FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00037622 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rose Guerra NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Reyna CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. John B. NAME NICKNAME LAST **SUFFIX** Skaggs **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 687-8203 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 206 Hidalgo District Judge District 206

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Reyna, Rose Guerra	(The Honorable)	14 Filer ID (00037622	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the holder's knowledge or tice of such expenditures.							
Additional Pages								
	GENERAL	COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER A	DDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 0.00				
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,473.78				
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 2,000.00				
17 AFFIDAVIT			penalty of perjury, that the acc ludes all information required to Code.					
		The H	Honorable Rose Guerra Re	yna				
		Signa	ature of Candidate or Officehol	der				
AFFIX NOT	ΓARY STAMP / SEAL AΒ	DVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and seal of offi	ice.					
Signature of office	er administering oath	Printed name of officer administering of	path Title of officer	administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 14
	ER NAM	ME ose Guerra (The Honorable)	19 Filer ID 00037622	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,865.10
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,804.34
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,804.34
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 1,692.58

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 4/14	Reyna, Rose Guerra (The Honorable) 00037622
4	Date	5 Payee name
	06/02/2025	Hidalgo County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	323 W. Cano
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense renewal membership fees
		renewal membership rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/23/2025	Reyna, Rose (Mrs.)
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$176.79	P.O. Box 2216
	Ψ170.70	1.0. 56% 2210
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office staff lunch
		onice stair functi
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/24/2025	Reyna, Rose (Mrs.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$82.97	P.O. Box 2216
	Ψ02.31	1.0. 56% 2210
		Edinburg, TX 78539
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office staff lunch
L		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 5/14	Reyna, Rose Guerra (The Honorable)	00037622
4	Date	5 Payee name	
	03/18/2025	Reyna, Rose (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$235.45	P.O. Box 2216	
		Edinburg, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		rel outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		office staff l	uncn
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
_			
	Date	Payee name	
	04/28/2025	Reyna, Rose (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,067.00	P.O. Box 2216	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			terest on campaign CDs
			, 5
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/28/2025	Reyna, Rose (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$282.49	P.O. Box 2216	
		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		office staff I	unch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	CAPETIGITUTE TO DETICITE C/OI	'	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/3 Rpt: 6/14	Reyna, Rose Guerra (The Honorable) 00037622	
4	Date	5 Payee name	
	05/13/2025	Reyna, Rose (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$613.00	P.O. Box 2216	
		Edinburg, TX 78539	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		State Bar of Texas membership dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	05/02/2025	Silva, Delma (Mrs.)	
	Amount (\$)		4
	\$134.99		
	\$134.99	100 N. Closner, 6th Floor	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		purchase of two canvas prints for office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Date	Payee name	=
	05/02/2025	Thrash, Diana (Ms.)	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.41	100 N. Closner, 6th Floor	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		purchase of a canvas print for office	
		paronage of a carryas print for onice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
			_

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 Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 1/3 Rpt: 7/14	Reyna, Rose Guerr	a (The Honorable)		00037622		
4 CREDIT CARD ISSUER		ncial institution e Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu			
	\$176.79	01/13/2025	01/13/2025 01/23/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Pappadeaux		1610 West Expressway	83		
			Pharr, TX 78577			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description staff lunch			
X Political	Fees	· · · · · · · · · · · · · · · · · · ·	Stan funch			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exper	ise	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$82.97	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issu 02/24/2025	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Luby's Cafeteria		1900 W. Expressway 83			
			Pharr, TX 78577			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description staff lunch			
X Political						
Non-Political	`	of Texas. Complete Schedule T.		X, officeholder living exper	ise	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$282.49	(b) Date of Charge 04/23/2025	(c) Date(s) Credit Card Issu 04/23/2025	er Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Pappadeaux		1610 West Expressway	83		
			Pharr, TX 78577			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
EXPENDITURE	Fees	of this scriedule)	staff lunch			
X Political						
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		X, officeholder living exper	ise	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e 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 Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)		
	Sch: 2/3 Rpt: 8/14	Reyna, Rose Guerr	a (The Honorable)		00037622					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$235.45	(b) Date of Charge 03/12/2025	(c) Date(s) 0 03/18/202	Credit Card Issuer 5	Paid				
7	PAYEE	(a) Payee name Pappadeaux			t Expressway 83	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	Pharr, TX (b) Descript staff lunch	ion					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$613.00	(b) Date of Charge 05/12/2025	(c) Date(s) (05/13/202	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name State Bar of Texas		(b) Payee a 1414 Colo Austin, TX	rado Street	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descript membersh	ion					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$245.00	(b) Date of Charge 03/22/2025	(c) Date(s) (03/22/202	Credit Card Issuer 5	Paid				
	PAYEE	(a) Payee name Chapa's Moving Se	ervice	(b) Payee a 4206 S. W McAllen, T	ard Rd.	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descript	ion ge Reyna's pers	onal furniture f	rom old (courthouse		
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award:	rage Expense s/Memorials Expense ices	Printing Expense	Travel in District Travel out of District OTHER (enter a category not listed above)
		The Inst	ruction Guide explains l	how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
l	Sch: 3/3 Rpt: 9/14	Reyna, Rose Guerr	a (The Honorable)		00037622
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	
l	ISSUER	see pi	evious	EXPENDITURES CHARGED TO A CRED	\$
l		'		CARD	"
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid
l		\$168.64	05/30/2025	05/30/2025	
l		Ψ100.04	03/30/2023		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
l		(a) i a) oo namo		14455 N. Hayden Rd., S	
l		Go Daddy		14400 W. Haydell Rd., C	516. 213
l				Scottsdale, AZ 85260	
8	PURPOSE OF	(a) Category		(b) Description	
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Go Daddy domain renev	wal
l	X Political	Fees			
l	Non-Political	(a)	of Towns Committee Coloradado	T Character's According	
┡	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Office sought	CX, officeholder living expense Office held
	spenditure to benefit C/OH	odridiadic/Oniceriolaer	name c	onice sought	Since field
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expo Legal Services The Instruction Guide			/ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 10/14		e Guerra (The Hon	orable)				00037622
4	Date	5 Payee name						
	01/23/2025	American Ex	kpress Card					
6	Amount (\$)	7 Payee addres	ss; City;	State:	Zip Co	de		
	\$176.79	P.O. Box 65	•	,	•			
	Reimbursement from political contributions intended	Dallas, TX 7	5265-0448					
8	PURPOSE	(a) Category (Se	e Categories listed at the to	p of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment				Ch	neck if Austin, TX, officeholder living expense
	EXI ENDITORE					payment of credi	it ca	ırd for staff lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	older name			Office sought		Office held
	Date	Payee name						
	02/18/2025	American Ex	kpress Card					
	Amount (\$)	Payee addres	ss; City;	State:	Zip Co	de		
	\$235.45	P.O. Box 65	•	,	•			
	Reimbursement from							
	X political contributions intended	Dallas, TX 7	5265-0448					
	PURPOSE	Category (Se	e Categories listed at the to	p of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment				Ch	neck if Austin, TX, officeholder living expense
	EXI ENDITORE					payment of credi	it ca	ard for staff lunch
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name			Office sought		Office held
	Date	Payee name						
	04/23/2025	American Ex	xpress Card					
	Amount (\$)	Payee addres	s; City;	State:	Zip Co	de		
	\$282.49	P.O. Box 65		Otation	p 00			
	Reimbursement from political contributions	Dhaw TV 7	-205 0440					
	intended	Pharr, TX 75	0200-0440					
	PURPOSE OF		e Categories listed at the to	p of this sche	edule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	Payment			L	_	neck if Austin, TX, officeholder living expense
						payment of credi	it ca	ira for staff lunch
	Complete ONLY if direct	Candidate/Officeh	older name			Office sought		Office held
	expenditure to benefit					Ç		
L	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Di Travel Out (
	Credit Card Payment		The Instruction Guide explains I	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	2 FILER NAME				iler ID	(Ethics Commission Filers)
	Sch: 2/3 Rpt: 11/14	Reyna, Ros	se Guerra (The Honorable)			(0003762	22
4	Date	5 Payee name						
	05/13/2025		express Card					
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$613.00	P.O. Box 6	50448					
	Reimbursement from							
	x political contributions intended	Pharr, TX 7	5265-0448					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF	Credit Card			l`´	Che	ck if Austin	n, TX, officeholder living expense
	EXPENDITURE		,		payment of credi		d for St	ate Bar of Texas
Ļ	Complete ONLY if direct	Candidata/Office	holder name		Office cought			Office hold
9	expenditure to benefit C/OH	Candidate/Office	noider name		Office sought			Office held
	Date	Payee name						
	03/22/2025	l ´	Express Card					
_	Amount (\$)	Payee addre	<u> </u>	Zin Co	odo			
	\$245.00	Payee address; City; State; Zip Code P.O. Box 650448						
	,	P.O. BOX 0:	00440					
	Reimbursement from political contributions intended	Dallas, TX	75265-0448					
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment			Che	ck if Austin	n, TX, officeholder living expense
	EXPENDITURE		•					ov. serv. to move Judge
					Reyna's pers. fur	rn. o	ld courtl	house to her home
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	05/30/2025	American E	Express Card					
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode			
	\$168.64	P.O. Box 6	50448					
	Reimbursement from political contributions							
	X political contributions intended	Pharr, TX 7	5265-0448					
	PURPOSE	Category (S	ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment					n, TX, officeholder living expense
					payment of credi	t car	d for Go	o Daddy domain renewal
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 12/14 Reyna, Rose Guerra (The Honorable) 00037622 Date Payee name American Express 02/24/2025 6 Amount (\$) Payee address; City; State; Zip Code \$82.97 P.O. Box 650448 Reimbursement from political contributions intended Х Dallas, TX 75265-0448 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** payment of credit card for staff lunch Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 13/14	
2	FILER NAME	C (Ethics Commissio	n Filers)			
	Reyna, Rose	e Guerra (The Honorable)		00037	7622	
4	Date 02/28/2025	 Name of person from whom amount is received Lone Star National Bank Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$250.08
		McAllen, TX 78502				
		7 Purpose for which amount is received	olitic	al cont	ribution returned to file	er
	Date	Name of person from whom amount is received			Amount (\$)	
	05/28/2025	Lone Star National Bank				\$242.54
		Address of person from whom amount is received; City; State; Zip Code				
		McAllen, TX 78502				
		Purpose for which amount is received	olitic	al cont	ribution returned to file	er
		interest accrued on CD #45211965 on Certificate of Deposit				
	D-4-	Name of a constant from the constant is a constant.			Δ	
	Date	Name of person from whom amount is received			Amount (\$)	#050.40
	02/28/2025	Lone Star National Bank				\$250.18
		Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to file	er
		interest accrued on CD #45211966 on Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/28/2025	Lone Star National Bank			(*)	\$242.62
	03/20/2023					ΨΖ-ΨΖ.0Ζ
		Address of person from whom amount is received; City; State; Zip Code				
		McAllen, TX 78502				
			- 1141 -	-1		
			olitic	al cont	ribution returned to file	er
		interest accrued on CD #45211966 on Certificate of Deposit				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	Lone Star National Bank				\$250.18
		Address of person from whom amount is received; City; State; Zip Code			•	
		McAllen, TX 78502				
		Purpose for which amount is received Check if p	olitic	al cont	ribution returned to file	er
		interest accrued on CD #45211967 on Certificate of Deposit				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 14/14 2 FILER NAME Filer ID (Ethics Commission Filers) Reyna, Rose Guerra (The Honorable) 00037622 8 Amount (\$) Date 5 Name of person from whom amount is received 05/28/2025 Lone Star National Bank \$242.62 6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502 Purpose for which amount is received Check if political contribution returned to filer interest accrued on CD #45211967 on Certificate of Deposit Amount (\$) Date Name of person from whom amount is received 02/28/2025 Lone Star National Bank \$114.52 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502 Purpose for which amount is received Check if political contribution returned to filer interest accrued on CD #45219002 on Certificate of Deposit Date Name of person from whom amount is received Amount (\$) 05/28/2025 Lone Star National Bank \$99.84 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78502 Purpose for which amount is received Check if political contribution returned to filer interest accrued on CD #45219002 on Certificate of Deposit