star Way
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		monthly credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Fees Offic
Food/Beverage Expense Polli
Gift/Awards/Memorials Expense Print
Legal Services Sala

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

	Candidate/Officenoider/Politica 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)
	Sch: 3/7 Rpt: 10/17	Guerra, Roberto D. (The Honorable) 00035579
4	Date	5 Payee name
	04/03/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$617.36	1505 S. Lone Star Way
	l	
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	monthly credit card payment
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/03/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,129.73	1505 S. Lone Star Way
	l	
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	monthly credit card payment
	l	monany ordan data paymon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/03/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$427.50	1505 S. Lone Star Way
	Ţ .=	
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	l	monthly credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 11/17	Guerra, Roberto D. (The Honorable) 00035579
4	Date	5 Payee name
	01/03/2024	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100,000.00	1505 S. Lone Star Way
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Line of Credit Loan Repayment
		Line of Credit Loan Repayment
Ļ	Computate ONLL V if diseast	Condidate/Office helder name Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/03/2024	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.66	1505 S. Lone Star Way
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Line of Credit Loan - interest payment
		Line of Gredit Loan - interest payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 04/25/2024	Payee name  MaAllon Haritage Contor
		McAllen Heritage Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	301 S. Main Street
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		museum famulaser
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/7 Rpt: 12/17	Guerra, Roberto D. (The Honorable) 00035579
4	Date	5 Payee name
	01/09/2024	Perez, Dahlia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	1220 Northpoint Dr
		Apt A
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract labor for campaign services
		Contract labor for earlipaight services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/26/2024	Perez, Dahlia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.00	1220 Northpoint Dr
		Apt A
		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign services - TEC report
		Contract table for campaign services 120 report
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2024	Perez, Dahlia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.00	1220 Northpoint Dr
		Apt A
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Contract labor for campaign services - PFS
		Contract labor for campaign services - PFS
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 6/7 Rpt: 13/17	Guerra, Roberto D. (The Honorable) 00035579					
4	Date	5 Payee name					
	01/09/2024	Uribe, Mary (Ms.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2,000.00	3513 Gull Ave					
		McAllen, TX 78501					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Salaries/Wages/Contract Labor					
		contract labor for campaign services					
		Goridade labor for dampaign of video					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
H	Date	Payee name					
	01/26/2024	Uribe, Mary (Ms.)					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$850.00	3513 Gull Ave					
		McAllen, TX 78501					
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Check if Austin, TX, officeholder living expense					
		contract labor for campaign services - TEC report					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
⊨	Date						
	Date	Payee name					
L	02/14/2024	Uribe, Mary (Ms.)					
Amount (\$) Payee address; City; State; Zip Code							
	\$850.00	3513 Gull Ave					
		McAllen, TX 78501					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		contract labor for campaign services - PFS					
L	Operation ONE VIII II	Our district Office health are some					
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Guerra, Roberto D. (The Honorable) 00035579
5 Payee name
Uribe, Mary (Ms.)
7 Payee address; City; State; Zip Code
3513 Gull Ave
McAllen, TX 78501
(a) Category (See Categories listed at the top of this schedule) (b) Description
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense bookkeeping
) bookkeeping
Candidate/Officeholder name Office sought Office held H

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Et	3 Filer ID (Ethics Commission Filers)			
Sch: 1/3 Rpt: 15/17	Guerra, Roberto D.	(The Honorable)	00035579					
4 CREDIT CARD ISSUER	Name of financial institution Lone Star National Bank		5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	<b> \$</b>	<b>\$</b> 1,921.83			
6 PAYMENT	(a) Amount Charged \$180.64	(b) Date of Charge 03/04/2024	(c) Date(s) Credit Card 04/03/2024	d Issuer Paid				
7 PAYEE	YEE (a) Payee name  Enterprise		(b) Payee address; City, State, Zip Cod 816 Colorado Street  Austin, TX 78701					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel between capital office and district					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	C, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held					
PAYMENT	(a) Amount Charged \$113.38	(b) Date of Charge 04/19/2024	(c) Date(s) Credit Card 06/03/2024	d Issuer Paid				
PAYEE	(a) Payee name  Rebecca's Mexican Restaurant  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Payee address; 2200 W Nolana Ave McAllen, TX 78504	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political			(b) Description meal for staff meeting	ng				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$133.01	(b) Date of Charge 06/17/2024	(c) Date(s) Credit Card	d Issuer Paid				
PAYEE (a) Payee name  Rebecca's Mexican Restaurant		(b) Payee address; 2200 W Nolana Ave McAllen, TX 78504	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description meal for staff meetin	ng				
Non-Political  Complete ONLY if direct expenditure to benefit C/OH  Condidate/Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Condidate/Officeholder name  Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held								

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 16/17	Guerra, Roberto D.	00035579						
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	<b>\$</b> 1,921.83			
6	PAYMENT	(a) Amount Charged \$180.64	(b) Date of Charge 06/18/2024	(c) Date(s)	Credit Card Issue	Paid			
7	PAYEE	(a) Payee name  Enterprise		(b) Payee address; City, State, Zip Code 816 Colorado Street  Austin, TX 78701					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Staff travel between capital office and district					
	Non-Political	· ·	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$110.84	(b) Date of Charge 04/19/2024	(c) Date(s) 06/03/20	Credit Card Issuer 24	Paid			
PAYEE		(a) Payee name  Rebecca's Mexican Restaurant			address; Nolana Ave TX 78504	City,	State,	Zip Code	
		(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip meal for	otion staff meeting				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct   Candidate/Officeholder name Officependiture to benefit C/OH			name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$240.25	(b) Date of Charge 05/14/2024	(c) Date(s)	Credit Card Issuer	Paid			
PAYEE		(a) Payee name Office Depot Store 519			address; 0th Street TX 78504	City,	State,	Zip Code	
EXPENDITURE    X   Political   Gift/Awa		(a) Category (See Categories listed at the top Gift/Awards/Memorial	s Expense	(b) Descrip Graduation	on certificate pap				
$\vdash$									
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Office	Jougni		Office Held			
I									

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 3/3 Rpt: 17/17	Guerra, Roberto D.	00035579					
4	CREDIT CARD ISSUER	EXPE		OF UNITEMIZED IDITURES GED TO A CREDI	\$	1,921.8	33	
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 03/20/2024	(c) Date(s 05/03/20	) Credit Card Issue 124	er Paid		
7	PAYEE	(a) Payee name  Rio Grande Valley Diabetes		Ste A	address; 23rd Street TX 78501	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$351.72	(b) Date of Charge 03/16/2024	(c) Date(s) 05/03/20	) Credit Card Issue 124	er Paid		
PAYEE		(a) Payee name  The Patio on Guerra		(b) Payee address; City, 116 S 17th St Mcallen, TX 78501		City,	State,	Zip Code
<b>EXPENDITURE</b> (Se		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description dinner with staff				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living e	expense	
Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$90.32	(b) Date of Charge 01/11/2024	(c) Date(s) Credit Card Issue 03/03/2024		er Paid		
PAYEE		(a) Payee name  Enterprise		(b) Payee 816 Cold Austin, T	orado Street	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Staff travel between capital office and district					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								