CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commis 00051797	ssion Filers)	2 Total pages f	iled: 02
3 CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable F	Ryan A.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME L	 .AST		SUFFIX	01/15/2025	
		Guillen		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING ADDRESS	P.O. Box 1024				Receipt #	Amount
Change of Address	Austin, TX 78767					
🖰	·				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER	Ms. D	alinda L.				
NAME						
	NICKNAME L	 AST		SUFFIX		
		Suillen				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE):	AP	/ SUITE #; CITY	′: ST	ATE; ZIP CODE
TREASURER	2504 Sable Palm Dr	····,		, , , , , , , , , , , , , , , , , , , ,	,	_,
ADDRESS						
(Residence or Business)	Rio Grande City, TX 78582					
	The Grande Oity, 177 10002					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(956) 437-4136					
8 REPORT TYPE						
ITPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (off	ampaign treasurer iceholder only)
	July 15	8th day before e	election	Exceeded modified	Final Report (Att	
				reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	12/31/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	imary	Runoff	Other	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative District	131			tative District 31	
	Ctate representative 2 terre					
	1					
		20 -	0.0465.0			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 102

13 C / OH NAME	Guillen, Ryan A. (The	Honorable)	14 Filer ID (00051797	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	TEXAS ALLIANCE FOR LIFE PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 CENTRE PARK DRIVE		
		SUITE 3000		
		AUSTIN, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		SHAW, JAMES		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		4505 CORAZON CV		
	TOTAL UNITEM	ROUND ROCK, TX 78681 ZED POLITICAL CONTRIBUTIONS (OTHER THAI		1
16 CONTRIBUTION TOTALS	\$ 0.00			
	5)	\$ 295,654.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,332.82
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 35,426.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 974,130.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		The Hono	orable Ryan A. Guille	en
			Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of				
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 102

				3 Of 102
18 FILER NAME Guillen, Rya	an A. (The Honorable)	19 Filer ID 00051797	(Ethics Co	mmission Filers)
20 SCHEDULE NAME OF SC	SUBTOTALS		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	291,704.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,950.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,318.94
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	13,291.11
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	816.56
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	17.20
			•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/46 Rpt: 4/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ A&M PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
	i illicipai occu	pation 7 sob title (see instructions)	2 Employer (See manucuons	')		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ AFSCME TX CORRECTIONAL OFFICERS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	HUNTSVILLE, TX 77320 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	· 	, ,	, , ,	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ AHLBERG, TREVOR (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		IRVING, TX 75038				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions COTTONWOOD FINAN		AL.	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ALIST CONSULTING, LLC Contributor address; City; State; Zip Code AUSTIN, TX 78757)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ALLEN BOONE HUMPHRIES ROBINSON LLP Contributor address; City; State; Zip Code HOUSTON, TX 77027			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/46 Rpt: 5/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/13/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
		WASHINGTON, DC 20001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ AMERICAN COUNCIL OF ENGINEERING COM Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_APACHE CORPORATIONS POLITICAL ACTIO Contributor address; City; State; Zip Code	N COMMITTEE		Amount of Contribution (\$)	\$1,000.00
	Principal occu	HOUSTON, TX 77042 upation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ARANSAS-CORPUS CHRISTI PILOTS PAC Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78403			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ARECHIGA, JASON (Mr.) Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259			Amount of Contribution (\$)	\$500.00
	Principal occu DEVELOPE	ripation / Job title (See Instructions) R	Employer (See Instructions) THE NRP GROUP)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/46 Rpt: 6/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 10/15/2024	 Full name of contributor	F TEXAS - PAC	7	Amount of Contribution (\$)	\$2,000.00
_	Daine in all a con-	AUSTIN, TX 78768	la Farabana (Garabana di			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 10/18/2024	Full name of contributor		•	Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: AUSTIN POLICE ASSOCIATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occu	AUSTIN, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions	s)		
		,				
	Date 10/15/2024	Full name of contributor X out-of-state PAC (ID#: BANK OF AMERICA STATE AND FEDERAL F Contributor address; City; State; Zip Code WILMINGTON, DE 19808	PAC		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: BEEF-PAC Contributor address; City; State; Zip Code AMARILLO, TX 79106			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/46 Rpt: 7/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 11/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
_	Dringing Loggy	AUSTIN, TX 78701	O Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_BNSF RAILPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		FORT WORTH, TX 76161				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_BOATING TRADES ASSOCIATION OF METRO Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	HOUSTON, TX 77054 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_BP NORTH AMERICA EMPLOYEE PAC Contributor address; City; State; Zip Code HOUSTON, TX 77079			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_BPA PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	N	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/46 Rpt: 8/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)			3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/04/2024	5 Full name of contributor out-of-state PAC (ID#: BROWN, DARREN (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_	Duinning Langu	AUSTIN, TX 78746	_	Frankriau (Caa Inatuustiaus			
8	BUSINESS (pation / Job title (See Instructions) OWNER	9	Employer (See Instructions SELF	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ CAMPBELL, SCOTT (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Principal occu	PARLINGEN, TX 78552 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	FOUNDER			SRC MANAGEMENT, I	NC		
	Date 10/23/2024	Contributor address; City; State; Zip Code		TTEE (CATPAC)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ CENTERPOINT ENERGY, INC. POLITICAL AC Contributor address; City; State; Zip Code HOUSTON, TX 77210		ON COMMITTEE		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ CHARTER COMMUNICATIONS, INC TEXAS P. Contributor address; City; State; Zip Code AUSTIN, TX 78701				Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/46 Rpt: 9/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AUSTIN, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions)			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)) 		
	Date 10/15/2024	Full name of contributor X out-of-state PAC (ID#: CHEVRON EMPLOYEES PAC Contributor address; City; State; Zip Code	C00035006)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ CLEAT PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ COLE, CELIA (Mrs.) Contributor address; City; State; Zip Code AUSTIN, TX 78756)		Amount of Contribution (\$)	\$50.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) FEEDING TEXAS)		
	Date 11/13/2024	Full name of contributor X out-of-state PAC (ID#: COMCAST CORPORATION & NBCUNIVERSA Contributor address; City; State; Zip Code PHILADELPHIA, PA 19103			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/46 Rpt: 10/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 09/19/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	<u> </u>	DALLAS, TX 75201				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ CONNER, JON (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78745 spation / Job title (See Instructions)	Employer (See Instructions)		
	CONTRACT	OR	J-CONN ROOFING			
	Date 12/11/2024	Full name of contributor 🔯 out-of-state PAC (ID#:_ CONSTELLATION ENERGY CORPORATION I Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	washington, DC 20001 upation / Job title (See Instructions)	Employer (See Instructions)		
	·	,		•		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ CROSS OAK GROUP Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ CURBOW, KELLY (Mr.) Contributor address; City; State; Zip Code SAN MARCOS, TX 78666			Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/46 Rpt: 11/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ DAVIS, CHESTER (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	BUDA, TX 78610 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CONSULTA		SELF	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: DELISI COMMUNICATIONS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor x out-of-state PAC (ID#: C DOW PAC Contributor address; City; State; Zip Code MIDLAND, MI 48674	00074096)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ DPSOA-PAC ACCOUNT Contributor address; City; State; Zip Code AUSTIN, TX 78752			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/46 Rpt: 12/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	 5 Full name of contributor out-of-state PAC (ID#:_EIDSON, KRISTI (Mrs.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	SAN ANTONIO, TX 78259 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	CONSULTA		SELF SELF			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ EMBRIDGE (U.S.) INC. POLITICAL ACTION CO Contributor address; City; State; Zip Code	DMMITTEE		Amount of Contribution (\$)	\$500.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor \(\times\) out-of-state PAC (ID#: \(\times\) EMPLOYEES OF RTX CORPORATION PAC Contributor address; City; State; Zip Code ARLINGTON, VA 22209	C00097568)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ ENPAC TEXAS Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ ERBEN & YARBROUGH Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/46 Rpt: 13/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 10/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ EXXONMOBIL PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	IRVING, TX 75039 pation / Job title (See Instructions)	9 Employer (See Instructions	() ()		
Ŭ	i illicipai occa	pation 7 oob title (oce mondellons)	Employer (See Management	')		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ EYE-PAC OF THE TEXAS OPHTHALMOLOGIC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	•	, ,	, , ,	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_FLATT, DARRELL (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		TYLER, TX 75701				
		pation / Job title (See Instructions) VICE-PRESIDENT	Employer (See Instructions ETTL ENGINEERS & Co	•	SULTANTS INC.	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_FOCUSED ADVOCACY POLITICAL Contributor address; City; State; Zip Code AUSTIN, TX 78746)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_FOLEY & LARDNER LLP TEXAS CAMPAIGN F Contributor address; City; State; Zip Code DALLAS, TX 75201	-UND		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/46 Rpt: 14/102
2	FILER NAME Guillen, Ryai	n A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051797
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,000.00
0	Dringing coou	EDINBURG, TX 78541	Employer (See Instructions	<u></u>	
8	OWNER	pation / Job title (See Instructions)	9 Employer (See Instructions FOREMOST PAVING	>)	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_FOWLER, PERRY L. (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78757			Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)	
	TREASURE	₹	TEXAS WATER INFRA	ST	RUCTURE NETWORK PAC TXWIN
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ FRIENDS OF SAN ANTONIO LEADERS FOR L Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Principal occu	SAN ANTONIO, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_GARRETT, JON (Mr.) Contributor address; City; State; Zip Code WAXAHACHIE, TX 75165			Amount of Contribution (\$) \$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions APEX SERVICES	5)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_GONZALEZ PUBLIC AFFAIRS & CONSULTING Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 12/46 Rpt: 15/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)			3	Filer ID (Ethics Commission 00051797	n Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ GRANT, KATHY (Mrs.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
_		AUSTIN, TX 78704	_				
8	Principal occu LOBBYIST	pation / Job title (See Instructions)	9	Employer (See Instructions KATHY GRANT GROU		LC	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_GREGG, AARON (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	LAWYER	,		CAPITOL LAW CONSU		ING GROUP	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ GULF STATES TOYOTA INC. STATE PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		HOUSTON, TX 77077			L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ H-E-B POLITICAL ACTION CMTE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78204)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ HALEY, ANTHONY (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions HMWK, LLC	s)		
			·				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/46 Rpt: 16/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ HALFF ASSOCIATES - STATE PAC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	RICHARDSON, TX 75081				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_HALLIBURTON COMPANY POLITICAL ACTIOn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	HOUSTON, TX 77072 Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ HAMER, JONATHAN (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78735				
	Principal occu PARTNER	ipation / Job title (See Instructions)	Employer (See Instructions) HOMETOWN HERO)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_HANNA, MARK (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78703			Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTA	npation / Job title (See Instructions) NT	Employer (See Instructions SELF)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ HAUSENFLUCK, AMBER (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 14/46 Rpt: 17/102	
2	FILER NAME Guillen, Ryai	n A. (The Honorable)			3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/10/2024	 Full name of contributor out-of-state PAC (IE HECKLER, JEFFREY (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
0	Dringing! goog	AUSTIN, TX 78701 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u></u>		
_	CONSULTA			THE SCHLUETER GRO		P	
	Date 12/10/2024	Full name of contributor out-of-state PAC (IE HELLER, J DAVID (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringinal accu	BOCA RATON, FL 33432	_	Employer (See Instructions	·/		
	PRESIDENT	pation / Job title (See Instructions) CEO		Employer (See Instructions THE NRP GROUP	»)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (IE HILLCO PAC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2,000.00
		AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (IE HMWK LLC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (IE HOCHHEIM PRAIRIE POLITICAL ACTION Contributor address; City; State; Zip Code YOAKUM, TX 77995	COM			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/46 Rpt: 18/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
_	Dringing Loon	AUSTIN, TX 78701	0 Employer (See Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_HOSPAC - STATE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	· 	,				
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ HOUSTON PILOTS PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		DEER PARK, TX 77536				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_HOWARD, ROBERT (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78704			Amount of Contribution (\$)	\$250.00
	Principal occu CONSULTA	npation / Job title (See Instructions) NT	Employer (See Instructions ROBERT M HOWARD,) .	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ HS LAW PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 16/46 Rpt: 19/102	
2	FILER NAME Guillen, Ryai	n A. (The Honorable)			3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/13/2024	HUGHES, LISA (Mrs.)	state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	District	AUSTIN, TX 78759		Faradaya (Caraba da			
8	•	pation / Job title (See Instructions) /E CONSULTANT	9	Employer (See Instructions LISA HUGHES CONSU		ING	
	Date 12/11/2024	Full name of contributor				Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	i illoipai ooda	pation 7 000 tale (000 moradolono)		Employer (eee meadediene	,		
	Date 08/05/2024	INDEPAC Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 12/11/2024	Full name of contributor	-			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor out-of-s ISETT, CARL (Mr.) Contributor address; City; State; Zip Co	otate PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu LOBBYIST	pation / Job title (See Instructions)		Employer (See Instructions SELF)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797	
4	Date 12/11/2024	Full name of contributor	N COMMITTEE	7 Amount of Contribution (\$) \$1,000.00	
		DALLAS, TX 75201			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 12/14/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$150.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	ATTORNEY	, ,	JEWELL ASSOCIATES		
	Date 12/11/2024	Full name of contributor)	Amount of Contribution (\$) \$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	(2)	
	CONSULTA		HILLCO PARTNERS	,,	
	Date 10/10/2024	Full name of contributor x out-of-state PAC (ID#: JPMORGAN CHASE & CO. PAC Contributor address; City; State; Zip Code WASHINGTON, DC 20005	C00104299)	Amount of Contribution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: KEEL, LARA (Mrs.) Contributor address; City; State; Zip Code AUSTIN, TX 78703		Amount of Contribution (\$) \$500.00	
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions SELF	; ;)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/46 Rpt: 21/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/10/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	EASTLAND, TX 76448 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	CONSULTA		SELF	,		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ KICKAPOO TRADITIONAL TRIBE OF TEXAS (Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor X out-of-state PAC (ID#: KOCHPAC - KOCH, INC. POLITICAL ACTION Contributor address; City; State; Zip Code WICHITA, KS 67220			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ LAREDO FIRE PAC Contributor address; City; State; Zip Code LAREDO, TX 78041			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ LAW - PAC LEE A. WOODS POLITICAL ACTIO Contributor address; City; State; Zip Code AUSTIN, TX 78701) ON COMMITTEE		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 19/46 Rpt: 22/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ LINEBARGER GOGGAN BLAIR & SAMPSON, 6 Contributor address; City; State; Zip Code	LLP ATTORNEYS AT	7	Amount of Contribution (\$)	\$1,500.00
		AUSTIN, TX 78760				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_LLOYD GOSSELINK ROCHELLE & TOWNSEN Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ LOCKE LORD LLP A LIMITED LIABILITY PART Contributor address; City; State; Zip Code	NERSHIP		Amount of Contribution (\$)	\$500.00
	Principal occu	DALLAS, TX 75201 upation / Job title (See Instructions)	Employer (See Instructions)		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ LONGBOW CONSULTING PARTNERS LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_LUMPAC Contributor address; City; State; Zip Code AUSTIN, TX 78703			Amount of Contribution (\$)	\$5,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/46 Rpt: 23/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_MAURO, KYLE (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Logg	AUSTIN, TX 78747	D. Employer (See Instructions			
8	CONSULTA	pation / Job title (See Instructions) NT	9 Employer (See Instructions) HILLCO PARTNERS)		
	Date 12/13/2024	Full name of contributor x out-of-state PAC (ID#:_MCGUIRE WOODS FEDERAL PAC FUND Contributor address; City; State; Zip Code	000225342)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	RICHMOND, VA 23219 spation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ MCRAE, CODY (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$834.00
		HOUSTON, TX 77042				
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions) SELF)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_MCRAE, CODY (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77042)		Amount of Contribution (\$)	\$334.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions)		
	Date 07/25/2024	Full name of contributor x out-of-state PAC (ID#:_MERCK EMPLOYEES PAC Contributor address; City; State; Zip Code WASHINGTON, DC 20004	C00097485)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/46 Rpt: 24/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ MILLER, JEFF (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
0	Dringing occur	AUSTIN, TX 78732	Employer (See Instructions)			
8	CONSULTA	pation / Job title (See Instructions) NT	9 Employer (See Instructions) OLD STONE STRATEG			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ MISSION FIREFIGHTERS COMMITTEE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	MISSION, TX 78574 upation / Job title (See Instructions)	Employer (See Instructions))		
		,		,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ MOAK CASEY PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_MORRIS, JOE (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78757			Amount of Contribution (\$)	\$250.00
	Principal occu LOBBYIST	pation / Job title (See Instructions)	Employer (See Instructions) VARIOUS)		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#:_MOTOROLA SOLUTIONS, INC. POLITICAL ACCONTRIBUTION AND CONTRIBUTION AND CONT			Amount of Contribution (\$)	\$1,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/46 Rpt: 25/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 09/25/2024	 5 Full name of contributor out-of-state PAC (ID#:_NAIFA TEXAS IFAPAC 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$750.00
_		AUSTIN, TX 78746	la = 1 (0 1 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ NALL, MICHAEL (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$334.00
	Deinsinal	KINGWOOD, TX 77345		Ĺ		
	SELF	pation / Job title (See Instructions)	Employer (See Instructions MWN CONSULTING	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ NALL, MICHAEL (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$834.00
		KINGWOOD, TX 77346				
	Principal occu SELF	pation / Job title (See Instructions)	Employer (See Instructions MWN CONSULTING	5)		
	Date 10/31/2024				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 10/28/2024	Full name of contributor x out-of-state PAC (ID#:_NRG ENERGY INC POLITICAL ACTION COMICONTRIBUTION CONTRIBUTION (ID#:_NRG ENERGY INC POLITICAL ACTION COMICONTRIBUTION (ID#:_NRG ENERGY INC POLITICAL ACTION COMICONTRIBUTION (ID#:_NRG ENERGY INC PACKETON) (ID#:_NRG ENERGY INC PACKE	MITTEE		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 23/46 Rpt: 26/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)			Filer ID (Ethics Commission 00051797	on Filers)
4	Date 10/28/2024	Full name of contributor	·	7	Amount of Contribution (\$)	\$2,000.00
		DALLAS, TX 75202				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 10/15/2024	Full name of contributor \(\times\) out-of-state PAC (ID#: \(\times\) ONE GAS, INC. POLITICAL ACTION COMMITT Contributor address; City; State; Zip Code TULSA, OK 74103	EE		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ ORGANIZING FOR TEXAS SENIORS Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	DALLAS, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions)	i)		
	•	,				
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ PACE, MICHAEL (Mr.) Contributor address; City; State; Zip Code HARTWELL, GA 30643)		Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) PACE-O-MATIC	i)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_PAPE-DAWSON ENGINEERS PAC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78213			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 24/46 Rpt: 27/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)			3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/12/2024	 Full name of contributor out-of-state PAC (ID#:_PARDUE, LESLIE (Mrs.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
Ω	Principal occu	AUSTIN, TX 78739 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·/		
•	CONSULTA		<u> </u>	SELF (See Instructions	•)		
	Date 12/03/2024	Full name of contributor				Amount of Contribution (\$)	\$250.00
	Principal occu	AUSTIN, TX 78767 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	LOBBYIST	pation / cos title (cos morastione)		SELF	<i>''</i>		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: PATRICIA A. SHIPTON GOVERNMENTAL AFF. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ PEBLEY, HOWARD (Mr.) Contributor address; City; State; Zip Code MCALLEN, TX 78504				Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions SELF	5)		
	Date 12/10/2024	Full name of contributor x out-of-state PAC (ID#: CONTRIBUTION OF STATE OF	AL	ACTION		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	he Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 25/46 Rpt: 28/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ PERDUE, BRANDON, FIELDER, COLLINS & M. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	LUBBOCK, TX 79408				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#:_PFIZER PAC Contributor address; City; State; Zip Code NEW YORK, NY 10001	C00016683)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_PHARMPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions)		
		parent for the (eee menders)		,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_POINSETT PLLC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_POLITICAL ACTION COMMITTEE OF THE IND Contributor address; City; State; Zip Code AUSTIN, TX 78768	DEPENDENT		Amount of Contribution (\$)	\$1,250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 26/46 Rpt: 29/102
2	FILER NAME Guillen, Rya	n A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051797
4	Date 12/07/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
8	Principal occu	AUSTIN, TX 78738 pation / Job title (See Instructions)	9	Employer (See Instructions	(;)	
	BUSINESS (SELF EMPLOYED	,,	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_POPP, JAMES (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$2,500.00
	Data dis al acces	AUSTIN, TX 78746		Fundamental Control of the Control o	<u></u>	
	MANAGING	pation / Job title (See Instructions) PARTNER		Employer (See Instructions POPP HUNTCHESON		LC
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_POPULUS FINANCIAL GROUP, INC. TEXAS P Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00
	Principal occu	IRVING, TX 75062 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ POULAKIS, STEVE (Mr.) Contributor address; City; State; Zip Code SAN ANTONIO, TX 78248)		Amount of Contribution (\$) \$500.00
	Principal occu SELF	pation / Job title (See Instructions)		Employer (See Instructions TECHNOLOGICAL EDU		ATIONAL INSTITUTE OF PATRAS
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ RED ROCK TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 27/46 Rpt: 30/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 10/07/2024	 Full name of contributor x out-of-state PAC (II RESTORE TRUST TEXAS Contributor address; City; State; Zip Code 	D#: C00885038	7	Amount of Contribution (\$)	\$1,500.00
		MOUNTAIN BROOK, AL 35223				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 07/12/2024	Full name of contributor X out-of-state PAC (II RESTORE TRUST TEXAS Contributor address; City; State; Zip Code	D#: C00885038		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (II RIVERO, HECTOR (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions TEXAS CHEMISTRY C	•	JNCIL	
	Date 12/10/2024	Full name of contributor out-of-state PAC (II ROBINSON, DOUGLASS (Mr.) Contributor address; City; State; Zip Code ABILENE, TX 79605	D#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions NATURA RESOURCES			
	Date 10/23/2024	Full name of contributor x out-of-state PAC (II ROCK HOLDINGS INC. STATE PAC Contributor address; City; State; Zip Code LANSING, MI 48933	D#: C00388827		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/46 Rpt: 31/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 11/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ RON LEWIS & ASSOCIATES 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_RS&H PAC TEXAS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occa	pation 7 oob title (occ motivations)	Employer (See mandellons	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ RURAL FRIENDS OF ELECTRIC COOPERATI Contributor address; City; State; Zip Code	VES		Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ RYDMAN, JOHN (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77007)		Amount of Contribution (\$)	\$3,000.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions SPEC'S)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ SA PROF FIREFIGHTERS ASSOC LOCAL 624 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/46 Rpt: 32/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ SAMPSON PUBLIC AFFAIRS, LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/12/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	SAN ANTONIO, TX 78205 pation / Job title (See Instructions)	Employer (See Instructions)		
	ATTORNEY		SELF EMPLOYED			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ SLEDGE LAW GROUP PLLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_SMITH, ROBERT (Mr.) Contributor address; City; State; Zip Code DALLAS, TX 75230			Amount of Contribution (\$)	\$500.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions ACCIDENT INJURY PA		CENTERS, INC.	
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ SOUTH TEXAS PROPERTY RIGHTS POLITIC Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	AL ACTION COMMITTEE		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/46 Rpt: 33/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ SOUTHERN GLAZER'S PAC OF TEXAS 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	AUSTIN, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TAMFT FAMILY PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occu	AUSTIN, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	.)		
	i illoipai ooda	pation 7 oob tille (eee motidotone)	Employer (eee medacione	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TBA BANK PAC - STATE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		AUSTIN, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor X out-of-state PAC (ID#:\(\frac{1}{2}\) TENASKA EMPLOYEES TEXAS PAC Contributor address; City; State; Zip Code OMAHA, NE 68154	C00479998)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/46 Rpt: 34/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/02/2024	5 Full name of contributor	C	7	Amount of Contribution (\$)	\$1,500.00
0	Dringing occu	AUSTIN, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AGGREGATES & CONCRETE ASSOCI Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AGRICULTURAL AVIATION ASSOCIAT Contributor address; City; State; Zip Code AUSTIN, TX 78701	TION		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AGRICULTURAL CO-OP COUNCIL - PACCONTRIBUTION (CONTRIBUTION CONTRIBUTION CONTRIBU	AC		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ALLIANCE FOR CONSERVATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78703			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/46 Rpt: 35/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 11/22/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
0	Dringing occu	AUSTIN, TX 78754	9. Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: TEXAS APARTMENT ASSOCIATION PAC ACC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS ASSOCIATION OF CRANE OWNERS F Contributor address; City; State; Zip Code	PAC		Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78716 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS AUTOMOBILE DEALERS ASSOCIATIC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS BAIL PAC Contributor address; City; State; Zip Code AUSTIN, TX 78731			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/46 Rpt: 36/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 11/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS BEVERAGE ALLIANCE 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / 300 title (See Instructions)	5 Employer (See Instructions	,		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS BUILDING BRANCH AGC PAC ACCOU Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS CORNERSTONE CREDIT UNION LEAG Contributor address; City; State; Zip Code	GUE		Amount of Contribution (\$)	\$1,000.00
	Principal occu	DALLAS, TX 75265 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See manucuons	,		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DAIRYMEN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78711			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS DEER ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78703)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 34/46 Rpt: 37/102		
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 09/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS FORESTRY ASSOCIATION FORESTR 6 Contributor address; City; State; Zip Code	Y PAC	7	Amount of Contribution (\$)	\$500.00
_	Deignaignal annu	LUFKIN, TX 75902	O Frankrian (Coo Instructions			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS FUNERAL DIRECTORS ASSOCIATION Contributor address; City; State; Zip Code AUSTIN, TX 78753			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LAND DEVELOPERS ASSOCIATION F Contributor address; City; State; Zip Code	PAC		Amount of Contribution (\$)	\$2,500.00
	Daine in all a service	MCNEIL, TX 78651	Farely (Carly Instruction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LEADS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS LOBBY PARTNERS LLP Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/46 Rpt: 38/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
	Fillicipal occu	pation / 300 title (See Instructions)	2 Employer (See Instructions	,		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MANUFACTURED HOUSING ASSOC., 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)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MCDONALD'S OPERATIONS ASSOCIA Contributor address; City; State; Zip Code	ATION PAC, INC		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	ATHENS, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MEDICAL ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS MORTGAGE BANKERS POLITICAL AC Contributor address; City; State; Zip Code AUSTIN, TX 78701	CTION COMMITTEE		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/46 Rpt: 39/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	AUSTIN, TX 78752 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions) 		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS OIL AND GAS ASSOCIATION GOOD G Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS OPTOMETRIC PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	T IIICipai occu	pation 7 300 title (See Instructions)	Employer (See Instructions			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS OUR TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS PODIATRIC MEDICAL ASSOCIATION - Contributor address; City; State; Zip Code AUSTIN, TX 78701	POLITICAL ACTION		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/46 Rpt: 40/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ TEXAS POULTRY P.A.C. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$300.00
_	<u> </u>	ROUND ROCK, TX 78681				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS PRODUCE ASSOCIATION TEX-PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
	Principal occu	MISSION, TX 78572 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS REGIONAL BANK FEDERAL PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	HARLINGEN, TX 78552 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS RESTAURANT ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$4,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 38/46 Rpt: 41/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	n Filers)
4	Date 10/23/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Delicalis al access	ADDISON, TX 75001				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#: TEXAS SPEECH LANGUAGE HEARING ASSC Contributor address; City; State; Zip Code AUSTIN, TX 78703			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SPORT PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78763 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS STATE ASSOCIATION OF FIRE FIGHT Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS STATEWIDE TELEPHONE COOPERA* Contributor address; City; State; Zip Code AUSTIN, TX 78701	TIVE, INC. PAC		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/46 Rpt: 42/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
_	Daine in all a service	AUSTIN, TX 78766				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TOWING & STORAGE ASSOCIATION Contributor address; City; State; Zip Code SPRING, TX 77386			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRAVEL ALLIANCE TRAVELPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78746	Employer (See Instructions			
	Fillicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS WILDLIFE ASSOCIATION PAC Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/46 Rpt: 43/102		
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)	
4	Date 11/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
		PROVIDENCE, RI 02903					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/14/2024	Full name of contributor 🔯 out-of-state PAC (ID#: C THE CIGNA GROUP EMPLOYEE PAC Contributor address; City; State; Zip Code PHILADELPHIA, PA 19192	000085316		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/13/2024	Full name of contributor	MITTEE		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ THE POSEY LAW FIRM, PC Contributor address; City; State; Zip Code AUSTIN, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 41/46 Rpt: 44/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ THE STORAGE PLACE - OPERATING 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	CORPUS CHRISTI, TX 78412 pation / Job title (See Instructions)	9 Employer (See Instructions)		
_		parent for the (ede mendere)	Employer (Good mod doctors)	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TNLA PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing Lagor	CEDAR PARK, TX 78613	Franks var (Caa Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_TOUCHSTONE POLITICAL ACTION COMMITTON Contributor address; City; State; Zip Code	EE		Amount of Contribution (\$)	\$1,500.00
	Principal occu	SAN ANTONIO, TX 78209 spation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instituctions)	Employer (See instructions)	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TRACY, CHARLES (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77005			Amount of Contribution (\$)	\$334.00
	Principal occu PARTNER	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ TRACY, CHARLES (Mr.) Contributor address; City; State; Zip Code HOUSTON, TX 77005			Amount of Contribution (\$)	\$834.00
	Principal occu PARTNER	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/46 Rpt: 45/102
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051797
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$500.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions		
_	CONSULTA		SELF SELF	,	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC- TEXAS REALTORS PAC NON-COR! Contributor address; City; State; Zip Code AUSTIN, TX 78768			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC-TEXAS REALTORS POLITICAL ACTI Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Principal occu	AUSTIN, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TX BITCOIN PAC Contributor address; City; State; Zip Code AUSTIN, TX 78768			Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ TX CHIROPRACTIC ASSOCIATION POLITICA Contributor address; City; State; Zip Code AUSTIN, TX 78701	L ACTION COMMITTEE		Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/46 Rpt: 46/102	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 11/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Principal occu	pation / Job title (See Instructions)	S Employer (See Instructions)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ TXTA TRUCKPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Dringing age	AUSTIN, TX 75701	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ USAA EMPLOYEE POLITICAL ACTION COMM Contributor address; City; State; Zip Code	IITTEE		Amount of Contribution (\$)	\$2,000.00
		SAN ANTONIO, TX 78288				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_VALDEZ, JERRY (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78711)		Amount of Contribution (\$)	\$750.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_VALERO POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78269			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/46 Rpt: 47/102		
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)	
4	Date 12/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
		AUSTIN, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ VETERINARIAN POLITICAL ACTION GROUP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Deinsinal assu	AUSTIN, TX 78754	Familia var (Cala Instructiona				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_VISTRA EMPLOYEE POLITICAL ACTION COM Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	IRVING, TX 75039 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor	00160770)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 45/46 Rpt: 48/102		
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)	
4	Date 12/14/2024	 Full name of contributor	TER GOVERNMENT FUN A	7	Amount of Contribution (\$)	\$2,000.00	
_	5	WASHINGTON, DC 20004	10 5 1 10 11 11				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID WHITLEY, DAVID (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
	Deinsinal assu	AUSTIN, TX 78701	Frankrige (Coo Instructions				
	ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions SELF	is)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID WHOLESALE BEER DISTRIBUTORS OF TE Contributor address; City; State; Zip Code	XAS POLITICAL ACTION		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	15)			
	i illoipai ooda	pation / coo title (coo motivations)	Employer (eee meadeans	.5,			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID WILLIAMS, ELLEN (Mrs.) Contributor address; City; State; Zip Code AUSTIN, TX 78739	#:)		Amount of Contribution (\$)	\$250.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions)	Employer (See Instructions SELF	ns)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID WILLIAMS, GLENN (Mr.) Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217	· #:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions	ıs)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this 1	1	Total pages Schedule A1: Sch: 46/46 Rpt: 49/102		
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#: WINE AND SPIRITS WHOLESALERS OF TEX 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$5,000.00	
_	Duinning Langu	AUSTIN, TX 78701	In Employer (Con Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ WR BRANNAN & ASSOCIATES LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78709	Employer (See Instructions			
	CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions TEXAS LOBBY GROUP			
	Date Full name of contributor out-of-state PAC (ID#:		N COMMITTEE		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ZAMARRIPA, RICARDO (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78739			Amount of Contribution (\$)	\$250.00
	Principal occu MANAGER	pation / Job title (See Instructions)	Employer (See Instructions TEXAS TRANSPORTA		N GROUP	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/3 Rpt: 50/102		
2 FILER NAME		3	Filer ID (Ethics Commission Filers)			
Guillen, Rya	ın A. (The Honorable)		00051797			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00		
5 Date 07/01/2024	7 Contributor address; City; State; Zip Code MISSION, TX 78573			Amount of contribution (\$) In-kind contribution description \$600.00 I JULY CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See instructions)		
ADMINISTR	RATOR	STARR HOME HE	AL	ТН		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's	spouse (if any) (FOR JUDICIAL)		
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: GUERRA, MARIO (Mr.) Contributor address; City; State; Zip Code			Amount of In-kind contribution description \$600.00 AUGUST CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES		
	MISSION, TX 78573			Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	yer (FOR NON-JUDICIAL) (See instructions)			
ADMINISTR	ATOR	STARR HOME HE	AL.	тн		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's	spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: GUERRA, MARIO (Mr.) Contributor address; City; State; Zip Code			Amount of contribution (\$) In-kind contribution (\$) description \$600.00 I SEPTEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL		
	MISSION, TX 78573		L	Check if travel outside of Texas. Complete Schedule T.		
Principal occu ADMINISTR	upation / Job title (FOR NON-JUDICIAL) (See instructions) RATOR	Employer (FOR NON STARR HOME HE		•		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's	spouse (if any) (FOR JUDICIAL)		
If contributor i	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Sc Sch: 2/3 Rpt:				
2 FILER NAME			3 Filer ID (Ethic	cs Commission Filers)		
Guillen, Rya	an A. (The Honorable)		00051797			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00		
5 Date 10/01/2024	 Full name of contributor out-of-state PAC (ID#:			9 In-kind contribution description OCTOBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See i	instructions)		
ADMINISTR	RATOR	STARR HOME HE	ALTH			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) ((FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: GUERRA, MARIO (Mr.) Contributor address; City; State; Zip Code		Amount of contribution (\$) \$600.00	In-kind contribution description INOVEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL IDER PURPOSES		
	MISSION, TX 78573		Check if travel	outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
ADMINISTR	RATOR	STARR HOME HEALTH				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 12/01/2024	Full name of contributor out-of-state PAC (ID#: GUERRA, MARIO (Mr.) Contributor address; City; State; Zip Code			In-kind contribution description IDECEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL IDER PURPOSES		
	MISSION, TX 78573			outside of Texas. Complete Schedule T.		
Principal occu ADMINISTR	upation / Job title (FOR NON-JUDICIAL) (See instructions) RATOR	Employer (FOR NON STARR HOME HE	•	instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) ((FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 52/102 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Guillen, Ryan A. (The Honorable) 00051797 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/11/2024 RICE, CHUCK (Mr.) \$350.00 FUNDRAISING EMAIL 7 Contributor address; City; State; Zip Code BLAST FOR CAMPAIGN/OFFICEHOL DER PURPOSES AUSTIN, TX 78727 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) **CHUCK RICE & ASSOCIATES** CONSULTANT 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 5	
2 FILER N	AME Ryan A. (The Honorable)			3		hics Commission Filers)
4 TOTAL	. OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID		_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Cod	le		7	
10 Princinal	occupation / Job title (See Instru	ıctions)	11 Employer (See In:	etruct		tside of Texas. Complete Schedule T.
	(000)	,	== Employer (See III.	ou dot	onsy	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 54/102	Guillen, Ryan A. (The Honorable) 00051797
4	Date 12/13/2024	5 Payee name CHASE BANK
-		
6	Amount (\$) \$15.00	
	\$15.00	PO BOX 94014
		PALATINE, TX 60094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		BANK TRANSACTION FEE EXPENSE FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2024	CHASE CARDMEMBER SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,968.68	PO BOX 94014
		PALATINE, TX 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
		CAIVIPAIGIVOFFICEHOLDER PORPOSES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/01/2024	CHASE CARDMEMBER SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,516.93	PO BOX 94014
	, -, · · ·	
		PALATINE, TX 60094
	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 CREDIT CARD PAYMENT EXPENSE FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 55/102	Guillen, Ryan A. (The Honorable) 00051797
4	Date	5 Payee name
	08/31/2024	CHASE CARDMEMBER SERVICES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,855.81	PO BOX 94014
		PALATINE, TX 60094
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if Austin, TX, officeholder living expense
		CREDIT CARD PAYMENT EXPENSE FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	10/01/2024	CHASE CARDMEMBER SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,028.22	PO BOX 94014
	, -,	
		PALATINE, TX 60094
	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
		CREDIT CARD PAYMENT EXPENSE FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	12/30/2024	CHASE CARDMEMBER SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,859.76	PO BOX 94014
	42,000.110	1 6 BOX 6 IGET
		PALATINE, TX 60094
	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.
		CREDIT CARD PAYMENT EXPENSE FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES
_	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/Opnations 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		mmittee L	egal Services Fhe Instruction Gu	S		ages	Contract Labor		OTHER (enter a	category not listed above)
		_		The instruction Gt	ilue explains no	w to con	ipie	te this form.			
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commission Filers)
	Sch: 3/14 Rpt: 56/102		Guillen, Ryar	n A. (The Hono	rable)					00051797	
4	Date	5	Payee name								
	09/25/2024		CORTEZ, ED	OGAR A.							
6	Amount (\$)	7	Payee address	s; City;	State; 2	Zip Cod	de				
	\$280.00		3446 US-83								
			SUITE 3C								
		l		E CITY, TX 78	592						
Ļ		\vdash				- 1.					
8	PURPOSE OF			Categories listed at the		ule)	(b)	Description			
	EXPENDITURE		Office Overhe	ead/Rental Exp	oense			=			plete Schedule T.
								—		officeholder living	IR SUPPLY EXPENSE
										_	OLDER PURPOSES
								1 OIX O/MINI /X	101	4/O1110E11	OLDERT OR OSES
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name	Offi	ice soug	jht			Office he	eld
	experialitate to benefit 6/01	· ·									
	Date		Payee name								
	12/31/2024		GUILLEN, R	YAN (The Hone	orable)						
	Amount (\$)		Payee address	s; City;	State; 2	Zip Cod	de				
	\$5,138.51		2504 SABLE	PALM DR							
			RIO GRAND	E CITY, TX 78	582						
	PURPOSE	(a)	Category (soc	Categories listed at the	no top of this schodu	(مار	(b)	Description			
	OF			ead/Rental Exp			. ,	_ ·	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Cinico O Voirio	oda//toritar Exp	501.00			Check if Austin,	TX,	officeholder living	g expense
											NT EXPENSE FOR
								CAMPAIGN/0	OFF	FICEHOLDE	ER PURPOSES (22991
	Complete ONLY if direct		Candidate/Office	eholder name	Offi	ice soug	ht			Office he	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	12/31/2024		GUILLEN, R'	YAN (The Hone	orable)						
	Amount (\$)	-	Payee address		State; 2	Zin Cod	le				
	\$769.66	1	2504 SABLE		State, 2	Zip C00	ic				
	Φ109.00		2304 SABLE	PALIVI DR							
			RIO GRAND	E CITY, TX 78	582	_					
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this schedu	_{ule)} ((b)	Description			
	OF EXPENDITURE		Office Overho	ead/Rental Exp	oense			므			plete Schedule T.
	EXI ENDITORE							_		officeholder living	
											ERVICE EXPENSE FOR ER PURPOSES
								CAIVIF AIGIV/C	J-1	ICLIIOLDI	IN I UNFUSES
	Complete ONLY if direct		Candidate/Office	eholder name	Offi	ice soug	ht			Office he	eld
	expenditure to benefit C/OI	Н									
l											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Optionations Made I

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment)
_	Total marine Calendale F1.	· · · · · · · · · · · · · · · · · · ·	Filoro)
1	Total pages Schedule F1:		Filers)
	Sch: 4/14 Rpt: 57/102	Guillen, Ryan A. (The Honorable) 00051797	
4	Date	5 Payee name	
	12/31/2024	GUILLEN, RYAN (The Honorable)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.90	2504 SABLE PALM DR	

		DIO CRANDE CITY TY 70E02	
		RIO GRANDE CITY, TX 78582	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense TRANSPORATION EXPENSES FOR	
		CAMPAIGN/OFFICEHOLDER PURPOSES	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit eye.		
	Date	Payee name	
	08/08/2024	QUINTANILLA, JUAN VIRGILIO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1406 N PORTSCHELLER ST	
		ROMA, TX 78584	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		MEDICAL BENEFIT DONATION EXPENSE F	FOR
		CAMPAIGN/OFFICEHOLDER PURPOSES	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	10/14/2024	TEXAS CORRECTIONAL INDUSTRIES	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$441.66	8801 SOUTH 1ST ST	
		SUITE 100	
		AUSTIN, TX 78748	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		COMMUNITY ORGANIZATION DONATION	
		EXPENSE FOR CAMPAIGN/OFFICEHOLDE	.R
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	<u> </u>
_	Sch: 5/14 Rpt: 58/102	Guillen, Ryan A. (The Honorable)
4	Date	5 Payee name
	11/18/2024	TEXAS CORRECTIONAL INDUSTRIES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$441.66	8802 SOUTH 1ST ST
		SUITE 101
		AUSTIN, TX 78748
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
		EXPENSE FOR CAMPAIGN/OFFICEHOLDER
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	WIATREK, MAGGIE
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	25 COUNTY ROAD 236
		FALLS CITY, TX 78113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
		EXTENSE FOR CAMIL AIGH/OF FIGERIOLDER
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/O	'
	Date	Payee name
	09/12/2024	WILSON COUNTY FIRST RESPONDERS ASSOCIATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO BOX 321
		FLORESVILLE, TX 78114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee Community Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION
		EXPENSE FOR CAMPAIGN/OFFICEHOLDER
_	Complete Chilly 'C. "	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 1 12 12 13 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries/Wester/Contract Labor

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 59/102	Guillen, Ryan A. (The Honorable) 00051797
4	Date	5 Payee name
	12/19/2024	WILSON COUNTY REPUBLICAN PARTY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	860 PADDY RD
		FLORESVILLE, TX 78114
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	WILSON COUNTY REPUBLICAN WOMEN'S CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	860 PADDY RD
	Ψ020.00	000 1 / LD 1 1 KD
		FLODEOWILE TV 70444
		FLORESVILLE, TX 78114
	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. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		EXPENSE FOR CAMPAIGN/OFFICEHOLDER
_	Operation ONLY if allowed	One districts (Office healths grown and the control of the control
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2024	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.70	PO BOX 9891
		ARLINGTON, VA 22219
	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
		ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to belieff 6/01	

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 60/102	Guillen, Ryan A. (The Honorable)	00051797
4	Date	5 Payee name	
	11/11/2024	WINRED	
6	Amount (\$) \$29.55	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8	PURPOSE	<u> </u>	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/03/2024	WINRED	
	Amount (\$) \$9.85	Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
	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 ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/04/2024	WINRED	
	Amount (\$) \$98.50	Payee address; City; State; Zip Code PO BOX 9891	
		ARLINGTON, VA 22219	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	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: 8/14 Rpt: 61/102	Guillen, Ryan A. (The Honorable) 00051797	
4	Date	5 Payee name	_
	12/04/2024	WINRED	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$9.85	PO BOX 9891	
		ARLINGTON, VA 22219	
8	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 ONLINE CAMPAIGN FUNDRAISING EXPENSE	
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	=
	12/07/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$98.50	PO BOX 9891	
		ARLINGTON, VA 22219	
	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 ONLINE CAMPAIGN FUNDRAISING EXPENSE	
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	=
	12/10/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$19.70	PO BOX 9891	
		ARLINGTON, VA 22219	
	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 ONLINE CAMPAIGN FUNDRAISING EXPENSE	
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma

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		e Lega	Nards/Memorials I Services Instruction Gu			/ages	/Contract Labor		OTHER (enter a	a category not listed above)
Ļ				instruction Gt	ilue explains i	IIOW to co	IIIPIE	te this form.	-		
1	Total pages Schedule F1:								3	Filer ID	(Ethics Commission Filers)
	Sch: 9/14 Rpt: 62/102	Guil	len, Ryan A	. (The Hono	rable)					00051797	
4	Date	5 Paye	ee name								
	12/10/2024	WIN	IRED								
6	Amount (\$)	7 Paye	ee address;	City;	Stato:	Zip Co	do				
١	` '	,		City,	Siale,	Zip Co	ue				
	\$19.70	РО	BOX 9891								
		ARL	INGTON, V	/A 22219							
8	PURPOSE	(a) Cate	egory (See Car	tegories listed at th	ne ton of this sch	edule)	(b)	Description			
	OF	Fee	•	tegories listed at ti	ic top of this seri	cuuic)	` ,		outsi	de of Texas. Cor	nplete Schedule T.
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense
								ONLINE CAN	/IP/	AIGN FUND	PRAISING EXPENSE
								FOR CAMPA	IGI	N/OFFICEH	HOLDER PURPOSES
9	Complete ONLY if direct	Candi	date/Officeho	older name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/O						-				
\vdash	Data										
	Date	,	ee name								
	12/11/2024	WIN	IRED								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de				
	\$19.70	РО	BOX 9891								
		ARI	INGTON, V	/A 22219							
_	DUDDOCE						(b)	<u> </u>			
	PURPOSE OF			tegories listed at th	ne top of this sch	edule)	(D)	Description	outci	do of Toyas Cor	nplete Schedule T.
	EXPENDITURE	Fee	S					=		officeholder livin	
								_			DRAISING EXPENSE
											OLDER PURPOSES
_	Complete ONLY if direct	Candi	date/Officeho	older name		Office sou	aht			Office h	ald
	expenditure to benefit C/O		uate/Onicenc	nuel Haine		office sou	grit			Office fi	Ciu
	Date	Paye	ee name								
	12/11/2024	WIN	IRED								
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de				
	\$19.70	РО	BOX 9891								
		٨٦١	INICTON	/A 22210							
		AKL	INGTON, V	/A 22219							
	PURPOSE OF	(a) Cate	. (tegories listed at th	ne top of this sch	edule)	(b)	Description			
	EXPENDITURE	Fee	S					브			nplete Schedule T.
								—		officeholder livin	DRAISING EXPENSE
											OLDER PURPOSES
			=								
	Complete ONLY if direct expenditure to benefit C/OH		date/Officeho	older name	C	Office sou	ght			Office h	eld
L	experience to beliefft C/Of	•									
ı											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		mmittee	Legal Ser				Vages	ete this form.		OTHER (enter		t listed above)
╙		_			truction Gt	ilue explains	s now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 10/14 Rpt:		Guillen, Rya	an A. (T	Γhe Hono	rable)					00051797		
4	Date	5	Payee name							•			
	12/11/2024		WINRED										
Ļ		 			0.1	04-4-	- 7:- 0-	-1-					
l٥	Amount (\$)	'	Payee addre	-	City;	State	e; Zip Co	ae					
l	\$19.70		PO BOX 98	391									
			ARLINGTO	N, VA 2	22219								
8	PURPOSE	(a)	Category (S	0-4		+ ++-:	. la l l - \	(b)	Description				
ľ	OF	``'	Fees	ee Categor	ries iisted at ti	ne top of this sc	cnedule)	(~)		outsi	de of Texas. Co	mplete Sched	ule T.
	EXPENDITURE		1 663						=		officeholder livi		
l									ONLINE CAN	ЛР	AIGN FUNI	DRAISING	G EXPENSE
									FOR CAMPA	ΙG	N/OFFICE	HOLDER	PURPOSES
9	Complete ONLY if direct		Candidate/Offi	iceholde	r name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н						•					
⊨	Dete		_										
	Date		Payee name										
	12/11/2024		WINRED										
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	de					
	\$19.70		PO BOX 98	391									
			ARLINGTO	N. VA 2	22219								
┝	PURPOSE	(2)						(h)	Description				
	OF	ره) ا	Category (S	ee Categor	ries listed at th	ne top of this sc	chedule)	(1)	Description Check if travel of	nutsi	de of Texas. Co	mnlete Sched	ule T
	EXPENDITURE		Fees						=		officeholder livi		
									ONLINE CAN	ΛP	AIGN FUNI	DRAISING	G EXPENSE
									FOR CAMPA	ΙG	N/OFFICEI	HOLDER	PURPOSES
H	Complete ONLY if direct		Candidate/Off	iceholde	r name		Office sou	aht			Office I	neld	
l	expenditure to benefit C/OI							5					
⊨		_											
	Date		Payee name										
	12/11/2024		WINRED										
l	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	de					
	\$19.70		PO BOX 98	391									
l			ARLINGTO	N, VA 2	22219								
┝	PURPOSE	(2)						(h)	Description				
l	OF	(a)	,	ee Categor	ries listed at th	ne top of this so	chedule)	(D)	Description Check if travel of	nutsi	de of Texas. Co	mnlete Sched	ule T
	EXPENDITURE		Fees						<u></u>		officeholder livi		
									ONLINE CAN				G EXPENSE
									FOR CAMPA	ΙG	N/OFFICE	HOLDER	PURPOSES
\vdash	Complete ONLY if direct	L	Candidate/Offi	iceholde	r name		Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		Januale/OIII	.cci ioiuc	. Hairic		Jinec 300	A. 11			Jilice I	ioiu	
\vdash													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 11/14 Rpt:	Guillen, Ryan A. (The Honorable) 00051797	
4	Date	5 Payee name	_
	12/12/2024	WINRED	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$9.85	PO BOX 9891	
		ARLINGTON, VA 22219	
8	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 ONLINE CAMPAIGN FUNDRAISING EXPENSE	
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
	Date	Davisa nama	=
	12/12/2024	Payee name WINRED	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.70	PO BOX 9891	
		ARLINGTON, VA 22219	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		ONLINE CAMPAIGN FUNDRAISING EXPENSE	
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· ·	
	Date	Payee name	=
	12/12/2024	WINRED	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$39.40	PO BOX 9891	
	4000		
		ARLINGTON, VA 22219	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/OI	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Serv				/ages	/Contract Labor		OTHER (enter		t listed above)
L		_			ruction Gui	ue explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 12/14 Rpt:		Guillen, Rya	an A. (T	he Honor	able)					00051797		
4	Date	5	Payee name							•			
	12/13/2024		WINRED										
Ļ		 			2:4	01-1-	. 7:- 0-	-1 -					
l٥	Amount (\$)	'	Payee addre	•	City;	State	; Zip Co	ae					
	\$39.40		PO BOX 98	391									
			ARLINGTO	N, VA 2	2219								
8	PURPOSE	(a)	Category (S	0-4	1:-41 -4 41		\	(b)	Description				
ľ	OF	``'	Fees	ee Categori	es listed at the	e top of this sch	ledule)	(~)	:	outsi	de of Texas. Cor	nplete Sched	ule T.
	EXPENDITURE		1 663						=		officeholder livir		
									ONLINE CAN	ΛP	AIGN FUND	RAISING	G EXPENSE
									FOR CAMPA	ΙG	N/OFFICEH	HOLDER	PURPOSES
9	Complete ONLY if direct		Candidate/Offi	iceholder	name	(Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н											
⊨	Data	Т											
	Date		Payee name										
L	12/13/2024		WINRED										
	Amount (\$)		Payee addre	ess; C	City;	State	; Zip Co	de					
	\$19.70		PO BOX 98	391									
			ARLINGTO	N, VA 2	2219								
H	PURPOSE	(a)	Category (S	0-4	1:-41 -4 41			(b)	Description				
	OF	(۳)	Fees	ee Categori	es listed at the	e top of this sch	iedule)	(~)	_	outsi	de of Texas. Cor	nplete Sched	ule T.
	EXPENDITURE		1 003						_		officeholder livir		
									ONLINE CAN	ΛP	AIGN FUND	RAISING	G EXPENSE
									FOR CAMPA	ΙG	N/OFFICE	OLDER	PURPOSES
Н	Complete ONLY if direct		Candidate/Offi	iceholder	name	(Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н											
⊨	Dete	_											
	Date		Payee name										
	12/13/2024		WINRED										
	Amount (\$)		Payee addre	ess; C	City;	State	; Zip Co	de					
	\$9.85		PO BOX 98	391									
			ARLINGTO	N, VA 2	2219								
\vdash	PURPOSE	(a)	Category (S	on Catagod	oc lictod at the	e top of this sch	odule)	(b)	Description				
	OF	``	Fees	ee Calegon	es listeu at tile	e top of this sch	ieuuie)	()		outsi	de of Texas. Cor	nplete Sched	ule T.
	EXPENDITURE		1 003						Check if Austin,	, TX	officeholder livir	ig expense	
									ONLINE CAN	ΛP	AIGN FUND	RAISING	G EXPENSE
									FOR CAMPA	ΙG	N/OFFICE	HOLDER	PURPOSES
一	Complete ONLY if direct		Candidate/Offi	iceholder	name	(Office sou	ght			Office h	ield	
	expenditure to benefit C/OI		- - ···		-	·		J -					
\vdash													
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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 13/14 Rpt:	Guillen, Ryan A. (The Honorable)
4	Date	5 Payee name
	12/14/2024	WINRED
6	Amount (\$) \$9.85	7 Payee address; City; State; Zip Code PO BOX 9891
_		ARLINGTON, VA 22219
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2024	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.82	PO BOX 9891
		ARLINGTON, VA 22219
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2024	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.97	PO BOX 9891
		ARLINGTON, VA 22219
	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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		ONLINE CAMPAIGN FUNDRAISING EXPENSE
		FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Serv	s/Memorials Expense ices ruction Guide expla		Wages	/Contract Labor		evel Out of Dis HER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER	NAME					3 Fil	er ID	(Ethics Commission F	ilers)
	Sch: 14/14 Rpt:			ne Honorable)				00	051797	•	·
4	Date	5 Payee	name								
	12/14/2024	WINR	ΞD								
6	Amount (\$)	7 Payee	address; C	City; S	tate; Zip C	ode					
	\$9.85	PO BO	X 9891								
		ARLIN	GTON, VA 2	2219							
8	PURPOSE	(a) Catego	ry (See Categorie	es listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees								plete Schedule T.	
	LAI LINDITORE						Check if Austin,				_
										RAISING EXPENS	
							FOR CAMPA	IIGIV/C	PFFICER	OLDER PURPOS	_3
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder	name	Office so	ught			Office he	eld	
	experientare to benefit of or										
	Date	Payee	name								
	12/14/2024	WINR	ΞD								
	Amount (\$)	Payee	address; C	City; S	tate; Zip C	ode					
	\$5.91	PO BO	X 9891								
		ARLIN	GTON, VA 2	2219							
	PURPOSE	(a) Catego	ry (See Categorie	es listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees								plete Schedule T.	
	EXI ENDITORE						Check if Austin,				_
										RAISING EXPENS OLDER PURPOS	
	Complete ONLY if direct expenditure to benefit C/O	Candida	te/Officeholder	name	Office so	ught			Office he	eld	

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

		The Inst	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,		
1 Total pages Sc	hedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 1/31 Rpt	t: 68/102	Guillen, Ryan A. (T	he Honorable)			00051797				
4 CREDIT CARE ISSUER)		ncial institution E BANK	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,332.8	32		
6 PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$98.10	12/03/2024							
7 PAYEE		(a) Payee name HAMPTON INN			VERNORS ROW	City, V	State,	Zip Code		
0 0110000000000000000000000000000000000	,	(a) Catagoni			TX 78744					
8 PURPOSE OF EXPENDITUR X Political		(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOPURPOSES						
Non-Politi	ical	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONL expenditure to be		Candidate/Officeholder	name Office	e sought		Office held				
	Helit C/On	(a) Amazunt Chausad	(h) Data of Charge	(c) Date(s) Credit Card Issuer Paid						
PAYMENT		(a) Amount Charged \$102.46	(b) Date of Charge 10/25/2024	(c) Date(s)	Credit Card Issuel	rPalu				
PAYEE		(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
		HAMPTON INN		2057 W C	DAKLAWN RD					
				PLEASA	NTON, TX 78064	1				
PURPOSE OF EXPENDITUR		(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
X Political										
Non-Politi		`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONL expenditure to be		Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$118.15	10/29/2024							
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		HAMPTON INN		4141 GO	VERNORS ROV	V				
				AUSTIN,	TX 78744					
PURPOSE OF		(a) Category		(b) Descrip	otion					
EXPENDITUR	E	(See Categories listed at the top Travel Out of District	of this schedule)		ODGING EXPEN					
X Political		Traver out or District		CAMPAIG	GN/OFFICEHOL	DER PURPOS	ES			
Non-Politi	ical	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense						
Complete ONL	Y if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to be	nefit C/OH									

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

	The Inst	ruction Guide explains how	to complete th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 2/31 Rpt: 69/102	Guillen, Ryan A. (T	he Honorable)			00051797				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	1,332.8	32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$104.00	09/12/2024							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	HAMPTON INN		11333 KA						
	(a) Catamani			N, TX 77079					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti LODGING PURPOSE	OFFICE	HOLDER				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	΄ Γ	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$428.40	11/15/2024							
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	HAMPTON INN		4141 GOV	ERNORS ROV	V				
		X 78744							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
X Political	Traver out or Bistrict		CAMPAIG	N/OFFICEHOL	OLDER PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$55.00	07/06/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
			420 CARC	LYN ST					
	LIBERTY CAFE								
			FREER, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti			٥٥٥٥٥	IOI DED		
l 👝	Food/Beverage Expe	,	PURPOSE	EXPENSE FOI	K CAMPAIGN/	UFFICE	JULDEK		
X Political									
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

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

		The Inst	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,			
1 Total	pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)			
Sch:	3/31 Rpt: 70/102	Guillen, Ryan A. (T	he Honorable)			00051797					
4 CREI ISSU	DIT CARD ER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,332.8	32			
6 PAYI	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$15.59	07/09/2024								
7 PAYI	EE	(a) Payee name BILL MILLER BAR-	-B-Q		ANDISH ST	City,	State,	Zip Code			
8 PURI	POSE OF	(a) Category		(b) Descrip	VILLE, TX 78114	<u>+</u>					
EXP	ENDITURE Political	(See Categories listed at the top Food/Beverage Expe	·	. ,	G EXPENSE FOR CAMPAIGN/OFFICEHOLDER						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	olete <u>ONLY</u> if direct iture to benefit C/OH	Candidate/Officeholder	name Office	fice sought Office held							
	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid					
	WEIGH	\$27.00	07/09/2024	(c) Date(s)	Credit Gard 133del	T alu					
PAYI	EE	(a) Payee name	l .	(b) Payee a	address;	City,	State,	Zip Code			
		MAVERICK GRILL		6671 US	HIGHWAY 181 I	N					
					VILLE, TX 78114	1					
EXP	POSE OF ENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES							
l =	Political										
$\vdash \vdash$	Non-Political	`	of Texas. Complete Schedule T.	_							
	olete <u>ONLY</u> if direct iture to benefit C/OH	Candidate/Officeholder	name Office	e sougnt		Office held					
PAYI	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$335.58	08/02/2024								
PAYI	EE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
FIVE BELOW				500 N JA STE D2 PHARR,	CKSON RD TX 78577						
	POSE OF	(a) Category		(b) Descrip							
l	ENDITURE	(See Categories listed at the top Office Overhead/Ren			SUPPLY EXPEN		EC				
X	Political			CAMPAIGN/OFFICEHOLDER PURPOSES							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense				
	olete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held					
expendi	iture to benefit C/OH										

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 fo

	I ne insti	ruction Guide explains now	to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)					
Sch: 4/31 Rpt: 71/102	Guillen, Ryan A. (T	he Honorable)		00051797							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,332.8	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$108.00	08/09/2024									
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code								
	MAVERICK GRILL		6671 US HIGHWAY 181	N							
			FLORESVILLE, TX 78114								
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description MEETING EXPENSE FC PURPOSES	R CAMPAIGN/C)FFICEH	OLDER					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH			•								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$181.50	09/01/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	US STORAGE		512 10TH ST								
			FLORESVILLE, TX 78114								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Office Overhead/Rent	•	STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	nse						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$181.50	11/01/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	US STORAGE		512 10TH ST								
	US STORAGE										
	() 0 :		FLORESVILLE, TX 7811	4							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description STORAGE FEE EXPENS	SE EOD							
X Political	Office Overhead/Rent		CAMPAIGN/OFFICEHOL		<u>:</u> S						
I 🗏	() [<u> </u>								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX e sought	, officeholder living exper	nse						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Offic	c sought	Office Helu							
Singerializate to belief of off	<u> </u>										

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

	The Inst	ruction Guide explains how	plains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
Sch: 5/31 Rpt: 72/102	Guillen, Ryan A. (T	he Honorable)			00051797				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	1,332.8	32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$70.46	11/05/2024							
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
	H-E-B		2965 35	N FRONTAGE	RD				
			NEW BRA	UNFELS, TX 7	8130				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti						
X Political	Food/Beverage Exper	*	MEETING PURPOSE	OFFICE	HOLDER				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		pense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought						
expenditure to benefit C/OH			_						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$19.00	11/05/2024							
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	LIBERTY CAFE		420 CARC	DLYN ST					
			FREER, T	X 78357					
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti						
EXPENDITURE X Political	Food/Beverage Expe	*	MEETING PURPOSE		OR CAMPAIGN/OFFICEHOLDER				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
	\$118.35	11/06/2024							
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
			4141 GOV	ERNORS ROV	V				
	HAMPTON INN								
			AUSTIN, T	X 78744					
PURPOSE OF	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	_	DGING EXPEN		CEC.			
X Political			CAMPAIGN/OFFICEHOLDER PURPOSES						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	hedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	<u> </u>								

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 6/31 Rpt: 73/102	Guillen, Ryan A. (T	he Honorable)			00051797				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI*	UNITEMIZED TURES TO A CREDIT	\$	1,332.8	32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
	\$38.51	11/08/2024							
7 PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code		
	VICKYS RESTAUR	RANT	100 5 050	AR WILLIAMS	KU				
			SAN BENIT	TO, TX 78586					
8 PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	*	MEETING I	EXPENSE FOR S	R CAMPAIGN/	OFFICE	HOLDER		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
	\$24.95	11/09/2024							
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code		
	DAIRY QUEEN		1709 10TH	ST					
			FLORESVI	LLE, TX 78114	1				
PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		PURPOSES	EXPENSE FOR S	R CAMPAIGN/	OFFICE	HOLDER		
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 Office	e sought		Office held				
expenditure to benefit C/OH	(a) Amount Charged	(b) Data of Chargo	(a) Data(a) C	radit Card Issuar	· Doid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dale(s) C	redit Card Issuer	Palu				
	\$181.50	12/01/2024							
PAYEE	(a) Payee name	l	(b) Payee ad	dress;	City,	State,	Zip Code		
	US STORAGE		512 10TH S	ST					
	03310KAGE								
	(a) Cataman			LLE, TX 78114					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n FEE EXPENS	E EOD				
X Political	Office Overhead/Rent	al Expense		VOFFICEHOLI		ES			
Non-Political	(a) Charles to translate the	of Toyon Complete Selected T	<u> </u>	1 Charlest Access To	office holder thin -				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Check if Austin, TX,	officeholder living exp Office held	erise			
expenditure to benefit C/OH	Sandidato/Omocnolider	Office	o oougiit		Jinoo nola				
, , , , , , , , , , , , , , , , , , , ,	<u> </u>								

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)					
Sch: 7/31 Rpt: 74/102	Guillen, Ryan A. (T	he Honorable)		00051797						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,332.82					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$22.29	12/02/2024								
7 PAYEE	(a) Payee name LIVE OAK RESTAL	JRANT	(b) Payee address; 303 S HARBORTH AVE	·	State, Zip Code					
	() 0 :		THREE RIVERS, TX 780	71						
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FO PURPOSES	R CAMPAIGN/O	FFICEHOLDER					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se					
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$393.10	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issue	er Paid						
PAYEE	(a) Payee name AMBIT TEXAS LLC	;	(b) Payee address; 1801 NORTH LAMAR ST SUITE 600 DALLAS, TX 75202	City, FREET	State, Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description UTILITIES FOR CAMPAI PURPOSES	GN/OFFICEHOL	DER					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	se					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$97.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issue	er Paid						
PAYEE	(a) Payee name MACHI SUSHI		(b) Payee address; 2200 S I-35 FRONTAGE AUSTIN, TX 78704	City, RD	State, Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description MEETING EXPENSE FO PURPOSES	R CAMPAIGN/OI	FFICEHOLDER					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expens	se					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH										

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

		The Inst	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 8/31 Rpt: 75/102	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,332.8	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$180.00	12/06/2024					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		AIDEN BY BEST W	/ESTERN	2200 S I F	1 35			
				AUSTIN,				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descript				
	X Political	Travel Out of District	or this scriedule)	-	DDGING EXPEN SN/OFFICEHOL		ES	
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$2,535.25	07/11/2024					
	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		BEST WESTERN F	PREMIER	22 S CAR	ROLL ST			
				MADISON	I, WI 53703			
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)		EXPENSE FO			
	X Political	Travor out or Biotriot		CAMPAIG	N/OFFICEHOL	DER PURPOS	ES	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$697.95	07/12/2024					
H	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
				РО ВОХ 6	319616			
		AMERICAN AIRLIN	IES					
				DALLAS,	TX 75261			
	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	l .	DRTATION EXP			
	X Political	Traver out or District		CAMPAIG	N/OFFICEHOL	DER PURPOS	ES	
	Non-Political	I-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
-								

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

	The Instr	ruction Guide explains how	to complete this f	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)
Sch: 9/31 Rpt: 76/102	Guillen, Ryan A. (T	he Honorable)			00051797		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$	1,332.8	2
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid		
	\$4.32	07/13/2024					
7 PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
	DAIRY QUEEN		1709 10TH S				
	(a) Catamani		FLORESVILI				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING EX PURPOSES		R CAMPAIGN/	OFFICEH	HOLDER
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	liture to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid		
	\$4.32	07/13/2024					
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
	DAIRY QUEEN		203 NORTH	HIGHWAY 8	0		
			KARNES CIT		 		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·			R CAMPAIGN/	OFFICEH	HOLDER
X Political	1 Odd/Beverage Exper	1130	PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	· Paid		
	\$4.97	07/13/2024					
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
	DAIRY QUEEN		1709 10TH S	ST			
			FLORESVILI	F. TX 78114	1		
PURPOSE OF	(a) Category		(b) Description		•		
EXPENDITURE	(See Categories listed at the top		_	XPENSE FOR	R CAMPAIGN/	OFFICE	HOLDER
X Political	Food/Beverage Expe	IISE	PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	•						

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

		The Inst	ruction Guide explains how	to complete this form	n.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 10/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES	\$	1,332.8	32
6	PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 07/13/2024	(c) Date(s) Credit	Card Issue	r Paid		
7	PAYEE	(a) Payee name DAIRY QUEEN	I	(b) Payee address 203 NORTH HI KARNES CITY,	GHWAY 8		State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING EXP PURPOSES	ENSE FO	R CAMPAIGI	N/OFFICE	HOLDER
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX,	officeholder living e	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$34.80	(b) Date of Charge 07/13/2024	(c) Date(s) Credit	Card Issue	r Paid		
	PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address 1709 10TH ST FLORESVILLE		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING EXP PURPOSES			N/OFFICEH	HOLDER
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$15.01	(b) Date of Charge 07/13/2024	(c) Date(s) Credit	Card Issue	r Paid		
	PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address 1092 FM468 COTULLA, TX		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING EXP PURPOSES	ENSE FO	R CAMPAIGI	N/OFFICE	HOLDER
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		ck if Austin, TX,	officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

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

	The Instr	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 11/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,332.82		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$29.18	07/13/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	SOUTH TEXAS DQ	5	1350 US-281			
			GEORGE WEST, TX 780)22		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description MEETING EXPENSE FO PURPOSES	OR CAMPAIGN/OFFICEHOLDER		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$279.25	07/14/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	ECONOMYBOOKII	NGS.COM	616 CORPORATE WAY SUITE 2-3973 VALLEY COTTAGE, NY	10989		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description	OR CAMPAIGN/OFFICEHOLDER		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$68.37	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	ROUTE CAR RENT	TALLISA INIC	3901 MANNHEIM RD			
	ROOTE CAR REIN	TAL OSA INC				
	SCHILLER PARK, I			.76		
Construction (Construction listed at the Approximation of this contradicts)			(b) Description RENTAL CAR EXPENSE	EOR		
X Political	Travel Out of District			_		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH						

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

WALMART	l		The Insti	ruction Guide explains how	to complete thi	is form.			
Susur Name of financial institution See previous State Total of Unitrentized State Total of Unitrentized State Total of Charge Clarace Clarace Total of Charge Clarace Total of Charge Clarace Clarace Total of Charge Clarace Clara	1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
SSUER See previous EXPENDITURES CARROED TO A CREDIT CARD	l	Sch: 12/31 Rpt:	Guillen, Ryan A. (Tl	he Honorable)			00051797		
\$17.51 07/15/2024 PAYEE	4				EXPEND CHARGE	ITURES	\$	1,332.8	32
PAYEE	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
WALMART			\$17.51	07/15/2024					
B PURPOSE OF EXPENDITURE Clandidate/Office bolder name Cline C	7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
B PURPOSE OF EXPENDITURE			WALMART		2151 ROY	AL AVE			
Supplies Expense	L				<u> </u>				
9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$104.00 O7/17/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1041 N DOCTOR M.L.K. JR DR MADERS GERMAN MILWAUKEE, WI 53203 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Non-Political (b) Payee address; City, State, Zip Code 1041 N DOCTOR M.L.K. JR DR MILWAUKEE, WI 53203 (c) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (d) Category (See Categories listed at the top of this schedule) Todal (c) Categories listed at the top of this schedule) Todal (d) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (d) Category (See Categories listed at the top of this schedule) Todal (d) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (e) Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD PORTILLOS HOT DOGS BROOKFIELD, WI 53045 (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Categories listed at the top of this schedule) Food/Beverage Expense PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, Tx., officeholder living expense Complete ONLY if direct Complete ONLY if direct Candidate/Officeholder name Office Sought Office Sought Office held	8	EXPENDITURE	(See Categories listed at the top		SUPPLIES	EXPENSE FO	R CAMPAIGN	I/OFFICE	HOLDER
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$104.00 07/17/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1041 N DOCTOR M.L.K. JR DR MILWAUKEE, WI 53203 (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Candidate/Officeholder name Office sought Office held \$42.70 Office held \$42.70 Office Suffice of Charge (c) Date(s) Credit Card Issuer Paid \$42.70 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD PORTILLOS HOT DOGS BROOKFIELD, WI 53045 BROOKFIELD, WI 53045 (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES BROOKFIELD, WI 53045 (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	l	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
PAYMENT (a) Amount Charged \$104.00 (b) Date of Charge 07/17/2024 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Code 1041 N DOCTOR M.L.K. JR DR MADERS GERMAN MILWAUKEE, WI 53203 (e) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSE OF EXPENDITURE One of Charge	9	Complete ONLY if direct	Candidate/Officeholder	ate/Officeholder name Office sought			Office held		
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MADERS GERMAN 1041 N DOCTOR M.L.K. JR DR 1041 N DOCTOR M.EETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES 1041 N DOCTOR M.L.K. JR DR 1041 N DOCTOR M.EETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES 1041 N DOCTOR M.L.K. JR DR 1041 N DOCTOR M.EETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES 1041 N DOCTOR M.L.K. JR DR 1041 N DOCTOR M.EETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES 1041 N DOCTOR M.L.K. JR DR 1041 N DOCTOR M.L			\$104.00	07/17/2024	4				
MADERS GERMAN MILWAUKEE, WI 53203 PURPOSE OF EXPENDITURE		PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE			MADERS GERMAN	N	1041 N DC	OCTOR M.L.K.	JR DR		
EXPENDITURE City Food/Beverage Expense MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					MILWAUK	EE, WI 53203			
Non-Political Complete QNLY if direct expenditure to benefit C/OH		EXPENDITURE	(See Categories listed at the top	,	MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER			HOLDER	
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$42.70 07/18/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD PORTILLOS HOT DOGS BROOKFIELD, WI 53045 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD BROOKFIELD, WI 53045 (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	l	X Political			FURFUSE				
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PAYMENT (a) Amount Charged \$42.70 07/18/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name PORTILLOS HOT DOGS (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD PURPOSE OF EXPENDITURE POOIItical Non-Political Non-Political Complete ONLY if direct (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code 17685 W BLUEMOUND RD (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense Coffice sought Office sought Office held			Candidate/Officeholder	name Office	e sought		Office held		
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PURPOSE OF EXPENDITURE X Political Complete ONLY if direct Candidate/Officeholder name Office Sought Object Object			PORTILLOS HOT L	JUGS					
EXPENDITURE See Categories listed at the top of this schedule) Food/Beverage Expense MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	L		BROOKFIELD, WI 53045						
Food/Beverage Expense Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(Con Cotonomical lines of this colorability)				D CAMBAICNI	/OFFIOE	UOL DED
Complete ONLY if direct		_	Food/Beverage Expense				R CAMPAIGN/	OFFICE	HOLDER
1		Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	E		Candidate/Officeholder	name Office	e sought		Office held		

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

l		The Inst	ruction Guide explains how	to complete this fo	orm.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
l	Sch: 13/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD		\$	1,332.8	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid		
		\$75.00	07/19/2024					
7	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
		BEST WESTERN F	PREMIER	22 S CARROI	LL ST			
L				MADISON, W	1 53703			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	_	Travel Out of District	of this schedule)	LODGING EX		R RNC FOR DER PURPOS	FS	
	X Political			0,11111,711,011,7	7111021102			
L	Non-Political	(*) L	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	ense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
F	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Daid				
l	PATMENT				raiu			
l		\$8.26	07/20/2024					
H	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
		LIDED TOID		1725 3RD ST				
		UBER TRIP						
L	DUDDOOT 05	(a) Catamani		SAN FRANCI	SCO, CA 94	158		
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description GROUND TRANSPORTATION EXPENSE FOR				
	X Political	Transportation Equiportation Expense	ment And Related			DER PURPOS		
	Non-Political	· · · —	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid		
		\$47.37	07/21/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
		LIBERTY CAFE		420 CAROLYN ST				
		LIBERTY CAFE						
L	FREER, TX 7835			8357				
	EVENDITURE (See Contamination listed at the ten of this colorable)			(b) Description	DENICE EOI	D CAMDAICN/	OEEICEI	JOI DED
	X Political Food/Beverage Expense			MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				TOLDER
L	Non-Political	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
€	expenditure to benefit C/OH							

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

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 14/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,332.8	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$9.94	07/25/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	LIDED TOID		1725 3RD	STREET			
	UBER TRIP						
				ICISCO, CA 94	1158		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Transportation Equipr Expense			TRANSPORTA N/OFFICEHOL			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$10.92	07/25/2024					
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	UBER TRIP		1725 3RD	STREET			
			SAN FRAN	ICISCO, CA 94	1158		
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top Transportation Equipr		GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
X Political	Expense	nent / tha related	CAMPAIGI	N/OFFICEHOL	DER PURPOS	SES	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$20.87	07/27/2024					
PAYEE	(a) Dayon name		(b) Device -	Idraga	City	Ctata	Zin Cada
PAICE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code
	LYFT		185 BERR				
			SUITE 400		1107		
PURPOSE OF	(a) Category		(b) Description	ICISCO, CA 94	+107		
EXPENDITURE					ATION EXPEN	ISE FOR	
X Political	Transportation Equipr Expense	ment And Related		N/OFFICEHOL	_	_	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	spenditure to benefit C/OH						

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

	The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 15/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,332.8	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid							
	\$90.00	07/31/2024										
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code					
	AIDEN BY BEST W	/ESTERN	2200 S I H	I 35								
			AUSTIN, 1									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti									
X Political	Travel Out of District	or this scriedule)	-	DGING EXPEN N/OFFICEHOL		SES						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid							
	\$180.00	08/16/2024										
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code					
	AIDEN BY BEST W	/ESTERN	2200 S I H	I 35								
			AUSTIN, 1	TX 78704								
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti									
EXPENDITURE X Political	Travel Out of District	or this schedule)	-	DGING EXPERNICEHOL		SES						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living exp	oense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid							
	\$210.60	08/16/2024										
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code					
			2200 S I H	I 35								
	AIDEN BY BEST W	/ESTERN										
			AUSTIN, 1	TX 78704								
PURPOSE OF	(a) Category	of this schodule)	(b) Description									
<u></u>	Troyal Out of District			DGING EXPEN N/OFFICEHOL		rec						
X Political	X Political				שבת דטארט:)E3						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	pense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												

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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 16/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,332.82		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$93.94	08/16/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	PINKERTON'S BAI	RBECUE	1504 AIRLINE DR			
	() 0 :		HOUSTON, TX 77009			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FO PURPOSES	R CAMPAIGN/OFFICEHOLDER		
Non-Political	ical (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$29.06	08/21/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	LANES CAFE		5238 FM1017			
			SAN ISIDRO, TX 78588			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDEF PURPOSES			
X Political	L. —					
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
. , , , , , , , , , , , , , , , , , , ,	\$44.08	08/23/2024	(c) Batte(c) Great Gard 18888	. r ad		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	EIEGTA DEGTALID	A N I T	402 N GRANT ST			
	FIESTA RESTAURANT					
			ROMA, TX 78584			
PURPOSE OF EXPENDITURE						
X Political	Food/Beverage Expense MEETING EXPENSE PURPOSES			R CAMPAIGN/OFFICEHOLDER		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

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

l		The Inst	ruction Guide explains how	to complete this fo	orm.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
l	Sch: 17/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$	1,332.8	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issuer	Paid		
		\$215.40	08/28/2024					
7	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
		US STORAGE		512 10TH ST	•			
L				FLORESVILL	E, TX 78114	<u> </u>		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	== =\/==\/=			
l		Office Overhead/Rent		STORAGE F		E FOR DER PURPOSI	ES	
l	X Political							
Ļ	Non-Political	(c) Should determine the should be s				officeholder living expe	ense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	Office holder name Office sought			Office field		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	Paid			
		\$54.00	08/30/2024	(4) = 3(3) = 3				
H	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code
		PENKO VIEJO EXI	PRESS	700 N FLORE SUITE B RIO GRANDI		8582		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MEETING EX PURPOSES	(PENSE FOR	R CAMPAIGN/0	OFFICE	HOLDER
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		theck if Austin TX	officeholder living expe	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
6	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 09/11/2024	(c) Date(s) Cred	dit Card Issuer	· Paid		
	PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
		NANCYS STEAKH	CHOUSE 2536 STATE HWY 71					
				COLUMBUS,	TX 78934			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description MEETING EX PURPOSES	(PENSE FOR	R CAMPAIGN/0	OFFICE	HOLDER
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Пс	theck if Austin, TX,	officeholder living expe	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	e ONLY if direct Candidate/Officeholder name Office sought Office held						

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 18/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	1,332.8	32		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
		\$50.00	09/12/2024							
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
		INSTARAISE FUNI	DRAISING	540 WILLO SUITE B CEDARHU	OW AVE. JRST, NY 1151	6				
8	PURPOSE OF	(a) Category		(b) Descripti	on					
	EXPENDITURE X Political		ones listed at the top of this schedule) utions/Donations Made By ate/Officeholder/Political Committee							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense			
9	omplete ONLY if direct Candidate/Officeholder name Office sought				Office held					
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid				
		\$90.00	09/17/2024							
	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code		
		AIDEN BY BEST W	/ESTERN	2200 S I H	35					
				AUSTIN, T	X 78704					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description						
	EXPENDITURE X Political	Travel Out of District	or triis scriedule)	STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
	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 Office	e sought		Office held				
e	xpenditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged \$37.96	(b) Date of Charge 09/19/2024	(c) Date(s) C	Credit Card Issuei	r Paid				
	PAYEE	(a) Payee name	-	(b) Payee ad	ldress;	City,	State,	Zip Code		
		LACLONALTACOA		401 S SMI	TH ST					
		LAS LOMITAS CAF	-E							
					IVILLE, TX 783	61				
	PURPOSE OF (a) Category (500 Categories licted at the top of this caled up)		of this schedule)	(b) Description						
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			PURPOSE	EXPENSE FOI S	R CAMPAIGN/	OFFICE	HOLDER		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held					

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 19/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,332.82			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$90.00	09/20/2024					
7 PAYEE	(a) Payee name AIDEN BY BEST W	/ESTERN	(b) Payee address; 2200 S I H 35	City, State, Zip Code			
	() 0 :		AUSTIN, TX 78704				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description STAFF LODGING EXPEN CAMPAIGN/OFFICEHOL				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$18.13	09/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	CATFISH PARLOU	IR	4705 E BEN WHITE BLVD				
			AUSTIN, TX 78744				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
X Political							
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office field			
PAYMENT	(a) Amount Charged \$77.15	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer	· Paid			
PAYEE	CANDLEWOOD SUITES		(b) Payee address; 4319 S EXPRESSWAY 8: HARLINGEN, TX 78550	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District			EXPENSE FOR DER PURPOSES			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 20/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	1,332.8	32			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid					
	\$66.00	09/23/2024								
7 PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code			
	MCCOYS		4759 E. HI	GHWAY 83						
	MICCOYS									
			RIO GRANDE CITY, TX 78582							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		NAID CLIDDLY	EVDENC	- FOD			
X Political	Office Overhead/Ren	,	_	N OFFICE REF N/OFFICEHOL		_	E FUR			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	arged (b) Date of Charge (c) Date(s) Credit Card Issuer			r Paid					
	\$90.00	09/30/2024								
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
	AIDEN BY BEST W	/ESTERN	2200 S I H	35						
			AUSTIN, T	X 78704						
PURPOSE OF	(a) Category	(4)	(b) Description							
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)	STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES							
X Political			CAMPAIG	N/OFFICEHOL	DER PURPUS)ES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid					
	\$181.50	10/01/2024								
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code			
			512 10TH		•					
	US STORAGE									
				ILLE, TX 78114	1					
PURPOSE OF (a) Category			(b) Description							
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			STORAGE FEE EXPENSE FOR							
X Political	X Political Office Overhead/Rental Expense			CAMPAIGN/OFFICEHOLDER PURPOSES						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if Austin, TX,	officeholder living exp	pense				
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name C				Office held					
expenditure to benefit C/OH	spenditure to benefit C/OH									

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

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)		
	Sch: 21/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDITU	JNITEMIZED JRES TO A CREDIT	\$	1,332.8	2		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
		\$35.00	10/11/2024							
7	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
		THE DEN		484 BLUEBO	NNET RD					
				LA VERNIA,	TX 78121					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
	X Political	Food/Beverage Expense PURPOSES			(PENSE FOR	R CAMPAIGN/0	DEFICEE	IOLDER		
Non-Political (c) Check if travel outsid			of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9	Complete ONLY if direct					Office held				
e	xpenditure to benefit C/OH		-	-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
		\$200.10	10/12/2024							
	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
		BEST WESTERN		100 FM 1346	i					
				LA VERNIA,	TX 78121					
	PURPOSE OF	(a) Category	of this cohodule)	(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel In District	of this scriedule)	LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
	X Political			PURPUSES						
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.							
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
		\$6.75	10/12/2024							
	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
		BILL MILLER BAR-	·B-O	1615 STAND	ISH STREET	Γ				
			-	FLORESVILI	E, TX 78114	1				
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		KPENSE FOR	R CAMPAIGN/	DFFICE	IOLDER			
	X Political			PURPOSES						
L	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	xpenditure to benefit C/OH									
I										

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

Sch: 22/31 Rpt: Guillen, Ryan A. (The Honorable) 00051797 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED CHARGE TO A CREDIT CARD ISSUER 8. 1,332.82 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 5. 26.42 (ii) Payee address; City, State, Zip Cord Card Non-Political Complete Charge (c) Date(s) Credit Card Issuer Paid 5. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27		The Inst	ruction Guide explains how	to complete this form.				
A CREDIT CARP ISSUER	1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
SSUER See previous EXPENDITURE CARD TO A CREDIT CARD	Sch: 22/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797			
S26.42 10/12/2024	1			EXPENDITURES CHARGED TO A CREDIT	\$ 1,332.82			
PAYEE (a) Payee name	6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
OASIS RESTAURANT OASIS RESTAURANT OASIS RESTAURANT OASIS RESTAURANT PREMONT, TX 78375 (a) Category (see colappores listed at the top of this schedule) Food/Beverage Expense Office PURPOSES Office PURPOSES PAYMENT (a) Amount Charged LIBERTY CAFE LIBERTY CAFE PAYEE (a) Payee name LIBERTY CAFE (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; AUS AMPAIGN/OFFICEHOLDER PURPOSE OF EXPENDITURE (c) Candidate/Officeholder name Office Sought OASIS RESTAURANT (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Office sought Office held Office held OAMOUNT Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid OASIS RESTAURANT OASIS RESTAURANT PREMONT, TX 7835F OAMOUNT Charge (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Date of Charge (e) Date(s) Credit Card Issuer Paid (e) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PREPAYED (a) Category (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER (b) Payee address; City, State, Zip Cordit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid OASIS RESTAURANT OFfice boddre ising expense Office sought OAMOUNT Charged (b) Date of Charge S23.27 OAMOUNT Charged (c) Date(s) Credit Card Issuer Paid OASIS RESTAURANT OASIS RESTAURANT OASIS AND ALIGN MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER OAMOUNT Charged (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER OAMOUNT Charged (b) Date of Charge S23.27 OAMOUNT Charged O		\$26.42	10/12/2024					
ASIS RESTAURANT PREMONT, TX 78375 8 PURPOSE OF EXPENDITURE Political Non-Political Candidate/Officeholder name Office sought Complete DNLY if direct examples issaed at the top of this schedule Purposes	7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		OASIS RESTAURA	ANT	303 S BROADWAY ST				
EXPENDITURE Size Catagories listed at the top of this schedule) Food/Beverage Expense MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES								
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$19.87 10/16/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Coo 420 CAROLYN ST LIBERTY CAFE PURPOSE OF EXPENDITURE Political Occupance Cooperation	EXPENDITURE	(See Categories listed at the top	•	MEETING EXPENSE FO	OR CAMPAIGN/OFFICEHOLDER			
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$19.87 (b) Date of Charge 10/16/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Agroup (c) Date(s) Credit Card Issuer Paid PURPOSE OF EXPENDITURE	Non-Political	(c) Silvati auto-salata si isaas sampat salataa :			K, officeholder living expense			
PAYMENT (a) Amount Charged \$19.87 (b) Date of Charge 10/16/2024 (c) Date(s) Credit Card Issuer Paid \$19.87 (d) Payee name (b) Payee address; City, State, Zip Code 420 CAROLYN ST LIBERTY CAFE PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Food/Beverage Expense (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Code 420 CAROLYN ST (e) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Office holder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge Schedule To Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 313 RED RIVER STREET AUSTIN, TX 78702 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Fees (b) Description (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Description (e) Payee address; City, State, Zip Code 313 RED RIVER STREET AUSTIN, TX 78702 (d) Description (e) ParkING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (d) Description (e) ParkING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (e) Description (e) ParkING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought	Office held			
PAYEE (a) Payee name (b) Payee address; City, State, Zip Cod 420 CAROLYN ST Purpose of Expenditure Candidate/Officeholder name Candidate/Officeholder name Candidate/Size Cardidates Candidates Candidates	expenditure to benefit C/OH							
PAYEE (a) Payee name LIBERTY CAFE (a) Category See Categories listed at the top of this schedule) FOOD/Beverage Expense (b) Payee address; City, State, Zip Cood 420 CAROLYN ST (b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDEF PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge \$23.27 (b) Payee address; City, State, Zip Cood MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDEF PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Date(s) Credit Card Issuer Paid (d) Payee name (b) Payee address; City, State, Zip Cood State of Texas. Complete Schedule T. (e) Date(s) Credit Card Issuer Paid (f) Date of Charge (c) Date(s) Credit Card Issuer Paid (g) Payee name (h) Payee address; City, State, Zip Cood State of Texas. Complete Schedule T. PAYEE (a) Payee name (b) Payee address; City, State, Zip Cood State of Texas. Complete Schedule T. (b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
LIBERTY CAFE PURPOSE OF EXPENDITURE		\$19.87	10/16/2024					
LIBERTY CAFE FREER, TX 78357	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
PURPOSE OF EXPENDITURE Political		LIBERTY CAFE		420 CAROLYN ST				
EXPENDITURE City Political Complete ONLY if direct expenditure to benefit C/OH				FREER, TX 78357				
Non-Political Complete Comp		(See Categories listed at the top	•	MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$23.27	X Political			PURPUSES				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$23.27 10/17/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Cod 313 RED RIVER STREET PMC - PAID PARKING AUSTIN, TX 78702 PURPOSE OF EXPENDITURE	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
PAYMENT (a) Amount Charged \$23.27 (b) Date of Charge 10/17/2024 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Cod 313 RED RIVER STREET PMC - PAID PARKING AUSTIN, TX 78702 (b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
\$23.27	<u> </u>							
PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (a) Category (b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense	PAYMENT	` '	1 ` '	(c) Date(s) Credit Card Issue	er Paid			
PURPOSE OF EXPENDITURE X Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political Non-Political C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN, TX 78702 (a) Category (b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES CAMPAIGN/OFFICEHOLDER PURPOSES Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expen		DAG DAID DADI	INIC	313 RED RIVER STREE	Т			
PURPOSE OF EXPENDITURE X Political Non-Political (a) Category (See Categories listed at the top of this schedule) PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		PMC - PAID PARK	ING					
EXPENDITURE X Political				· · · · · · · · · · · · · · · · · · ·				
Fees CAMPAIGN/OFFICEHOLDER PURPOSES Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		1 ' ' '	of this schedule)	1 ` ′ ' ' '				
(c) Section and contact contact of the contact of t	l <u> </u>	Fees						
O LL ONLY II L Condidate/Officeholder name	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	lle T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				e sought	Office held			

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)	
Sch: 23/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,332.8	32	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$168.23	10/19/2024					
7 PAYEE	(a) Payee name GULF SEAFOODS	MINI MART	(b) Payee address; 207 E MAXAN ST	City,	State,	Zip Code	
	() -		PORT ISABEL, TX 78578				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description MEETING EXPENSE FOI PURPOSES	R CAMPAIGN/OFFICEHOLDER			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	Date of Charge (c) Date(s) Credit Card Issuer				
	\$173.00	10/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	DOUBLETREE SU	ITES	303 W 15TH ST				
			AUSTIN, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Travel Out of District	or this scriedule)	STAFF LODGING EXPEN CAMPAIGN/OFFICEHOL		ES		
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 Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$19.45	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issuer	r Paid			
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code	
	4040510/00007	-0	250 ALLIANCE BLVD				
	ACADEMY SPORT	S					
			HUTTO, TX 78634				
PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description				
Office Overhead/Rental Expense			OFFICE SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
I <u>=</u>	X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

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

l		The Inst	ruction Guide explains how	to complete thi	s form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)	
l	Sch: 24/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,332.8	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
		\$3.24	10/25/2024						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		WHATABURGER		101 BYPAS	SS 281				
				FALFURRI	AS, TX 78355				
8	PURPOSE OF	(a) Category	7 11.	(b) Description					
l	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•		ETING EXPEN		- C		
	X Political	· · · · · · · · · · · · · · · · · · ·		CAMPAIGI	N/OFFICEHOLI	DER PURPUS	ES		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense		
				e sought		Office held			
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
		\$18.19	10/26/2024						
	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
		ALAMO CAFE		14250 SAN	I PEDRO AVE				
l				SAN ANTO	ONIO, TX 78232	2			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				HOLDER	
l	X Political	T ood/beverage Exper	1130	PURPOSES					
l	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 Office	e sought		Office held			
E	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
		\$27.11	10/28/2024						
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		DII I MII I ED DAD	D 0	1615 STAN	NDISH ST				
		BILL MILLER BAR-	-R-Ó						
L					ILLE, TX 78114	1			
	PURPOSE OF	1, 3,			(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			PURPOSE	EXPENSE FOR S	R CAMPAIGN/	OFFICE	HOLDER	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule 1			dule T. Check if Austin, TX, officeholder living expense					
[e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held			
$ldsymbol{oxed}$,	l							

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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 25/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,332.82			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
		\$86.58	10/30/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		BEST BUY		700 S JACKSON RD				
				MCALLEN, TX 78503				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	X Political	Office Overhead/Rental Expense CAMPAIGN/OFFICEHOL						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living expense			
9	9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held			
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
		\$53.00	11/10/2024					
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
		OASIS RESTAURA	ANT	303 S BROADWAY ST				
				PREMONT, TX 78375				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
	X Political	T Ood/Deverage Exper	1130	PURPOSES				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$62.50	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer	^r Paid			
L	PAYEE	(a) Davida nama		(b) Payee address;	City State 7in C-1-			
l	PAILE	(a) Payee name		(b) Payee address; 500 W 2ND ST #120	City, State, Zip Code			
		NORTH ITALIA		200 M 5ND 21 #150				
				AUSTIN, TX 78701				
⊢	PURPOSE OF (a) Category			(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule)			MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
	X Political Food/Beverage Expense			PURPOSES				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin, TX,	officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
Le	xpenditure to benefit C/OH							

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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	Ethics Commiss	sion Filers)	
	Sch: 26/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,332.8	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$15.94	11/14/2024						
7	PAYEE	(a) Payee name UBER		(b) Payee 1725 3RI	address; D STREET	City,	State,	Zip Code	
				SAN FRA	ANCISCO, CA 94	1158			
8	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense			D TRANSPORTA GN/OFFICEHOL				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	Office sought					
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$33.92	11/15/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		UBER		1725 3RI	D STREET				
				SAN FRA	ANCISCO, CA 94	158			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense			otion O TRANSPORTA GN/OFFICEHOL	_			
	Non-Political		of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living	expense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$23.71	11/25/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			D O	1615 ST	ANDISH ST				
		BILL MILLER BAR-	B-Q						
					VILLE, TX 78114	1			
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description				IOI DED	
	X Political Food/Beverage Expense		· ·	MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			IOLDER		
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			<u> </u>	Check if Austin, TX,	officeholder living	expense		
\vdash	Complete ONLY if direct				Ssok ii / tustiii, TX,	Office held			
е	xpenditure to benefit C/OH			J					
\vdash		<u>I</u>							

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

l		The Inst	ruction Guide explains how	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
l	Sch: 27/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	1,332.8	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$10.68	11/25/2024						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		EXXON		100 HWY 1	123 S.				
L				+	LE, TX 78160				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
		Transportation Equipr			EL EXPENSE I N/OFFICEHOLI				
l	X Political	Expense		CAMPAIGI	WOFFICE HOLI	DER FORFOS			
				Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Office sou			e sought		Office held				
_	expenditure to benefit C/OH	() (T (1) = 1 (1)	1/12///					
	PAYMENT	(a) Amount Charged	Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			Paid			
		\$326.50	11/26/2024						
	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		LA ESCONDIDA R	ESTAURANT	5567 FM14	130				
				RIO GRANDE CITY, TX 78582					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				HOLDER	
l	X Political	T ood/Beverage Exper	1130	PURPOSE	:S				
l	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 Office	e sought		Office held			
e	expenditure to benefit C/OH								
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$73.00	11/29/2024						
	PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code	
		OASIS RESTAURA	ANIT	303 S BRC	DADWAY ST				
		UASIS RESTAURA	AIVI						
L					T, TX 78375				
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER			IOI DED		
	X Political Food/Beverage Expense			PURPOSE		R CAMPAIGN/	OFFICE	HOLDER	
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			ule T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held			
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	•	l							

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)			
Sch: 28/31 Rpt:	Guillen, Ryan A. (T	he Honorable)			00051797					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,332.8	32			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$8.49	12/10/2024								
7 PAYEE	(a) Payee name		(b) Payee a 185 BERI SUITE 40 SAN FRA	RY ST	City,	State,	Zip Code			
8 PURPOSE OF	(a) Category		(b) Descrip		.101					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equip Expense		GROUND TRANSPORTATION EXPENSE F CAMPAIGN/OFFICEHOLDER PURPOSES							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$578.00	12/11/2024								
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
	AIDEN BY BEST W	/ESTERN	2200 S I I	H 35						
			AUSTIN,	TX 78704						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip							
X Political	Travel Out of District	or this scriedule)	STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$188.67	12/12/2024								
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
	SHERATON DENV	ER DWNTN	1550 CO	URT PL						
			+	, CO 80202						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	S EXPENSE FO	R CAMPAIGN	/OFFICE	HOLDER			
X Political	Travel Gat of Bistrict		I OKEOS							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct expenditure to benefit C/OH	name Office	e sought		Office held						
CAPETIGITATE TO DETICITE C/OH										

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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 29/31 Rpt:	Guillen, Ryan A. (T	he Honorable)		00051797			
4	CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZEXPENDITURES CHARGED TO A CRECARD	\$	1,332.8	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$38.51	12/12/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		THE STEAK HOUS	SE	111 US-83				
L				ZAPATA, TX 78076				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description MEETING EXPENSE PURPOSES	FOR CAMPAIGN	OR CAMPAIGN/OFFICEHOLDER		
	Non-Political	(c) Constitution of the co			n, TX, officeholder living ex	pense		
9	9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held			
Œ	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$35.27	12/13/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		LIBERTY CAFE		420 CAROLYN ST				
				FREER, TX 78357				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
	X Political			PURPOSES				
	Non-Political		of Texas. Complete Schedule T.		n, TX, officeholder living ex	pense		
€	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		\$692.80	12/16/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		CAPITOL GIFTSHO	np.	1400 CONGRESS AV	/E.			
		CAPITOL GIFTSHO	JF	SUITE E1.006				
L		() 5 :		AUSTIN, TX 78701				
	PURPOSE OF EXPENDITURE	1 () 3)			(b) Description COMMUNITY LEADER GIFTS FOR			
	X Political	Gift/Awards/Memorials Expense			CAMPAIGN/OFFICEHOLDER PURPOSES			
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule 1			n, TX, officeholder living ex	pense		
6	Complete ONLY if direct expenditure to benefit C/OH			e sought	Office held			
_								

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 30/31 Rpt:	Guillen, Ryan A. (The Honorable)			00051797			
4 CREDIT CARD ISSUER		Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,332.82			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$31.56	12/16/2024					
7 PAYEE	(a) Payee name GRAN REAL RESTAURANTE		(b) Payee address; City, State, Zip Code 2734 E GRANT ST				
	(-) 0-1		ROMA, TX 78584				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			x, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$23.00	12/18/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	PENKO VIEJO EXPRESS		700 N FLORES ST SUITE B RIO GRANDE CITY, TX 78582				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete ONLY if direct				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$5.93	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issue	er Paid			
PAYEE (a) Payee name WALMART		(b) Payee address; City, State, Zip Code 305 10TH ST FLORESVILLE, TX 78114					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

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

		The Inst	ruction Guide explains how	to complete t	his form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 31/31 Rpt:	Guillen, Ryan A. (T	00051797						
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 1,332.82			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$60.00	12/21/2024						
7	PAYEE	(a) Payee name LA ESCONDIDA RESTAURANT		(b) Payee address; City, State, Zip Code 5567 FM1430 RIO GRANDE CITY, TX 78582					
8	PURPOSE OF	(a) Category (b) Description							
	EXPENDITURE X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense		MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$114.00	10/23/2024						
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code	
		HOMES TO SUITES BY HILTON		1000 WEST LOUIS HENNA BLVD					
L		RO			ROUND ROCK, TX 78681				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
	X Political	Travel Out of District		LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$174.36	10/17/2024						
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code	
	HAMPTON INN		4141 GOVERNORS ROW						
		TIAWII TON INN		ALICTINI	TV 70704				
┝	PURPOSE OF	(a) Category		(b) Descrip	TX 78701				
	EXPENDITURE	(See Categories listed at the top of this schedule)		STAFF LODGING EXPENSE FOR					
	X Political	Travel Out of District		CAMPAIGN/OFFICEHOLDER PURPOSES					
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	CHECK II AUSUII, TX,	Office held	CIISC		
e	expenditure to benefit C/OH								
Н		1							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 99/102 Guillen, Ryan A. (The Honorable) 00051797 Date Payee name 07/18/2024 AT&T MOBILITY Payee address; Amount (\$) City; State; Zip Code PO BOX 5015 \$147.10 Reimbursement from political contributions intended CAROL STREAM, IL 60198 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/18/2024 AT&T MOBILITY Amount (\$) Payee address; City; State; Zip Code \$122.10 PO BOX 5015 Reimbursement from political contributions CAROL STREAM, IL 60198 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2024 AT&T MOBILITY Payee address; City; State; Zip Code Amount (\$) \$121.92 PO BOX 5015 Reimbursement from political contributions intended CAROL STREAM, IL 60198 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** TELECOMMUNICATION SERVICE EXPENSE FOR

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office held

CAMPAIGN/OFFICEHOLDER PURPOSES

Office sought

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		Expense Wages/Contract Labor		District it of District enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM	 IE			3 Filer ID	(Ethics Commission Filers)		
Ĺ	Sch: 2/3 Rpt: 100/102	Guillen, Ryan A. (The Honorable)			00051	,			
4	Date	5 Payee name	e						
	10/18/2024	1	AT&T MOBILITY						
6	Amount (\$)	7 Payee addr	7 Payee address; City; State; Zip Code						
	\$122.14	PO BOX 5	PO BOX 5015						
	Reimbursement from political contributions intended	CAROL ST	TREAM, IL 60198						
8	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	Check if trave	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	OF Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense				
			TELECOMMUNICATION SERVICE EXPENS CAMPAIGN/OFFICEHOLDER PURPOSES						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	Date	Payee name	e						
	11/18/2024	AT&T MOI	BILITY						
	Amount (\$) Payee address; City; State; Zip Code								
	\$128.20	PO BOX 5015							
	Reimbursement from political contributions intended	CAROL ST	TREAM, IL 60198						
	PURPOSE	Category (See Categories listed at the top of this s	schedule)	Description	_	el outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Office Ove	ce Overhead/Rental Expense			Check if Austin, TX, officeholder living expense			
				TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		
	Date	Payee name	e						
	12/18/2024	- u,oo namo							
	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	ode				
	\$128.20	РО ВОХ 5	015						
	Reimbursement from political contributions intended	CAROL STREAM, IL 60198							
	PURPOSE	Category (See Categories listed at the top of this s	schedule)	Description	₫	el outside of Texas. Complete Schedule T.		
OF EXPENDITURE Office Overhead/Rental Expense				_	tin, TX, officeholder living expense				
						CATION SERVICE EXPENSE FOR FICEHOLDER PURPOSES			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 3/3 Rpt: 101/102 Guillen, Ryan A. (The Honorable) 00051797 4 Date Payee name 07/18/2024 COACH USA INC Amount (\$) Payee address; City; State; Zip Code 160 ROUTE 17 \$38.10 Reimbursement from political contributions intended PARAMUS, NJ 07652 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2024 IL TOLLWAY Amount (\$) Payee address; City; State; Zip Code \$8.80 2700 OGDEN AVE Reimbursement from political contributions DOWNERS GROVE, IL 60515 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 102/102 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Guillen, Ryan A. (The Honorable) 00051797 5 Name of person from whom amount is received 8 Amount (\$) 11/06/2024 HAMPTON INN \$17.20 6 Address of person from whom amount is received; City; State; Zip Code AUSTIN, TX 78744 7 Purpose for which amount is received Check if political contribution returned to filer **REFUND**