JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00037622		2 Total pages	filed: 14		
3 CANDIDATE /	MS / MRS / MR F	-IRST		MI				
OFFICEHOLDER NAME		Rose Guerra			OFFICE Date Received	USE ONLY		
					ELECTRONIC			
					01/10/2025			
		LAST		SUFFIX	01/10/2025			
	F	Reyna						
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CITY	'; ;	ZIP CODE	Date Hand-delivered	or Date Postmarked		
OFFICEHOLDER MAILING	P.O. Box 2216							
ADDRESS					Receipt #	Amount		
Change of Address	Edinburg, TX 78539							
					Date Processed			
					Date Imaged			
5 CAMPAIGN	MS/MRS/MR F	IRST			MI			
TREASURER	Mr. J	ohn B.						
NAME		onn B.						
		AST			SUFFIX			
	5	Skaggs						
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO		AP	/ SUITE #; CITY;	ST	TATE; ZIP CODE		
ADDRESS	612 W. Nolana Ave., Ste. 35	50						
(Residence or Business)								
	McAllen, TX 78504							
7 CAMPAIGN TREASURER	AREA CODE PHONE	NUMBER EX	XTENSION					
PHONE	(956) 687-8203							
8 REPORT TYPE		20th day before	alaction 🗖	Dunoff	1 15th day aftar a	omnoign troopyror		
	X January 15	30th day before (election	Runoff		ampaign treasurer fficeholder only)		
	July 15	8th day before el	lection	Exceeded modified	Final Report (A	ttach C/OH-FR)		
				reporting limit	-			
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	THE	ROUGH	12/31/202	4			
10 ELECTION	ELECTION DATE	1		ELECTION TYPE				
	Month Day Year		mary	Runoff	Other			
	11/08/2022							
		XGe	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
	District Judge District 206 Hi	idalgo		District Judge Dis	strict 206			
				I				
		00 -						
	GO TO PAGE 2							
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2							

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 14

I

13 C / OH NAME	Reyna, Rose Guerra	(The Honorable)	14 Filer ID 00037622	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or offic	committees to support the seholder's knowledge or otice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS	\$ 0.00							
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	19)	\$ 0.00				
EXPENDITURE TOTALS	\$ 0.00							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 11,369.01				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	LAST DAY OF THE	\$ 344,631.61				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 2,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.						
		The Honor	able Rose Guerra Re	eyna				
		Signature o	f Candidate or Officeho	blder				
AFFIX NOT	TARY STAMP / SEAL AB	OVE						
Sworn to and subsc	ribed before me, by the s	aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath				
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2				

FORM JC/OH COVER SHEET PG 3

				3 01 14	ł
FILER			19 Filer ID	(Ethics Commission Filers)	
		se Guerra (The Honorable)	00037622	1	
SCHE NAME		SUBTOTAL AMOUNT			
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 8,151	.67
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,608	.67
9.	х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,608	.67
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 7,889	.17
				I	

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide expla	Office Polling Printing Salarie	Dverhea Expens J Expen s/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 4/14		Reyna, Rose Guerra (The Honorab	le)				00037622
4	Date	5	Payee name					
	11/22/2024		Advance Publishing LLC					
6	Amount (\$)	7	Payee address; City; St	tate; Zip	Code			
	\$283.00		217 W. Park Ave.					
			Pharr, TX 78477					
0	DUDDOCE				100			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(a)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					officeholder living expense
								Christmas Ads
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ought			Office held
	Date		Payee name					
	07/22/2024		McAllen ISD Band Booster Council					
	Amount (\$)		Payee address; City; St	tate; Zip	Code			
	\$3,000.00		P.O. Box 5421	<i>i</i> F				
	+0,000.00							
			McAllen, TX 78502					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.
						football progr		officeholder living expense
						iootbali progi	am	
				0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ougnt			Office held
-	Date	Г	Payee name					
	07/25/2024		Reyna, Rose (Mrs.)					
				tate; Zip	Codo			
	Amount (\$) \$70.00		Payee address; City; Si P.O. Bo 2216	late, Zip	Joue			
	\$70.00		P.O. B0 2210					
			Ediphura TV 70500					
			Edinburg, TX 78539					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		de ef Teures, Complete Schedule, T
	EXPENDITURE		Reimbursement					de of Texas. Complete Schedule T. officeholder living expense
								8/8/24 & 8/22/24 Dyna. & Eff. of Vict.
								eg. & UnderstandingProt. Orders
-	Complete ONLV if direct	Ļ	Candidate/Officeholder name	Office s				Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Unice S	ouynt			Onice neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/14		Reyna, Rose Guerra (The Honorable)				00037622
4	Date	5	Payee name				
	07/17/2024		Reyna, Rose (Mrs.)				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$35.00		P.O. Box 2216				
			Edinburg, TX 78539				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description		
Ū	OF	,	Reimbursement	eaule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, тх	officeholder living expense
							7/25/24 "Understanding Medical
					Findings of P	hys	sical Child Abuse"
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held
	Date		Payee name				
	09/03/2024		Reyna, Rose (Mrs.)				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$35.00		P.O. Box 2216				
	+00100						
			Edinburg, TX 78539				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Reimbursement				de of Texas. Complete Schedule T.
							officeholder living expense L0/10/24 "Neurobiology of Trauma:
							omplex Histories"
	Complete ONLY if direct		Candidate/Officeholder name O	office sou			Office held
	expenditure to benefit C/OF			fince sou	ym		Once neu
	Date		Payee name				
	08/27/2024		Reyna, Rose (Mrs.)				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$247.48		P.O. Box 2216				
			Edinburg, TX 78539				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Reimbursement				de of Texas. Complete Schedule T.
							officeholder living expense
					office staff lur	nch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)
-	Sch: 3/4 Rpt: 6/14	-	Reyna, Rose Guerra (The Honorable)				00037622
4	Date	5	Payee name				
	12/15/2024		Reyna, Rose (Mrs.)				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$263.68		P.O. Box 2216				
			MaAllan TX 79520				
			McAllen, TX 78539				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Reimbursement				ide of Texas. Complete Schedule T. , officeholder living expense
					office staff lui		
						101	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held
9	expenditure to benefit C/Oł			mce sou	Jiit		Office field
	Date		Payee name				
	12/20/2024		Reyna, Rose (Mrs.)				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$957.51		P.O. Box 216				
			Edinburg, TX 78539				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Reimbursement	,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					office staff CI	nris	itmas dinner
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	Π					
	Date		Payee name				
	11/22/2024		Savy Publishing, LLC				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$360.00		P.O. Box 399				
			Mission, TX 78573				
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	- dede S	(b) Description		
	OF		Advertising Expense	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, тх	officeholder living expense
					Thanksgiving	8	Christmas Ads
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI				-		
-							
1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 7/14		Reyna, Rose Guerra (The Honorable)				00037622
4	Date	5	Payee name				
	11/21/2024		The Monitor/Mid Valley Town Crier				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$1,100.00		P.O. Box 3267				
			McAllen, TX 78502				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.
							officeholder living expense Christmas Ads
					Thanksylving	α	Chinsunas Aus
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	ght		Office held
	Date		Payee name				
	07/22/2024		Weslaco Athletic Booster Club				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$900.00		P.O. Box 1616	•			
	DUDDOOF		Weslaco, TX 78599		(h)		
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	nutsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense				officeholder living expense
					football progr	am	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	ght		Office held
	Date		Payee name				
	07/22/2024		Weslaco East Athletic Booster Club				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$900.00		P.O. Box 266				
			Weslaco, TX 78599				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.
					football progr		officeholder living expense
					iootbali piogi	un	
	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	Office sou	aht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			AUCE SOU	ynt		

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense					
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District					
	Candidate/Officeholder/Politica	l Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a category	not listed ab	iove)			
			ruction Guide explains l	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	ion Filers)			
	Sch: 1/3 Rpt: 8/14	Reyna, Rose Guerr	a (The Honorable)		00037622					
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM						
	ISSUER	Chas	e Bank	EXPENDITURES CHARGED TO A CE	EXPENDITURES \$ CHARGED TO A CREDIT					
				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$35.00	07/17/2024	07/18/2024	07/18/2024					
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code			
				1210 San Antonio S	t., Ste. 800					
		Texas Center for th	e Judiciary							
L				Austin, TX 78701						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Fees	of this schedule)		24 Understanding Me	edical Fin	ndings of			
X Political				Physical Child Abus	e					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living expe	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held					
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
		\$35.00	07/25/2024	07/25/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Texas Center for th	o ludicion/	1210 San Antonio S	t., Ste. 800					
		Texas Center for th	e Judicial y							
				Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Fees	,		CLE webinar 8/8/24 Dynamics & Effects of Victims of Child Abuse & Neglect					
	X Political									
	Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living expe	ense				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held					
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Changed	(h) Data of Charge	(a) Data (a) Cradit Card	Jacuar Daid					
	PAYMENI	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 07/25/2024	Issuer Paid					
		\$35.00	07/25/2024	0.7.207.202.1						
⊢	PAYEE				0:1	C t-t	7:0 0 - 1			
	FAILE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Texas Center for th	e Judiciary	1210 San Antonio S	i., Sie. 800					
				Austin TV 70701						
⊢	PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	CLE webinar - 8/22/	24					
	X Political	Fees			ective Orders in Texa	s				
	Non-Political		of Toylog, Commission Columnia		ation TV official de l'					
⊢		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living expe Office held	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Canuluale/Onicenoluer		Sought	Unice heiu					

					•	JOHEDOL	
		EXPE	ENDITURE CATEGO	RIES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundrais Transportation Equi Travel in District Travel Out of Distric OTHER (enter a cat	ipment & Related E	
1	Total pages Schedule F4:	·			2 Eiler ID (Ethics Commiss	sion Filers)
-	Sch: 2/3 Rpt: 9/14	Reyna, Rose Guerr	a (The Honorable)		00037622		<i>ion i neroj</i>
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$		
6	PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Iss 09/03/2024	uer Paid		
7	PAYEE	(a) Payee name Texas Center for th	e Judiciary	(b) Payee address; 1210 San Antonio St., S	City, Ste. 800	State,	Zip Cod
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	Austin, TX 78701 (b) Description CLE webinar 10/10/24 Neurobiology of Trauma	a: Children wit	h Complex I	Histories
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living	g expense	
9 е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Dffice sought	Office held		
	PAYMENT	(a) Amount Charged \$247.48	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Iss 09/02/2024	uer Paid		
	PAYEE	(a) Payee name Pappadeaux		(b) Payee address; 1610 West Expressway Pharr, TX 78577	City, / 83	State,	Zip Cod
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description staff lunch			
	Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e T. Check if Austin, Office sought	TX, officeholder living Office held		
е	expenditure to benefit C/OH	Candidate, Onicensider		Since Sought	Onice Held		
	PAYMENT	(a) Amount Charged \$263.68	(b) Date of Charge 11/21/2024	(c) Date(s) Credit Card Iss 12/15/2024	uer Paid		
	PAYEE	(a) Payee name HW Seafood Steak	house	(b) Payee address; 613 E. Trenton	City,	State,	Zip Cod
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees		Edinburg, TX 78539 (b) Description staff lunch			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living	j expense	

EXPENDITURES MADE BY CREDIT CARD

Zip Code

State, Zip Code

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

Zip Code

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense T	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 he	ow to complete this form.			
1	Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)					
	Sch: 3/3 Rpt: 10/14	Reyna, Rose Guerr	a (The Honorable)		00037622		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED			
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDI CARD	г Г		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$957.51	12/19/2024	12/20/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
				Santa Fe Steakhouse			
		Santa Fe Steakhou	se	1918 S. 10th Street			
				McAllen, TX 78503			
8	PURPOSE OF	(a) Category	of this schoolule	(b) Description			
		(See Categories listed at the top Fees	or this schedule)	office Christmas dinner			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin, T	c, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held		
e	xpenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 1/2 Rpt: 11/14	2 FILER NAME Reyna, Rose Guerra (The Honorable)		3 Filer ID (Ethics Commission Filers) 00037622				
4 Date 07/18/2024	5 Payee name American Express Card						
6 Amount (\$) \$35.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip C P.O. Box 650448 Dallas, TX 75265-0448 	code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense card for CLE webinar - 7/25/24 ed. Findings of Physical Child Abuse				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date	Payee name						
07/25/2024	American Express Card						
Amount (\$) \$70.00	Payee address; City; State; Zip Code						
X Reimbursement from political contributions intended	Dallas, TX 75265-0448	-					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense card - for 2 CLE webinars - 8/8/24 &				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held							
Date	Payee name						
09/03/2024	American Express Card						
Amount (\$) \$35.00	Payee address; City; State; Zip C P.O. Box 650448	code					
X Reimbursement from political contributions intended	Dallas, TX 75265-0448						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense card - CLE webinar - 10/10/24 rauma: Child. with Comp. Histories				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
F	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ovr Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense opense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule G: Sch: 2/2 Rpt: 12/14	2 FILER NAME Reyna, Rose Guerra (The Honorable)	3 Filer ID (Ethics Commission Filers) 00037622				
4	Date 09/12/2024	5 Payee name American Express Card					
6	Amount (\$) \$247.48 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265-0448					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment of credit card for staff lunch				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
F	Date	Payee name					
	12/05/2024	American Express Card					
	Amount (\$) \$263.68 Reimbursement from political contributions	Payee address; City; State; Zip Code 8 P.O. Box 650448 Figure 2000 State; Zip Code					
	intended	Dallas, TX 75265-0448					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
F	Date	Payee name					
	12/20/2024	American Express Card					
	Amount (\$) \$957.51	Payee address; City; State; Zip Co P.O. Box 650448	ode				
	Reimbursement from political contributions intended	Dallas, TX 75265-0448					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff Christmas dinner				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held				
F							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form. 1 Total page Sch: 1/2						
2	2 FILER NAME 3 Filer ID				D (Ethics Commiss	ion Filers)	
	Reyna, Rose Guerra (The Honorable) 00037						
4	Date	5	Name of person from whom amount is received	-		8 Amount (\$)	
	08/28/2024		Lone Star National Bank				\$1,128.96
		6	Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78502				
		7	Purpose for which amount is received	politi	cal cont	ribution returned to	filer
			interest accrued on CD #45211965 on Certificate of Deposit				
	Date	Ē	Name of person from whom amount is received			Amount (\$)	
	11/27/2024		Lone Star National Bank				\$1,142.10
			Address of person from whom amount is received; City; State; Zip Code				
		L	McAllen, TX 78502				
				politi	cal cont	ribution returned to f	filer
			interest accrued on CD #45211965 on Certificate of Deposit				
	Date	Γ	Name of person from whom amount is received			Amount (\$)	
	08/28/2024		Lone Star National Bank				\$1,129.35
			Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78502				
		┝		liti	! cont		ei 👡
			interest accrued on CD #45211966 on Certificate of Deposit	роны	Cal com	ribution returned to f	iller
╞		Ļ					
	Date		Name of person from whom amount is received			Amount (\$)	Φ1 140 E0
	11/27/2024	ļ	Lone Star National Bank				\$1,142.50
			Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78502				
		\vdash	Purpose for which amount is received Check if	politi	cal cont	ribution returned to 1	filer
			interest accrued on CD #45211966 on Certificate of Deposit				
F	Date	┢	Name of person from whom amount is received			Amount (\$)	
	08/28/2024		Lone Star National Bank				\$1,129.35
		Address of person from whom amount is received; City; State; Zip Code					
			McAllen, TX 78502				
			—	politi	cal cont	ribution returned to t	filer
			interest accrued on CD #45211967 on Certificate of Deposit				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.					-	ages Schedule K: 2/2 Rpt: 14/14	
2	2 FILER NAME			3 F	iler ID	e (Ethics Commiss	sion Filers)
	Reyna, Rose Guerra (The Honorable)			(00037	622	
4	1 Date 5 Name of person from whom amount is received					8 Amount (\$)	
	11/27/2024		Lone Star National Bank				\$1,142.50
		6	Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78502				
		7		olitica	al conti	ribution returned to f	filer
			interest accrued on CD #45211967 on Certificate of Deposit				
	Date		Name of person from whom amount is received			Amount (\$)	
	08/28/2024		Lone Star National Bank				\$551.39
			Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78502				
				olitica	al conti	I ribution returned to t	filer
			interest accrued on CD #45219002 on Certificate of Deposit	0			
	Date		Name of person from whom amount is received			Amount (\$)	
	11/27/2024		Lone Star National Bank			, inouni (¢)	\$523.02
			· · · · · · · · · · · · · · · · · · ·				
			McAllen, TX 78502				
				olitica	al conti	ribution returned to t	filer
			interest accrued on CD #45219002 on Certificate of Deposit				
				olitica	al contr	ribution returned to t	filer