

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051797	2 Total pages filed: 102				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ryan A.	MI	OFFICE USE ONLY			
	NICKNAME	LAST Guillen	SUFFIX		Date Received ELECTRONICALLY FILED 01/15/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 1024 Austin, TX 78767		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Dalinda L.	MI				
	NICKNAME	LAST Guillen	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2504 Sable Palm Dr Rio Grande City, TX 78582						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	437-4136					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		12	31	2024
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 31			12 OFFICE SOUGHT (if known) State Representative District 31			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Guillen, Ryan A. (The Honorable) **14 Filer ID** (Ethics Commission Filers)
00051797

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		TEXAS ALLIANCE FOR LIFE PAC
		COMMITTEE ADDRESS
		8000 CENTRE PARK DRIVE
		SUITE 3000
		AUSTIN, TX 78754
		COMMITTEE CAMPAIGN TREASURER NAME
		SHAW, JAMES
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		4505 CORAZON CV
		ROUND ROCK, TX 78681

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	295,654.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,332.82
	4. TOTAL POLITICAL EXPENDITURES	\$	35,426.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	974,130.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Ryan A. Guillen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Guillen, Ryan A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00051797
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	291,704.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,950.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	21,318.94
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	13,291.11
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	816.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	17.20

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/46 Rpt: 4/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME TX CORRECTIONAL OFFICERS PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHLBERG, TREVOR (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code IRVING, TX 75038	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) COTTONWOOD FINANCIAL
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALIST CONSULTING, LLC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN BOONE HUMPHRIES ROBINSON LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77027	
Principal occupation / 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: 2/46 Rpt: 5/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/13/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089136) ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE/ALTRIAPAC 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20001	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) AMERICAN COUNCIL OF ENGINEERING COMPANIES OF TEXAS Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) APACHE CORPORATIONS POLITICAL ACTION COMMITTEE Contributor address; City; State; Zip Code HOUSTON, TX 77042	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) ARECHIGA, JASON (Mr.) Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) THE NRP GROUP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/46 Rpt: 6/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASSOCIATED GENERAL CONTRACTORS OF TEXAS - PAC 6 Contributor address; City; State; Zip Code AUSTIN, TX 78768	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T TEXAS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN POLICE ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78721	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00364778) BANK OF AMERICA STATE AND FEDERAL PAC Contributor address; City; State; Zip Code WILMINGTON, DE 19808	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEEF-PAC Contributor address; City; State; Zip Code AMARILLO, TX 79106	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 4/46 Rpt: 7/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEER ALLIANCE OF TEXAS POLITICAL ACTION COMMITTEE	7 Amount of Contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF RAILPAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code FORT WORTH, TX 76161		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOATING TRADES ASSOCIATION OF METROPOLITAN HOUSTON	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code HOUSTON, TX 77054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BP NORTH AMERICA EMPLOYEE PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code HOUSTON, TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BPA PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / 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: 5/46 Rpt: 8/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, DARREN (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78746	
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) SELF
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, SCOTT (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code HARLINGEN, TX 78552	
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) SRC MANAGEMENT, INC.
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATERPILLAR INC. POLITICAL ACTION COMMITTEE (CATPAC)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code IRVING, TX 75039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CENTERPOINT ENERGY, INC. POLITICAL ACTION COMMITTEE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code HOUSTON, TX 77210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARTER COMMUNICATIONS, INC TEXAS PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / 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: 6/46 Rpt: 9/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARTER SCHOOLS NOW PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78704	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) CHEVRON EMPLOYEES PAC <hr/> Contributor address; City; State; Zip Code SAN RAMON, CA 94583	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEAT PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLE, CELIA (Mrs.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) FEEDING TEXAS
Date 11/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION <hr/> Contributor address; City; State; Zip Code PHILADELPHIA, PA 19103	Amount of Contribution (\$) \$1,500.00
Principal occupation / 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: 7/46 Rpt: 10/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMERICA INCORPORATED POLITICAL ACTION COMMITTEE	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code DALLAS, TX 75201	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNER, JON (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78745	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) J-CONN ROOFING
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711) CONSTELLATION ENERGY CORPORATION EMPLOYEE POLITICAL	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code WASHINGTON, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROSS OAK GROUP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURBOW, KELLY (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SAN MARCOS, TX 78666	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/46 Rpt: 11/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS KAUFMAN PLLC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, CHESTER (Mr.)	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code BUDA, TX 78610		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELISI COMMUNICATIONS PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00074096) DOW PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code MIDLAND, MI 48674		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DPSOA-PAC ACCOUNT	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78752		
Principal occupation / 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: 9/46 Rpt: 12/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EIDSON, KRISTI (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMBRIDGE (U.S.) INC. POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097568) EMPLOYEES OF RTX CORPORATION PAC <hr/> Contributor address; City; State; Zip Code ARLINGTON, VA 22209	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENPAC TEXAS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERBEN & YARBROUGH <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / 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: 10/46 Rpt: 13/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXXONMOBIL PAC <hr/> 6 Contributor address; City; State; Zip Code IRVING, TX 75039	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EYE-PAC OF THE TEXAS OPHTHALMOLOGICAL ASSOCIATION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLATT, DARRELL (Mr.) <hr/> Contributor address; City; State; Zip Code TYLER, TX 75701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) EXECUTIVE VICE-PRESIDENT		Employer (See Instructions) ETTL ENGINEERS & CONSULTANTS INC.
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOCUSED ADVOCACY POLITICAL <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY & LARDNER LLP TEXAS CAMPAIGN FUND <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 11/46 Rpt: 14/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORSHAGE, JOSEPH (Mr.) 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) FOREMOST PAVING
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOWLER, PERRY L. (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78757	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) TREASURER		Employer (See Instructions) TEXAS WATER INFRASTRUCTURE NETWORK PAC TXWIN
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRIENDS OF SAN ANTONIO LEADERS FOR UNIVERSITY OF TEXAS Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARRETT, JON (Mr.) Contributor address; City; State; Zip Code WAXAHACHIE, TX 75165	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) APEX SERVICES
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ PUBLIC AFFAIRS & CONSULTING Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / 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: 12/46 Rpt: 15/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT, KATHY (Mrs.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78704	
8 Principal occupation / Job title (See Instructions) LOBBYIST		9 Employer (See Instructions) KATHY GRANT GROUP LLC
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGG, AARON (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78704	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) CAPITOL LAW CONSULTING GROUP
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULF STATES TOYOTA INC. STATE PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H-E-B POLITICAL ACTION CMTE	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78204	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALEY, ANTHONY (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) HMWK, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/46 Rpt: 16/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES - STATE PAC <hr/> 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75081	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALLIBURTON COMPANY POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77072	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMER, JONATHAN (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) HOMETOWN HERO
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANNA, MARK (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAUSENFLUCK, AMBER (Mrs.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/46 Rpt: 17/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HECKLER, JEFFREY (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) THE SCHLUETER GROUP
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELLER, J DAVID (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code BOCA RATON, FL 33432	
Principal occupation / Job title (See Instructions) PRESIDENT CEO		Employer (See Instructions) THE NRP GROUP
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLCO PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOCHHEIM PRAIRIE POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code YOAKUM, TX 77995	
Principal occupation / 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: 15/46 Rpt: 18/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME PAC OF TEXAS TEXAS ASSOCIATION OF BUILDERS	7 Amount of Contribution (\$) \$2,000.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC - STATE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON PILOTS PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code DEER PARK, TX 77536	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD, ROBERT (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78704	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) ROBERT M HOWARD, INC.
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS LAW PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / 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: 16/46 Rpt: 19/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, LISA (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78759	
8 Principal occupation / Job title (See Instructions) LEGISLATIVE CONSULTANT		9 Employer (See Instructions) LISA HUGHES CONSULTING
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INCLINE PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDEPAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78750	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00437244) INVENERGY INVESTMENT COMPANY LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code CHICAGO, IL 60606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISETT, CARL (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code LUBBOCK, TX 79424	
Principal occupation / Job title (See Instructions) LOBBYIST		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/46 Rpt: 20/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON WALKER L.L.P POLITICAL ACTION COMMITTEE	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code DALLAS, TX 75201	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEWELL, MICHAEL (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78738	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) JEWELL ASSOCIATES, PLLC
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, MARSHA (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) HILLCO PARTNERS
Date 10/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00104299</u>) JPMORGAN CHASE & CO. PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code WASHINGTON, DC 20005	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEEL, LARA (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78703	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/46 Rpt: 21/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEFFER, JAMES (The Honorable)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code EASTLAND, TX 76448	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KICKAPOO TRADITIONAL TRIBE OF TEXAS OPERATING ACCOUNT	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code EAGLE PASS, TX 78852	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00236489) KOCHPAC - KOCH, INC. POLITICAL ACTION COMMITTEE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code WICHITA, KS 67220	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAREDO FIRE PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code LAREDO, TX 78041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW - PAC LEE A. WOODS POLITICAL ACTION COMMITTEE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / 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: 19/46 Rpt: 22/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR & SAMPSON, LLP ATTORNEYS AT <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78760	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD GOSSELINK ROCHELLE & TOWNSEND, P.C. GENERAL <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKE LORD LLP A LIMITED LIABILITY PARTNERSHIP <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONGBOW CONSULTING PARTNERS LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUMPAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$5,000.00
Principal occupation / 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: 20/46 Rpt: 23/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAURO, KYLE (Mr.) <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78747	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) HILLCO PARTNERS
Date 12/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) MCGUIRE WOODS FEDERAL PAC FUND <hr/> Contributor address; City; State; Zip Code RICHMOND, VA 23219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCRAE, CODY (Mr.) <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77042	Amount of Contribution (\$) \$834.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCRAE, CODY (Mr.) <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77042	Amount of Contribution (\$) \$334.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 07/25/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) MERCK EMPLOYEES PAC <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 21/46 Rpt: 24/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JEFF (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78732	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) OLD STONE STRATEGY
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MISSION FIREFIGHTERS COMMITTEE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MISSION, TX 78574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOAK CASEY PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JOE (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code AUSTIN, TX 78757	
Principal occupation / Job title (See Instructions) LOBBYIST		Employer (See Instructions) VARIOUS
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00075341) MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code WASHINGTON, DC 20004	
Principal occupation / 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: 22/46 Rpt: 25/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAIFA TEXAS IFAPAC	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NALL, MICHAEL (Mr.)	Amount of Contribution (\$) \$334.00
	Contributor address; City; State; Zip Code KINGWOOD, TX 77345	
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) MWN CONSULTING
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NALL, MICHAEL (Mr.)	Amount of Contribution (\$) \$834.00
	Contributor address; City; State; Zip Code KINGWOOD, TX 77346	
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) MWN CONSULTING
Date 10/31/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00064774) NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code JUNO BEACH, FL 33408	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG ENERGY INC POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code PRINCETON, NJ 08540	
Principal occupation / 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: 23/46 Rpt: 26/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR TEXAS STATE POLITICAL ACTION COMMITTEE OF ONCOR <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75202	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00554444) ONE GAS, INC. POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code TULSA, OK 74103	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORGANIZING FOR TEXAS SENIORS <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75231	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACE, MICHAEL (Mr.) <hr/> Contributor address; City; State; Zip Code HARTWELL, GA 30643	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PACE-O-MATIC
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAPE-DAWSON ENGINEERS PAC <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78213	Amount of Contribution (\$) \$500.00
Principal occupation / 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: 24/46 Rpt: 27/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARDUE, LESLIE (Mrs.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78739	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARK, JOEY (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78767	
Principal occupation / Job title (See Instructions) LOBBYIST		Employer (See Instructions) SELF
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA A. SHIPTON GOVERNMENTAL AFFAIRS	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEBLEY, HOWARD (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code MCALLEN, TX 78504	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 12/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00423814) PENN ENTERTAINMENT INC. TEXAS POLITICAL ACTION	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code WYOMISSING, PA 19610	
Principal occupation / 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: 25/46 Rpt: 28/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERDUE, BRANDON, FIELDER, COLLINS & MOTT, LLP <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79408	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00016683</u>) PFIZER PAC <hr/> Contributor address; City; State; Zip Code NEW YORK, NY 10001	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHARMPAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78757	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POINSETT PLLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL ACTION COMMITTEE OF THE INDEPENDENT <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78768	Amount of Contribution (\$) \$1,250.00
Principal occupation / 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: 26/46 Rpt: 29/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, DOUGLAS K (Mr.)	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78738		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) SELF EMPLOYED
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POPP, JAMES (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78746		
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) POPP HUNTCHESON PLLC
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POPULUS FINANCIAL GROUP, INC. TEXAS PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code IRVING, TX 75062		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POULAKIS, STEVE (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code SAN ANTONIO, TX 78248		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) TECHNOLOGICAL EDUCATIONAL INSTITUTE OF PATRAS
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RED ROCK TEXAS PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / 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: 27/46 Rpt: 30/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/07/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00885038) RESTORE TRUST TEXAS <hr/> 6 Contributor address; City; State; Zip Code MOUNTAIN BROOK, AL 35223	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00885038) RESTORE TRUST TEXAS <hr/> Contributor address; City; State; Zip Code MOUNTAIN BROOK, AL 35223	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIVERO, HECTOR (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TEXAS CHEMISTRY COUNCIL
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, DOUGLASS (Mr.) <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79605	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) NATURA RESOURCES
Date 10/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00388827) ROCK HOLDINGS INC. STATE PAC <hr/> Contributor address; City; State; Zip Code LANSING, MI 48933	Amount of Contribution (\$) \$750.00
Principal occupation / 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: 28/46 Rpt: 31/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON LEWIS & ASSOCIATES <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RS&H PAC TEXAS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RURAL FRIENDS OF ELECTRIC COOPERATIVES <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYDMAN, JOHN (Mr.) <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SPEC'S
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SA PROF FIREFIGHTERS ASSOC LOCAL 624 <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201	Amount of Contribution (\$) \$1,500.00
Principal occupation / 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: 29/46 Rpt: 32/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAMPSON PUBLIC AFFAIRS, LLC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERNA, BALTAZAR (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78205	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLEDGE LAW GROUP PLLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, ROBERT (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code DALLAS, TX 75230	
Principal occupation / Job title (See Instructions) PRESIDENT CEO		Employer (See Instructions) ACCIDENT INJURY PAIN CENTERS, INC.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTH TEXAS PROPERTY RIGHTS POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code FALFURRIAS, TX 78355	
Principal occupation / 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: 30/46 Rpt: 33/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTHERN GLAZER'S PAC OF TEXAS <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMFT FAMILY PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TBA BANK PAC - STATE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00479998</u>) TENASKA EMPLOYEES TEXAS PAC <hr/> Contributor address; City; State; Zip Code OMAHA, NE 68154	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / 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: 31/46 Rpt: 34/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR REASONABLE SOLUTIONS PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78741	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGGREGATES & CONCRETE ASSOCIATION POLITICAL <hr/> Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGRICULTURAL AVIATION ASSOCIATION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGRICULTURAL CO-OP COUNCIL - PAC <hr/> Contributor address; City; State; Zip Code ROUND ROCK, TX 78664	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS ALLIANCE FOR CONSERVATION PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 32/46 Rpt: 35/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS ALLIANCE FOR LIFE PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78754	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS APARTMENT ASSOCIATION PAC ACCOUNT <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS ASSOCIATION OF CRANE OWNERS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78716	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BAIL PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$750.00
Principal occupation / 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: 33/46 Rpt: 36/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BEVERAGE ALLIANCE	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BUILDING BRANCH AGC PAC ACCOUNT	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS CORNERSTONE CREDIT UNION LEAGUE	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code DALLAS, TX 75265		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DAIRYMEN PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78711		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEER ASSOCIATION PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78703		
Principal occupation / 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: 34/46 Rpt: 37/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS FORESTRY ASSOCIATION FORESTRY PAC <hr/> 6 Contributor address; City; State; Zip Code LUFKIN, TX 75902	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS FUNERAL DIRECTORS ASSOCIATION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78753	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LAND DEVELOPERS ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code MCNEIL, TX 78651	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LEADS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78767	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LOBBY PARTNERS LLP <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / 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: 35/46 Rpt: 38/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LOBBY STRATEGIES	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MANUFACTURED HOUSING ASSOC., INC.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MCDONALD'S OPERATIONS ASSOCIATION PAC, INC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code ATHENS, TX 75751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MEDICAL ASSOCIATION PAC	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MORTGAGE BANKERS POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / 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: 36/46 Rpt: 39/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MUNICIPAL POLICE ASSOCIATION PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78752	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OIL AND GAS ASSOCIATION GOOD GOVERNMENT <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OPTOMETRIC PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OUR TEXAS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78767	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS PODIATRIC MEDICAL ASSOCIATION - POLITICAL ACTION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 37/46 Rpt: 40/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS POULTRY P.A.C. <hr/> 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS PRODUCE ASSOCIATION TEX-PAC <hr/> Contributor address; City; State; Zip Code MISSION, TX 78572	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REGIONAL BANK FEDERAL PAC <hr/> Contributor address; City; State; Zip Code HARLINGEN, TX 78552	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS RESTAURANT ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78767	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SANDS PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$4,500.00
Principal occupation / 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: 38/46 Rpt: 41/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS <hr/> 6 Contributor address; City; State; Zip Code ADDISON, TX 75001	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SPEECH LANGUAGE HEARING ASSOC PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SPORT PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78763	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS STATE ASSOCIATION OF FIRE FIGHTERS ACTION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS STATEWIDE TELEPHONE COOPERATIVE, INC. PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / 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: 39/46 Rpt: 42/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SURPLUS LINES ASSOCIATION/PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78766	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TOWING & STORAGE ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code SPRING, TX 77386	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRAVEL ALLIANCE TRAVELPAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS WILDLIFE ASSOCIATION PAC <hr/> Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$1,500.00
Principal occupation / 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: 40/46 Rpt: 43/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/04/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612) TEXTRON POLITICAL ACTION COMMITTEE <hr/> 6 Contributor address; City; State; Zip Code PROVIDENCE, RI 02903	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00096842) THE AMERICAN ELECTRIC POWER COMPANY- TEXAS-COMMITTEE <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20004	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00085316) THE CIGNA GROUP EMPLOYEE PAC <hr/> Contributor address; City; State; Zip Code PHILADELPHIA, PA 19192	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885) THE HOME DEPOT POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE POSEY LAW FIRM, PC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / 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, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE STORAGE PLACE - OPERATING <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TNLA PAC <hr/> Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOUCHSTONE POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY, CHARLES (Mr.) <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77005	Amount of Contribution (\$) \$334.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) TL & CO
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY, CHARLES (Mr.) <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77005	Amount of Contribution (\$) \$834.00
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) TL & CO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/46 Rpt: 45/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREDWAY, CJ (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC- TEXAS REALTORS PAC NON-CORPORATE	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC-TEXAS REALTORS POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX BITCOIN PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX CHIROPRACTIC ASSOCIATION POLITICAL ACTION COMMITTEE	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	
Principal occupation / 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: 43/46 Rpt: 46/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXANA PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXTA TRUCKPAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 75701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA EMPLOYEE POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78288	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALDEZ, JERRY (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78711	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERO POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78269	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 44/46 Rpt: 47/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VERIZON COMMUNICATION INC. GOOD GOVERNMENT CLUB - <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VETERINARIAN POLITICAL ACTION GROUP <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78754	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VISTRA EMPLOYEE POLITICAL ACTION COMMITTEE OF VISTRA <hr/> Contributor address; City; State; Zip Code IRVING, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00160770</u>) WALGREEN CO PAC (WALGREENSPAC) <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00093054</u>) WALPAC FOR RESPONSIBLE GOVERNMENT POLITICAL ACTION <hr/> Contributor address; City; State; Zip Code BENTONVILLE, AR 72716	Amount of Contribution (\$) \$1,000.00
Principal occupation / 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: 45/46 Rpt: 48/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/14/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00119008) WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUN A <hr/> 6 Contributor address; City; State; Zip Code WASHINGTON, DC 20004	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITLEY, DAVID (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHOLESALE BEER DISTRIBUTORS OF TEXAS POLITICAL ACTION <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, ELLEN (Mrs.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, GLENN (Mr.) <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/46 Rpt: 49/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINE AND SPIRITS WHOLESALERS OF TEXAS PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WR BRANNAN & ASSOCIATES LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YARNELL Jr., WILLIAM (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78709	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) TEXAS LOBBY GROUP
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZACHRY CORPORATION POLITICAL ACTION COMMITTEE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78265	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMARRIPA, RICARDO (Mr.) <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) TEXAS TRANSPORTATION GROUP

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 50/102	
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 07/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description JULY CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	7 Contributor address; City; State; Zip Code MISSION, TX 78573		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		11 Employer (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	Amount of contribution (\$) \$600.00	In-kind contribution description AUGUST CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	Contributor address; City; State; Zip Code MISSION, TX 78573		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		Employer (FOR NON-JUDICIAL) (See instructions) 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 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	Amount of contribution (\$) \$600.00	In-kind contribution description SEPTEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	Contributor address; City; State; Zip Code MISSION, TX 78573		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		Employer (FOR NON-JUDICIAL) (See instructions) 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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 51/102	
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description OCTOBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	7 Contributor address; City; State; Zip Code MISSION, TX 78573		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		11 Employer (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH	
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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	Amount of contribution (\$) \$600.00	In-kind contribution description NOVEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	Contributor address; City; State; Zip Code MISSION, TX 78573		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		Employer (FOR NON-JUDICIAL) (See instructions) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)	Amount of contribution (\$) \$600.00	In-kind contribution description DECEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOL DER PURPOSES
	Contributor address; City; State; Zip Code MISSION, TX 78573		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR		Employer (FOR NON-JUDICIAL) (See instructions) 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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 52/102	
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 12/11/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICE, CHUCK (Mr.)	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description FUNDRAISING EMAIL BLAST FOR CAMPAIGN/OFFICEHOL DER PURPOSES
7 Contributor address; City; State; Zip Code AUSTIN, TX 78727		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CHUCK RICE & ASSOCIATES		11 Employer (FOR NON-JUDICIAL) (See instructions) CONSULTANT	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 53/102

2 FILER NAME
Guillen, Ryan A. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00051797

4 TOTAL OF UNITEMIZED PLEDGES

\$ 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 Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/14 Rpt: 54/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 12/13/2024	5 Payee name CHASE BANK
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6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK TRANSACTION FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name CHASE CARDMEMBER SERVICES
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Amount (\$) \$1,968.68	Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2024	Payee name CHASE CARDMEMBER SERVICES
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Amount (\$) \$1,516.93	Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/14 Rpt: 55/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 08/31/2024	5 Payee name CHASE CARDMEMBER SERVICES
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6 Amount (\$) \$4,855.81	7 Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name CHASE CARDMEMBER SERVICES
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Amount (\$) \$1,028.22	Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name CHASE CARDMEMBER SERVICES
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Amount (\$) \$2,859.76	Payee address; City; State; Zip Code PO BOX 94014 PALATINE, TX 60094
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 56/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 09/25/2024	5 Payee name CORTEZ, EDGAR A.	
6 Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 3446 US-83 SUITE 3C RIO GRANDE CITY, TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN OFFICE REPAIR SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/31/2024	Payee name GUILLEN, RYAN (The Honorable)	
Amount (\$) \$5,138.51	Payee address; City; State; Zip Code 2504 SABLE PALM DR RIO GRANDE CITY, TX 78582	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MILEAGE REIMBURSEMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (22991
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/31/2024	Payee name GUILLEN, RYAN (The Honorable)	
Amount (\$) \$769.66	Payee address; City; State; Zip Code 2504 SABLE PALM DR RIO GRANDE CITY, TX 78582	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/14 Rpt: 57/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 12/31/2024	5 Payee name GUILLEN, RYAN (The Honorable)
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6 Amount (\$) \$46.90	7 Payee address; City; State; Zip Code 2504 SABLE PALM DR RIO GRANDE CITY, TX 78582
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSPORATION EXPENSES FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/08/2024	Payee name QUINTANILLA, JUAN VIRGILIO
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 1406 N PORTSCHELLER ST ROMA, TX 78584
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDICAL BENEFIT DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/14/2024	Payee name TEXAS CORRECTIONAL INDUSTRIES
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Amount (\$) \$441.66	Payee address; City; State; Zip Code 8801 SOUTH 1ST ST SUITE 100 AUSTIN, TX 78748
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/14 Rpt: 58/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 11/18/2024	5 Payee name TEXAS CORRECTIONAL INDUSTRIES
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6 Amount (\$) \$441.66	7 Payee address; City; State; Zip Code 8802 SOUTH 1ST ST SUITE 101 AUSTIN, TX 78748
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name WIATREK, MAGGIE
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 25 COUNTY ROAD 236 FALLS CITY, TX 78113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name WILSON COUNTY FIRST RESPONDERS ASSOCIATION
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Amount (\$) \$300.00	Payee address; City; State; Zip Code PO BOX 321 FLORESVILLE, TX 78114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/14 Rpt: 59/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/19/2024	5 Payee name WILSON COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$105.00	7 Payee address; City; State; Zip Code 860 PADDY RD FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name WILSON COUNTY REPUBLICAN WOMEN'S CLUB	
Amount (\$) \$320.00	Payee address; City; State; Zip Code 860 PADDY RD FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/14 Rpt: 61/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/04/2024	5 Payee name WINRED	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2024	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 62/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 12/10/2024	5 Payee name WINRED
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6 Amount (\$) \$19.70	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name WINRED
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Amount (\$) \$19.70	Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name WINRED
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Amount (\$) \$19.70	Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/14 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/11/2024	5 Payee name WINRED	
6 Amount (\$) \$19.70	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/14 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/12/2024	5 Payee name WINRED	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2024	Payee name WINRED	
Amount (\$) \$39.40	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/14 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/13/2024	5 Payee name WINRED	
6 Amount (\$) \$39.40	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2024	Payee name WINRED	
Amount (\$) \$19.70	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2024	Payee name WINRED	
Amount (\$) \$9.85	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/14 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/14/2024	5 Payee name WINRED	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2024	Payee name WINRED	
Amount (\$) \$11.82	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2024	Payee name WINRED	
Amount (\$) \$1.97	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 12/14/2024	5 Payee name WINRED
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6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/14/2024	Payee name WINRED
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Amount (\$) \$5.91	Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 1/31 Rpt: 68/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00051797
4	CREDIT CARD ISSUER	Name of financial institution CHASE BANK		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,332.82
6	PAYMENT	(a) Amount Charged \$98.10	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW AUSTIN, TX 78744	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$102.46	(b) Date of Charge 10/25/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 2057 W OAKLAWN RD PLEASANTON, TX 78064	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$118.15	(b) Date of Charge 10/29/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW AUSTIN, TX 78744	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 2/31 Rpt: 69/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$104.00	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 11333 KATY FWY HOUSTON, TX 77079	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$428.40	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name HAMPTON INN	(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW AUSTIN, TX 78744			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$55.00	(b) Date of Charge 07/06/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name LIBERTY CAFE	(b) Payee address; City, State, Zip Code 420 CAROLYN ST FREER, TX 78357			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/31 Rpt: 70/102	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$15.59	(b) Date of Charge 07/09/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BILL MILLER BAR-B-Q	(b) Payee address; City, State, Zip Code 1615 STANDISH ST FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$27.00	(b) Date of Charge 07/09/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MAVERICK GRILL	(b) Payee address; City, State, Zip Code 6671 US HIGHWAY 181 N FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$335.58	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FIVE BELOW	(b) Payee address; City, State, Zip Code 500 N JACKSON RD STE D2 PHARR, TX 78577	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 4/31 Rpt: 71/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$108.00	(b) Date of Charge 08/09/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name MAVERICK GRILL		(b) Payee address; City, State, Zip Code 6671 US HIGHWAY 181 N FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$181.50	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name US STORAGE		(b) Payee address; City, State, Zip Code 512 10TH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$181.50	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name US STORAGE		(b) Payee address; City, State, Zip Code 512 10TH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 5/31 Rpt: 72/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$70.46	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 2965 I 35 N FRONTAGE RD NEW BRAUNFELS, TX 78130	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$19.00	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name LIBERTY CAFE		(b) Payee address; City, State, Zip Code 420 CAROLYN ST FREER, TX 78357		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$118.35	(b) Date of Charge 11/06/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW AUSTIN, TX 78744		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 6/31 Rpt: 73/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$38.51	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name VICKYS RESTAURANT		(b) Payee address; City, State, Zip Code 100 S OSCAR WILLIAMS RD SAN BENITO, TX 78586	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$24.95	(b) Date of Charge 11/09/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 1709 10TH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$181.50	(b) Date of Charge 12/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name US STORAGE		(b) Payee address; City, State, Zip Code 512 10TH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 7/31 Rpt: 74/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$22.29	(b) Date of Charge 12/02/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 303 S HARBORTH AVE THREE RIVERS, TX 78071	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$393.10	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AMBIT TEXAS LLC		(b) Payee address; City, State, Zip Code 1801 NORTH LAMAR STREET SUITE 600 DALLAS, TX 75202	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description UTILITIES FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$97.00	(b) Date of Charge 12/05/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name MACHI SUSHI		(b) Payee address; City, State, Zip Code 2200 S I-35 FRONTAGE RD AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 8/31 Rpt: 75/102	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$180.00	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$2,535.25	(b) Date of Charge 07/11/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name BEST WESTERN PREMIER		(b) Payee address; City, State, Zip Code 22 S CARROLL ST MADISON, WI 53703	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR RNC FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$697.95	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AMERICAN AIRLINES		(b) Payee address; City, State, Zip Code PO BOX 619616 DALLAS, TX 75261	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/31 Rpt: 76/102	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$4.32	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DAIRY QUEEN	(b) Payee address; City, State, Zip Code 1709 10TH ST FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.32	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN	(b) Payee address; City, State, Zip Code 203 NORTH HIGHWAY 80 KARNES CITY, TX 78118	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.97	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN	(b) Payee address; City, State, Zip Code 1709 10TH ST FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$7.99	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 203 NORTH HIGHWAY 80 KARNES CITY, TX 78118
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$34.80	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 1709 10TH ST FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$15.01	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 1092 FM468 COTULLA, TX 78014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$29.18	(b) Date of Charge 07/13/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SOUTH TEXAS DQ	(b) Payee address; City, State, Zip Code 1350 US-281 GEORGE WEST, TX 78022	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$279.25	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ECONOMYBOOKINGS.COM	(b) Payee address; City, State, Zip Code 616 CORPORATE WAY SUITE 2-3973 VALLEY COTTAGE, NY 10989	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$68.37	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ROUTE CAR RENTAL USA INC	(b) Payee address; City, State, Zip Code 3901 MANNHEIM RD SCHILLER PARK, IL 60176	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description RENTAL CAR EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$17.51	(b) Date of Charge 07/15/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name WALMART		(b) Payee address; City, State, Zip Code 2151 ROYAL AVE MONONA, WI 53713
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$104.00	(b) Date of Charge 07/17/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MADERS GERMAN		(b) Payee address; City, State, Zip Code 1041 N DOCTOR M.L.K. JR DR MILWAUKEE, WI 53203
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$42.70	(b) Date of Charge 07/18/2024	(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 BROOKFIELD, WI 53045
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$75.00	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BEST WESTERN PREMIER	(b) Payee address; City, State, Zip Code 22 S CARROLL ST MADISON, WI 53703	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR RNC FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$8.26	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UBER TRIP	(b) Payee address; City, State, Zip Code 1725 3RD STREET SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$47.37	(b) Date of Charge 07/21/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIBERTY CAFE	(b) Payee address; City, State, Zip Code 420 CAROLYN ST FREER, TX 78357	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 14/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$9.94	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name UBER TRIP		(b) Payee address; City, State, Zip Code 1725 3RD STREET SAN FRANCISCO, CA 94158	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$10.92	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name UBER TRIP		(b) Payee address; City, State, Zip Code 1725 3RD STREET SAN FRANCISCO, CA 94158	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$20.87	(b) Date of Charge 07/27/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LYFT		(b) Payee address; City, State, Zip Code 185 BERRY ST SUITE 400 SAN FRANCISCO, CA 94107	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$90.00	(b) Date of Charge 07/31/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$210.60	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 16/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$93.94	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name PINKERTON'S BARBECUE		(b) Payee address; City, State, Zip Code 1504 AIRLINE DR HOUSTON, TX 77009	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$29.06	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LANES CAFE		(b) Payee address; City, State, Zip Code 5238 FM1017 SAN ISIDRO, TX 78588	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$44.08	(b) Date of Charge 08/23/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name FIESTA RESTAURANT		(b) Payee address; City, State, Zip Code 402 N GRANT ST ROMA, TX 78584	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$215.40	(b) Date of Charge 08/28/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name US STORAGE		(b) Payee address; City, State, Zip Code 512 10TH ST FLORESVILLE, TX 78114
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$54.00	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PENKO VIEJO EXPRESS		(b) Payee address; City, State, Zip Code 700 N FLORES ST SUITE B RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$65.00	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NANCYS STEAKHOUSE		(b) Payee address; City, State, Zip Code 2536 STATE HWY 71 COLUMBUS, TX 78934
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 18/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$50.00	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name INSTARAISE FUNDRAISING		(b) Payee address; City, State, Zip Code 540 WILLOW AVE. SUITE B CEDARHURST, NY 11516	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description YOUTH BENEFIT DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 09/17/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$37.96	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LAS LOMITAS CAFE		(b) Payee address; City, State, Zip Code 401 S SMITH ST HEBBRONVILLE, TX 78361	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 19/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$90.00	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$18.13	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name CATFISH PARLOUR		(b) Payee address; City, State, Zip Code 4705 E BEN WHITE BLVD AUSTIN, TX 78744	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$77.15	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name CANDLEWOOD SUITES		(b) Payee address; City, State, Zip Code 4319 S EXPRESSWAY 83 HARLINGEN, TX 78550	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description CANVASSER LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/31 Rpt:		2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$66.00	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name MCCOYS		(b) Payee address; City, State, Zip Code 4759 E. HIGHWAY 83 RIO GRANDE CITY, TX 78582	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CAMPAIGN OFFICE REPAIR SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$181.50	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name US STORAGE		(b) Payee address; City, State, Zip Code 512 10TH ST FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 21/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$35.00	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name THE DEN		(b) Payee address; City, State, Zip Code 484 BLUEBONNET RD LA VERNIA, TX 78121	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$200.10	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name BEST WESTERN		(b) Payee address; City, State, Zip Code 100 FM 1346 LA VERNIA, TX 78121	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$6.75	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH STREET FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 22/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$26.42	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name OASIS RESTAURANT		(b) Payee address; City, State, Zip Code 303 S BROADWAY ST PREMONT, TX 78375	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$19.87	(b) Date of Charge 10/16/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name LIBERTY CAFE	(b) Payee address; City, State, Zip Code 420 CAROLYN ST FREER, TX 78357			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$23.27	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name PMC - PAID PARKING	(b) Payee address; City, State, Zip Code 313 RED RIVER STREET AUSTIN, TX 78702			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description PARKING FEES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$168.23	(b) Date of Charge 10/19/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GULF SEAFOODS MINI MART	(b) Payee address; City, State, Zip Code 207 E MAXAN ST PORT ISABEL, TX 78578	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$173.00	(b) Date of Charge 10/21/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DOUBLETREE SUITES	(b) Payee address; City, State, Zip Code 303 W 15TH ST AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$19.45	(b) Date of Charge 10/24/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ACADEMY SPORTS	(b) Payee address; City, State, Zip Code 250 ALLIANCE BLVD HUTTO, TX 78634	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 24/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$3.24	(b) Date of Charge 10/25/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name WHATABURGER		(b) Payee address; City, State, Zip Code 101 BYPASS 281 FALFURRIAS, TX 78355	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description STAFF MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$18.19	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name ALAMO CAFE	(b) Payee address; City, State, Zip Code 14250 SAN PEDRO AVE SAN ANTONIO, TX 78232			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$27.11	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name BILL MILLER BAR-B-Q	(b) Payee address; City, State, Zip Code 1615 STANDISH ST FLORESVILLE, TX 78114			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$86.58	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BEST BUY	(b) Payee address; City, State, Zip Code 700 S JACKSON RD MCALLEN, TX 78503	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description OFFICE SUPPLY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$53.00	(b) Date of Charge 11/10/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name OASIS RESTAURANT	(b) Payee address; City, State, Zip Code 303 S BROADWAY ST PREMONT, TX 78375	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT	(a) Amount Charged \$62.50	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NORTH ITALIA	(b) Payee address; City, State, Zip Code 500 W 2ND ST #120 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 26/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$15.94	(b) Date of Charge 11/14/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name UBER		(b) Payee address; City, State, Zip Code 1725 3RD STREET SAN FRANCISCO, CA 94158	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$33.92	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name UBER		(b) Payee address; City, State, Zip Code 1725 3RD STREET SAN FRANCISCO, CA 94158	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$23.71	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/31 Rpt:	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 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 \$10.68	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name EXXON		(b) Payee address; City, State, Zip Code 100 HWY 123 S. STOCKDALE, TX 78160
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description STAFF FUEL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$326.50	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LA ESCONDIDA RESTAURANT		(b) Payee address; City, State, Zip Code 5567 FM1430 RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$73.00	(b) Date of Charge 11/29/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name OASIS RESTAURANT		(b) Payee address; City, State, Zip Code 303 S BROADWAY ST PREMONT, TX 78375
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 28/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$8.49	(b) Date of Charge 12/10/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LYFT		(b) Payee address; City, State, Zip Code 185 BERRY ST SUITE 400 SAN FRANCISCO, CA 94107	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description GROUND TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$578.00	(b) Date of Charge 12/11/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name AIDEN BY BEST WESTERN		(b) Payee address; City, State, Zip Code 2200 S I H 35 AUSTIN, TX 78704	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$188.67	(b) Date of Charge 12/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name SHERATON DENVER DWNTN		(b) Payee address; City, State, Zip Code 1550 COURT PL DENVER, CO 80202	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 29/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$38.51	(b) Date of Charge 12/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name THE STEAK HOUSE		(b) Payee address; City, State, Zip Code 111 US-83 ZAPATA, TX 78076	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$35.27	(b) Date of Charge 12/13/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name LIBERTY CAFE		(b) Payee address; City, State, Zip Code 420 CAROLYN ST FREER, TX 78357	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$692.80	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name CAPITOL GIFTSHOP		(b) Payee address; City, State, Zip Code 1400 CONGRESS AVE. SUITE E1.006 AUSTIN, TX 78701	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description COMMUNITY LEADER GIFTS FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 30/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$31.56	(b) Date of Charge 12/16/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name GRAN REAL RESTAURANTE		(b) Payee address; City, State, Zip Code 2734 E GRANT ST ROMA, TX 78584	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$23.00	(b) Date of Charge 12/18/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name PENKO VIEJO EXPRESS		(b) Payee address; City, State, Zip Code 700 N FLORES ST SUITE B RIO GRANDE CITY, TX 78582	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$5.93	(b) Date of Charge 12/19/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name WALMART		(b) Payee address; City, State, Zip Code 305 10TH ST FLORESVILLE, TX 78114	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 31/31 Rpt:	2	FILER NAME Guillen, Ryan A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 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 \$60.00	(b) Date of Charge 12/21/2024	(c) Date(s) Credit Card Issuer Paid	
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 EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$114.00	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HOMES TO SUITES BY HILTON		(b) Payee address; City, State, Zip Code 1000 WEST LOUIS HENNA BLVD ROUND ROCK, TX 78681	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$174.36	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HAMPTON INN		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW AUSTIN, TX 78701	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/3 Rpt: 99/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797			
4 Date 07/18/2024	5 Payee name AT&T MOBILITY				
6 Amount (\$) \$147.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 08/18/2024	Payee name AT&T MOBILITY				
Amount (\$) \$122.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 09/18/2024	Payee name AT&T MOBILITY				
Amount (\$) \$121.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/3 Rpt: 100/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 10/18/2024	5 Payee name AT&T MOBILITY	
6 Amount (\$) \$122.14 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name AT&T MOBILITY	
Amount (\$) \$128.20 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name AT&T MOBILITY	
Amount (\$) \$128.20 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015 CAROL STREAM, IL 60198	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/3 Rpt: 101/102	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
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4 Date 07/18/2024	5 Payee name COACH USA INC
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6 Amount (\$) \$38.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 160 ROUTE 17 PARAMUS, NJ 07652
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/17/2024	Payee name IL TOLLWAY
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Amount (\$) \$8.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2700 OGDEN AVE DOWNERS GROVE, IL 60515
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSPORTATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 102/102
2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/06/2024	5 Name of person from whom amount is received HAMPTON INN	8 Amount (\$) \$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 REFUND	<input type="checkbox"/> Check if political contribution returned to filer