CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	his form.	Filer ID (Ethics Commission File 00051797		2 Total pages file 44	
3 CANDIDATE /	MS / MRS / MR FIR	ST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable Rya	an A.			Date Received	
''''					ELECTRONICAL	I V EII ED
						LI FILLD
	NICKNAME LAS			SUFFIX	07/15/2025	
	Gu	illen				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE#; CITY;		ZIP CODE	Date Hand-delivered or [Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1024					
ADDRESS					Receipt #	Amount
Change of Address	Austin, TX 78767					
	Addin, 1X 70707				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS			MI		
NAME	Ms. Dali	inda L.				
	NICKNAME LAS	ST		SUFFIX		
	Gui	llen				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	(PLEASE);	APT / SUI	TE#; CITY;	STAT	E; ZIP CODE
TREASURER	2504 Sable Palm Dr					
ADDRESS						
(Residence or Business)	Rio Grande City, TX 78582					
	Rio Giande City, 17 78382					
7 CAMPAIGN	AREA CODE PHONE NU	JMBER EXT	ENSION			
TREASURER	(956) 437-4136					
PHONE						
8 REPORT						
TYPE	January 15	Oth day before ele	ection Runoff		15th day after cam	paign treasurer
			_	_	appointment (office	
	X July 15 8	th day before elec	tion Exceed reporting	led modified	Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2025	THRO	DUGH	06/30/2025		
10 ELECTION	ELECTION DATE	1 _		CTION TYPE	_	
	Month Day Year	Prima	aryF	Runoff	Other	
		Gene	eral S	Special		
			_			
11 OFFICE	OFFICE HELD (if any)		12 0	FFICE SOUGHT (if known)	
	State Representative District 3	1		tate Representa		
				•		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	Guillen, Ryan A. (The	uillen, Ryan A. (The Honorable) 14 Filer ID (Ethics 00051797					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or pol These expenditures may have been I officeholders are required to report	made without the	e candidate's or office	holder's kr	nowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	TEXAS BANKERS ASSOCIATI	ION - BANKPA	С			
		COMMITTEE ADDRESS					
	SPECIFIC	203 W. 10TH ST					
		AUSTIN, TX 78701					
		COMMITTEE CAMPAIGN TREASL	JRER NAME				
		EMBERY, CELESTE					
		COMMITTEE CAMPAIGN TREASL	JRER ADDRESS	5			
		203 W. 10TH ST					
		AUSTIN, TX 78701					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION			\$	0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)		\$	29,390.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES			\$	1,568.53	
	4. TOTAL POLITIC	AL EXPENDITURES			\$	48,201.84	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAS	ST DAY OF THE	\$	966,254.02	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS O	F THE LAST DAY	\$	0.00	
17 AFFIDAVIT			and includes all i	of perjury, that the acc nformation required to			
			The Honora	able Ryan A. Guille	n		
			Signature of C	andidate or Officehol	der		
AFFIX NC	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
		ertify which, witness my hand and se					
Signature of offi	cer administering	Printed name of officer adminis	stering	Title of officer	administe	ring oath	

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 44				
18 FILER NAME Guillen, Rya	an A. (The Honorable)	19 Filer ID 00051797	(Ethics Comn	nission Filers)				
20 SCHEDULE S	SUBTOTALS		SUBTO	TAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 29,000.								
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	390.00				
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. S	SCHEDULE E: LOANS		\$					
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	37,211.35				
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	10,205.71				
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	784.78				
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	334.42				
			•					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1		
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/44	
2	FILER NAME Guillen, Ryai	n A. (The Honorable)			3	Filer ID (Ethics Commissio 00051797	n Filers)
4	Date 06/26/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	AUSTIN, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			
	CONSULTA	NT		AEGIS ADVOCACY LLO	С		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ CAPITAL LEADERSHIP FUND Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 CLEAT PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
		ST AUSTIN, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ CURBOW, KELLY (Mr.) Contributor address; City; State; Zip Code SAN MARCOS, TX 78666				Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 FAIRBANKS, LAUREN (Mrs.) Contributor address; City; State; Zip Code AUSTIN, TX 78704					Amount of Contribution (\$)	\$500.00
	Principal occu FOUNDER	pation / Job title (See Instructions)		Employer (See Instructions MOONTOWER PUBLIC		FFAIRS	

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUI	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/44	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 06/26/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	7		
Ŭ	i illopai occa	pation / oob title (oce monactions)	2 Employer (See Manachoria	')		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: LAREDO FIRE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		LAREDO, TX 78041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: LONGBOW CONSULTING PARTNERS LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_MAURO, KYLE (Mr.) Contributor address; City; State; Zip Code AUSTIN, TX 78747)		Amount of Contribution (\$)	\$500.00
	Principal occu CONSULTA	pation / Job title (See Instructions)	Employer (See Instructions HILLCO PARTNERS	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_MCADAMS, JAMES (Mr.) Contributor address; City; State; Zip Code CEDAR PARK, TX 78613			Amount of Contribution (\$)	\$1,000.00
	Principal occu PARTNER	pation / Job title (See Instructions)	Employer (See Instructions TEXAS LOBBY STRAT		IES	
		,				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	OULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/44	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#:_ MOAK CASEY PAC 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	5 Employer (See instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_POLITICAL ACTION COMMITTEE OF THE INC Contributor address; City; State; Zip Code AUSTIN, TX 78768		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 RAMIREZ, RENE (Mr.) Contributor address; City; State; Zip Code EDINBURG, TX 78539				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions PATHFINDER)		
	Date 06/26/2025	Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu PRESIDENT	pation / Job title (See Instructions)	Employer (See Instructions TEXAS CHEMISTRY CO		NCIL	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_SALDANA, AMANDA (Mrs.) Contributor address; City; State; Zip Code PHARR, TX 78577			Amount of Contribution (\$)	\$1,000.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT	Employer (See Instructions PATHFINDER)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/44	
2	FILER NAME Guillen, Ryai	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 06/26/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu		i) ,			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 TEXAS CHEMISTRY COUNCIL/ TEXAS CHEMICAL ALLIANCE FREE Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS LOBBY STRATEGIES Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/44	
2	FILER NAME Guillen, Rya	n A. (The Honorable)		3	Filer ID (Ethics Commission 00051797	on Filers)
4	Date 06/26/2025	 Full name of contributor	7	Amount of Contribution (\$)	\$2,500.00	
Ω	Principal occu	AUSTIN, TX 78759 pation / Job title (See Instructions)	9 Employer (See Instructions			
<u> </u>	Principal occu	pation / Job title (See Instructions)	e Employer (See Instructions	·)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS MEDICAL ASSOCIATION PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Dringing agg	STREET AUSTIN, TX 78701	Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_VALDEZ, JERRY (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	AUSTIN, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions			
	CONSULTA	·	SELF	')		
	Date 06/26/2025	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions WEEKLEY HOMES	<u> </u>		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_WHOLESALE BEER DISTRIBUTORS OF TEXA Contributor address; City; State; Zip Code AUSTIN, TX 78701		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/44 3 Filer ID (Ethics Commission Filers) FILER NAME Guillen, Ryan A. (The Honorable) 00051797 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2025 GUERRA, MARIO (Mr.) \$140.00 i 7 Contributor address; City; State; Zip Code MISSION, TX 78573 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH **ADMINISTRATOR** 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 Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 06/26/2025 TEXAS BANKERS ASSOCIATION BANKPAC \$250.00 FUNDRAISING Contributor address; City; State; Zip Code RECEPTION EXPENSE FOR CAMPAIGN/OFFICEHOL AUSTIN, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide expl		Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers))
	Sch: 1/9 Rpt: 10/44		n A. (The Honorable)					00051797		,
4	Date	5 Payee name								
	01/17/2025	BERGER, B	ECKY (Mrs.)							
6	Amount (\$)	7 Payee address	s; City; S	State; Zip Co	ode					
	\$100.00	349 PRIVAT	E ROAD 2006							
		SCHULENB	ERG, TX 78956							
8	PURPOSE OF		e Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		s/Donations Made By			=		de of Texas. Com		
		Candidate/O	fficeholder/Political Co	ommittee		_		officeholder living	ON DONATION	
									I/OFFICEHOLDER	
_		- "			<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic H	eholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	04/01/2025	CHASE CAF	RDMEMBER SERVICE	ES						
	Amount (\$)	Payee address	s; City; S	State: Zip Co	ode					
	\$1,566.82	PO BOX 940	-	, , ,						
	Ψ1,000.02	1 0 20% 0 10	,							
		PALATINE,	TX 60094							
	PURPOSE	(a) Category (See	e Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Credit Card I	Payment			_		de of Texas. Com		
						—		officeholder living		
									EXPENSE FOR ER PURPOSES	
	0 1: 0.11.7.7.1.	0 111 / 1011		0.00	<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	enolder name	Office sou	ıgnt			Office he	ela	
	Date	Payee name								
	05/01/2025		RDMEMBER SERVICE	-S						
	Amount (\$)	Payee address		State; Zip Co	odo					
	(· <i>)</i>	,		olale, Zip Cl	Jue					
	\$2,427.66	PO BOX 940)14							
		PALATINE,	TX 60094							
	PURPOSE OF	(a) Category (See	e Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Credit Card I	Payment					de of Texas. Com		
						ш		officeholder living	EXPENSE FOR	
									ER PURPOSES	
_	Complete ONLY if direct	Candidate (Offi-	ahaldar nama	Office	lap+			O#: !	ald.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	епошеннатте	Office sou	ıynt			Office he	tiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction			pense ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 11/44	Guille	en, Ryan A. (The Ho	norable)					00051797	
4	Date	5 Paye	e name							
	06/01/2025	CHA	SE CARDMEMBER	SERVICES						
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	de				
	\$2,671.05	PO E	OX 94014							
		PAL <i>i</i>	ATINE, TX 60094							
8	PURPOSE	(a) Cated	Ory (See Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	1	t Card Payment	at the top of this som	cuuic)		_ ·	outsio	de of Texas. Com	plete Schedule T.
	LAFLINDITORE						—		officeholder living	
							-			EXPENSE FOR ER PURPOSES
<u>_</u>	Complete ONLY if alian -t	Condition	oto/Officobolder nerve		Office as:					
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name		Office sou	ynt 			Office he	eiu
	Date	Paye	e name							
	03/02/2025	CHA	SE CARDMEMBER	SERVICES						
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de				
	\$567.01	PO E	OX 94014							
		PALA	TINE, TX 60094							
	PURPOSE	(a) Categ	Ory (See Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		t Card Payment							plete Schedule T.
							—		officeholder living	EXPENSE FOR
							-			ER PURPOSES
	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	C	Office sou	ght			Office he	eld
	exponential to benefit 0/01									
	Date	1	e name							
	02/02/2025	CHA	SE CARDMEMBER	SERVICES						
	Amount (\$)	1	e address; City;	State;	Zip Co	de				
	\$1,458.10	PO E	OX 94014							
		PALA	ATINE, TX 60094							
	PURPOSE	(a) Categ	Ory (See Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	l	t Card Payment							plete Schedule T.
							_		officeholder living	g expense EXPENSE FOR
										ER PURPOSES
_	Complete ONLY if direct	Candid	ate/Officeholder name		Office sou	aht			Office he	əld
	expenditure to benefit C/O		ate. Officeriolaer name		zince sou(grit			Office He	UIU

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee				pens ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILEF	RNAME					3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/9 Rpt: 12/44	Guille	en, Ryan A. (The H	lonorable)				L	00051797	
4	Date	5 Payee	e name							
	06/30/2025	CHAS	SE CARDMEMBEI	R SERVICES						
6	Amount (\$)	7 Payee	e address; City;	State;	Zip Co	de				
	\$1,062.65	РО В	OX 94014							
		PALA	TINE, TX 60094							
8	PURPOSE	(a) Categ	Ory (See Categories liste	ed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		t Card Payment				=			nplete Schedule T.
							—		officeholder living	g expense EXPENSE FOR
										ER PURPOSES
9	Complete ONLY if direct	Candid	ate/Officeholder nam	10.	Office sou	abt			Office he	old
פ	expenditure to benefit C/O		ate/Oniceholder Ham	. C	mice sou!	yııl			Onice no	ciu
	Date	Paye	e name							
	06/30/2025	GUIL	LEN, RYAN (The I	Honorable)						
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de				
	\$5,153.12	2504	SABLE PALM DR							
		RIO (GRANDE CITY, TX	< 78582						
	PURPOSE	(a) Categ	Ory (See Categories liste	ed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		e Overhead/Rental				=			plete Schedule T.
							_		officeholder living	g expense NT EXPENSE FOR
							_			ER PURPOSES (24757
\vdash	Complete ONLY if direct	Candid	ate/Officeholder nam	IP (Office sou	aht			Office he	`
	expenditure to benefit C/O		ater of meetioner itali		zince sou	giit			Office III	Ciu
H	Data	Decre	nama							
	Date 06/30/2025	1	e name LEN, RYAN (The I	Jonorablo)						
	06/30/2025				7' ^					
	Amount (\$)		e address; City;		Zip Co	de				
	\$784.78	2504	SABLE PALM DR							
		RIO (GRANDE CITY, T	〈 78582						
	PURPOSE	(a) Categ	Ory (See Categories liste	ed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		e Overhead/Rental		.,		Check if travel of			nplete Schedule T.
	LAFLINDITURE						_		officeholder living	
							TELECOMMURE REIMBURSE			
	Complete ONLY if allowed	Carrell	oto/Office believe		Office 5 = 1	als:				
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder nam	ie C	Office sou	ynt			Office h	eiu
ı										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/9 Rpt: 13/44	2 FILER NAME Guillen, Ryan A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051797
4	Date	5 Payee name
	01/01/2025	MEXICAN-AMERICAN LEGISLATIVE CAUCUS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	1122 COLORADO ST #107
		AUSTIN, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		CAUCUS DUES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/16/2025	MEXICAN-AMERICAN LEGISLATIVE CAUCUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1122 COLORADO ST #107
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		CAUCUS DUES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	PELICAN CAMPAIGN CONSULTING
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO BOX 26326
		AUSTIN, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		CONSTITUTION STATES FOR
		CONSULTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
_	Operation ONE VIII II	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	$\overline{}$
	Sch: 5/9 Rpt: 14/44		an A. (The Honora	ble)				00051797	,	
4	Date	5 Payee name								
	02/15/2025	-	CAMPAIGN CONS	ULTING						
6	Amount (\$) \$3,500.00	7 Payee address PO BOX 26	3326	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a) Category (Si Consulting	ee Categories listed at the t Expense	op of this schedule)	(b)	Check if Austin,	, тх, G Е		expense	
9	Complete ONLY if direct expenditure to benefit C/Ol		ceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	04/15/2025	PELICAN C	CAMPAIGN CONS	ULTING						
	Amount (\$) \$3,500.00	Payee addre PO BOX 26 AUSTIN, TX	3326	State; Zip Co	ode					
	PURPOSE	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description				_
	OF EXPENDITURE	Consulting		,		Check if travel of Check if Austin,	, тх, G E		expense	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	01/15/2025	PELICAN C	CAMPAIGN CONS	ULTING						
	Amount (\$) \$3,500.00	Payee addre		State; Zip Co	ode					
		AUSTIN, T	〈 78755							
	PURPOSE OF EXPENDITURE	(a) Category (So	ee Categories listed at the te Expense	op of this schedule)	(b)	Check if Austin,	, тх, G E		expense	
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)				
	Sch: 6/9 Rpt: 15/44	Guillen, Ryan A. (The Honorable) 00051797	ŕ				
4	Date	5 Payee name					
	03/15/2025	PELICAN CAMPAIGN CONSULTING					
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code PO BOX 26326 AUSTIN, TX 78755					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONSULTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH					
	Date	Payee name					
	03/31/2025	ROMO-ARRIAGA, VERONICA (Mrs.)					
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 1984 US HIGHWAY 181 N					
		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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDE	≣R				
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH					
	Date 06/29/2025	Payee name SIGNWORKS					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 308 W MAIN ST					
		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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Jitt/Awards/Memoria ∟egal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card Payment		-	The Instruction (Guide explaii	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 7/9 Rpt: 16/44		Guillen, Rya	n A. (The Hon	orable)					00051797		
4	Date	5	Payee name									
	03/27/2025		TEXAS COF	RECTIONAL	INDUSTR	RIES						
6	Amount (\$)	7	Payee address	s; City;	Sta	ite; Zip Co	ode					
	\$441.66		8801 S 1ST	ST								
			AUSTIN, TX	78748								
8	PURPOSE	(a)	Category (See	e Categories listed at	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		•					mplete Schedule T.	
			Candidate/O	fficeholder/Po	olitical Con	nmittee		\Box		officeholder livin	ION DONATION	
									_	_	N/OFFICEHOLDEF	₹
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	laht			Office h	neld	
ľ	expenditure to benefit C/O		Januale, Ome	cholder hame		Office 300	giit			Office I	iciu	
_	Date	Τ	Payee name									
	01/15/2025	ı	,	JSE REPUBLI	ICAN CAU	ICUS						
	Amount (\$)	⊢	Payee address			ite; Zip Co	nde					
	\$1,000.00	ı	PO BOX 133	•	Sid	iic, zip cc	Juc					
	Ψ1,000.00		1 O DOX 100	000								
			AUSTIN, TX	79711								
	PURPOSE	-					(h)	Description				
	OF		Fees	e Categories listed at	t the top of this	schedule)	(0)	Description Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003							officeholder livin		
								CAUCUS DU				
								CAMPAIGN	<u></u>	FICEHOLD	ER PURPOSES	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name		Office sou	ıght			Office h	eld	
	experientare to benefit eroi											
	Date	1	Payee name									
	01/01/2025		USPS									
	Amount (\$)		Payee address	s; City;	Sta	ite; Zip Co	ode					
	\$170.00		823 CONGR	ESS AVE.								
			STE 150									
			AUSTIN, TX	78701								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental E	xpense						mplete Schedule T.	
								PERMIT FEE		officeholder livin		
											ER PURPOSES	
-	Complete ONLY if direct	C	Candidate/Offic	eholder name		Office sou	<u>l</u> ight			Office h	eld	
	expenditure to benefit C/O											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 17/44	Guillen, Ryan A. (The Honorable) 00051797
4	Date	5 Payee name
	03/27/2025	WILSON COUNTY REPUBLICAN PARTY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.00	1427 3RD ST.
		FLORESVILLE, TX 78114
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
		EXI ENSE I ON GAINI AIGNIOTI ICETICEDEN
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/26/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.70	PO BOX 9891
	Φ19.70	LO POY 3031
		ARLINGTON, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit eyer	
	Date	Payee name
	05/26/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.70	PO BOX 9891
	, ————————————————————————————————————	
		ARLINGTON, VA 22219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	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
L	experiorare to benefit C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Legal :	vards/Memorials Expe Services nstruction Guide		/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1: Sch: 9/9 Rpt: 18/44		ILER NAME Guillen, Ryan A.	(The Honorab	le)				Filer ID 00051797	(Ethics Commission Filers)
4	Date 05/26/2025		ayee name VINRED							
6	Amount (\$) \$19.70	F	ayee address; PO BOX 9891 ARLINGTON, VA	City; A 22219	State; Zip C	ode				
8	PURPOSE OF EXPENDITURE		Category (See Cate Gees	gories listed at the top	o of this schedule)	(b)	Check if Austin,	, тх, ЛР А		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ndidate/Officehol	der name	Office so	ught			Office he	eld
	Date 05/26/2025		ayee name VINRED							
	Amount (\$) \$39.40	F	rayee address; PO BOX 9891 ARLINGTON, V	City; A 22219	State; Zip C	ode				
	PURPOSE OF EXPENDITURE		category (See Cate Sees	gories listed at the top	o of this schedule)	(b)	Check if Austin,	, тх, ЛР А		
	Complete ONLY if direct expenditure to benefit C/Ol		ndidate/Officehol	der name	Office so	ught			Office he	eld

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.	(.,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 1/23 Rpt: 19/44	Guillen, Ryan A. (T	he Honorable)			00051797			
4 CREDIT CARD ISSUER		ncial institution e Bank	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	1,568.5	53	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid			
	\$15.00	03/19/2025						
7 PAYEE	(a) Payee name ACCESS VALET P	ARKING	(b) Payee at 117 W 4Th	H ST	City,	State,	Zip Code	
a BURDOS 05	(a) Catamani		AUSTIN, 7					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti PARKING PURPOSE	EXPENSE FOR	R CAMPAIGN	R CAMPAIGN/OFFICEHOLDER		
Non-Political	(c) Check if travel outside	f Texas. Complete Schedule T. Check if Austin, TX, c			officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	(a) A	(h) Data at Obarra	(-) D-+-(-) (2 dia 0d l	- D-1-I			
PAYMENT	(a) Amount Charged \$51.00	(b) Date of Charge 02/24/2025	(c) Date(s) (Credit Card Issue	r Paid			
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
	ANGIE`S MEXICAN	N	1307 E7TH	H STREET				
			AUSTIN, 1	X 78702				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living ex	nense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	Check if Austin, TX, officeholder living expense Ce sought Office held					
expenditure to benefit C/OH			Ū					
PAYMENT	(a) Amount Charged \$150.41	(b) Date of Charge 05/05/2025	(c) Date(s) (Credit Card Issue	r Paid			
PAYEE	(a) Payee name BEN WHITE FLOR	IST	(b) Payee at 3200 S CC	NGRESS AVE	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description MEMORIAL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/23 Rpt: 20/44	Guillen, Ryan A. (T	he Honorable)		00051797				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,568.53				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$4.76	02/23/2025						
7 PAYEE	(a) Payee name BILL MILLER BAR-	B-Q	(b) Payee address; 301 SOUTH MAIN STREE					
			PLEASANTON, TX 78064					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MEETING EXPENSE FOI PURPOSES	R CAMPAIGN/OFFICEHOLDER				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		-						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$16.24	01/10/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	CAPITOL GIFTSHO	OP	1100 N CONGRESS AVE					
			AUSTIN, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER					
X Political			PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged \$97.00	(b) Date of Charge 05/11/2025	(c) Date(s) Credit Card Issuer	^r Paid				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code				
	CLILIN/IC		1728 BARTON SPRINGS	RD				
	CHUY'S							
			AUSTIN, TX 78704					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	105 500				
X Political	Food/Beverage Expe	•	STAFF MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	l .							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)			
Sch: 3/23 Rpt: 21/44	Guillen, Ryan A. (T	he Honorable)			00051797					
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,568.5	53			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid					
	\$48.73	04/05/2025								
7 PAYEE	(a) Payee name CISCO'S RESTAUI	RANT	(b) Payee ac	H ST	City,	State,	Zip Code			
0 00000000	(a) Catamani		AUSTIN, TX 78702							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING PURPOSE	EXPENSE FO	R CAMPAIGN/OFFICEHOLDER					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	·				Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid					
	\$65.78	04/17/2025	(1)							
PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code			
	CRACKER BARRE	ïL	550 CO RE	117						
			BUDA, TX	78610						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description STAFF MEETING EXPENSE FOR							
X Political	T God/Beverage Exper	1150	CAMPAIGN/OFFICEHOLDER PURPOSES							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid					
	\$49.13	01/23/2025								
PAYEE	(a) Payee name	L	(b) Payee ac	ldress;	City,	State,	Zip Code			
	CRACKER BARRE	ïL	550 CO RE	117						
			BUDA, TX	78610						
PURPOSE OF	(a) Category		(b) Description	on						
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	•	_	ETING EXPEN		FC.				
X Political		CAMPAIGI	N/OFFICEHOL	DER PURPOS	ES					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
I										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)			
Sch: 4/23 Rpt: 22/44	Guillen, Ryan A. (Tl	he Honorable)		00051797				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,568.53				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$33.28	04/20/2025						
7 PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; 5344 TX-44	City, State, Zip Co	de			
	() 2 :		FREER, TX 78357					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$173.93	05/28/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de			
	EVENTSURED		3553 WEST CHESTER F	PIKE #418				
			NEWTOWN SQUARE, PA 19073					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER					
X Political	Onice Overnead/Nem	tai Expense	PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	(a) Amazumt Chausad	(h) Data of Charge	(a) Data(a) Cradit Card Isauc	na Deid				
PAYMENT	(a) Amount Charged \$414.24	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card Issue	er Palu				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de			
	GINA'S ON CONGI	DESS	314 CONGRESS AVE.					
	GINAS ON CONGI	NL33						
DUDDOOF OF	(a) Catagony		AUSTIN, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description MEETING EXPENSE FO	DR CAMPAIGN/OFFICEHOLDE	R			
X Political	Food/Beverage Expe	nse	MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 5/23 Rpt: 23/44	Guillen, Ryan A. (T	he Honorable)			00051797			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,568.5	53	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$268.18	06/09/2025						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	GRAND HYATT SA	AN ANTONIO	600 E MA		_			
	() 5 :		<u> </u>	ONIO, TX 78205	5			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descript LODGING PURPOSE	EXPENSE FOI	OR CAMPAIGN/OFFICEHOLDER			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct				Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$63.87	06/09/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	GRAND HYATT SA	AN ANTONIO	600 E MA	RKET ST				
			SAN ANTO	ONIO, TX 78205	5			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descript					
EXPENDITURE X Political	Travel Out of District	or triis scriedule)	LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$44.10	(b) Date of Charge 04/18/2025	(c) Date(s)	Credit Card Issuer	Paid			
PAYEE	(a) Payee name		(b) Payee a	ddrocc:	City,	State,	Zip Code	
FAILL	(a) Payee name		1 ' '	uuress, T HWY 83	City,	State,	Zip Code	
	H-E-B GAS		4031 LA3	111001 03				
			RIO GRAN	NDE CITY, TX 7	'8582			
PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE	(See Categories listed at the top	of this schedule)	STAFF FL	JEL EXPENSE I	FOR			
X Political	Travel Out of District		CAMPAIG	N/OFFICEHOL	DER PURPOS	ES		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	s form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 6/23 Rpt: 24/44	Guillen, Ryan A. (T	he Honorable)			00051797				
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,568.5	53		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$113.89	01/10/2025							
7 PAYEE	(a) Payee name	•	(b) Payee address; City, State, Zip Co						
	HAMPTON INN AU	JSTIN		ACINTO BLVD	1				
	() 2 .		AUSTIN, T						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		ICE EOD				
X Political	Travel Out of District		STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$196.54	04/26/2025							
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code		
	HILTON HOTELS		200 S ALA	MO ST					
			SAN ANTO	NIO, TX 7820!	5				
PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	ice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid				
	\$64.95	01/13/2025							
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
			1501 E. WI	HITESTONE B	LDG D				
	HOBBY-LOBBY								
			CEDAR PA	ARK, TX 78613					
PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,		PLAY EXPENS					
X Political	Janes Overneau/Nein	ш Елропос	CAMPAIG	N/OFFICEHOL	DER PURPOS	ES			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	· · · · · · · · · · · · · · · · · · ·								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeriolider/Folitica	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Commission Filers)					
Sch: 7/23 Rpt: 25/44	Guillen, Ryan A. (T	he Honorable)		00051797					
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,568.53					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$5.93	01/13/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	HOBBY-LOBBY		10900 RESEARCH BLVD SVRD SB UNIT D AUSTIN, TX 78759						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		WALL DISPLAY EXPENS						
X Political	Office Overflead/Refin	iai Experise	CAMPAIGN/OFFICEHOL	DER PURPOSES					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$27.95	05/28/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	HOBBY-LOBBY		10900 RESEARCH BLVD SVRD SB UNIT D						
	() 0 :		AUSTIN, TX 78759						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description WALL DISPLAY EXPENSE FOR						
X Political	Office Overhead/Rent		CAMPAIGN/OFFICEHOLDER PURPOSES						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living evnence					
Complete ONLY if direct	Candidate/Officeholder	·	Check if Austin, TX, officeholder living expense fice sought Office held						
expenditure to benefit C/OH	Carialada, Ciniconolaci	That is a second of the second	o oodgiit	Cilido Held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$112.84	06/22/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	HOUSTON MARRI	ОТТ НОВВҮ	9100 GULF FWY						
			HOUSTON, TX 77017						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE 	(See Categories listed at the top Travel Out of District	of this schedule)		R CAMPAIGN/OFFICEHOLDER					
X Political			PURPOSES						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 8/23 Rpt: 26/44	Guillen, Ryan A. (T	he Honorable)			00051797			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	1,568.5	53	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid			
	\$588.75	04/13/2025						
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	III FORKS		111 LAVA0	CA ST				
			AUSTIN, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		D 0 4 4 D 4 1 O 4 1	V0551051	101 555	
X Political	Food/Beverage Exper	•	PURPOSE		OR CAMPAIGN/OFFICEHOLDER			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid			
	\$166.00	04/27/2025						
PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code	
	KOME SUSHI KITO	CHEN		ORT BLVD #10	00			
			AUSTIN, T					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER					
X Political	1 oour Develage Expen	1100	PURPOSE	S				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid			
	\$12.48	02/14/2025						
PAYEE	(a) Payee name		(b) Payee ac	Idress;	City,	State,	Zip Code	
		(ED) (4762 E US	HWY 83 SUIT	E 1			
	LA REYNERA BAK	ERY						
			RIO GRAN	DE CITY, TX 7	'8582			
PURPOSE OF	(a) Category	of this schodulo)	(b) Description					
l <u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			EXPENSE FO	R CAMPAIGN	/OFFICE	HOLDER	
X Political	PURPOSES							
Non-Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 9/23 Rpt: 27/44	Guillen, Ryan A. (T	he Honorable)		00051797		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$ 1,568.53		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$37.63	01/27/2025				
7 PAYEE	(a) Payee name LAS LOMITAS CAF	-E	(b) Payee address; 401 S SMITH ST	City, State, Zip Code		
0. 0.100000000	(a) Cataman		HEBBRONVILLE, TX 7	78361		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$27.06 06/26/2025					
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City, State, Zip Code		
			15 LEWIS STREET			
			HARTFORD, CT 06103	3		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description PARKING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held		
expenditure to benefit C/OH			ŭ			
PAYMENT	(a) Amount Charged \$27.06	(b) Date of Charge 02/27/2025	(c) Date(s) Credit Card Iss	suer Paid		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	LAZ DADKING		15 LEWIS STREET			
	LAZ PARKING					
			HARTFORD, CT 06103	3		
PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)					
X Political	Fees	of this scriedule)	PURPOSES	FOR CAMPAIGN/OFFICEHOLDER		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this for	m.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 10/23 Rpt: 28/44	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UI EXPENDITUR CHARGED TO CARD	RES	\$	1,568.5	53
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
		\$118.00	06/30/2025					
7	PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code
		LIAM'S STEAK HO	USE	4495 FRONTA	GE RD 77/8	33		
L				BROWNSVILL	E, TX 7859	7		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXI PURPOSES	PENSE FOR	R CAMPAIGN/	OFFICE	HOLDER
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX, o	officeholder living exp	ense	
9	Complete ONLY if direct	name Office	e sought		Office held			
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid		
		\$19.40	02/02/2025					
	PAYEE (a) Payee name		•	(b) Payee addres	SS;	City,	State,	Zip Code
		1		420 CAROLYN	N ST			
				FREER, TX 78	357			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
	X Political	Food/Beverage Expe	1156	PURPOSES				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX, o	officeholder living exp	ense	
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$39.60	(b) Date of Charge 05/04/2025	(c) Date(s) Credi	t Card Issuer	Paid		
\vdash	PAYEE	(a) Payee name		(b) Payee addres	201	City	State,	Zip Code
	FAILL	(a) Payee name		420 CAROLYN		City,	State,	Zip Code
		LIBERTY CAFE		420 CAROLTI	131			
				FREER, TX 78	357			
H	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule)			MEETING EXP	PENSE FOR	R CAMPAIGN/	OFFICE	HOLDER
	X Political Food/Beverage Expense			PURPOSES				
	Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
⊢								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 11/23 Rpt: 29/44	Guillen, Ryan A. (T	he Honorable)		00051797			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,568.53			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$44.87	03/30/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	LIBERTY CAFE		420 CAROLYN ST				
			FREER, TX 78357				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$134.20	04/26/2025	(o) Bato(o) oroan cara loss.	5. ·			
PAYEE	PAYEE (a) Payee name			City, State, Zip Code			
	LINE HOTEL - AUS	STIN FOOD	111 E CESAR CHAVEZ	ST			
			AUSITN, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
X Political	Toda/Beverage Expe	1100	PURPOSES				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$55.00	(b) Date of Charge 03/01/2025	(c) Date(s) Credit Card Issu	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	LIVE OAK RESTAL	JRANT	305 S HARBORTH AVE				
			THREE RIVERS, TX 780	071			
PURPOSE OF EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)			DR CAMPAIGN/OFFICEHOLDER			
X Political	Food/Beverage Expe	1120	PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH				Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 12/23 Rpt: 30/44	Guillen, Ryan A. (T	he Honorable)		00051797			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,568.53			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$55.17	05/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	LIVE OAK RESTAU	JRANT	305 S HARBORTH AVE				
			THREE RIVERS, TX 7807	71			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Food/Beverage Expe		MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$50.97	03/04/2025					
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code			
	LIVE OAK RESTAL	JRANT	305 S HARBORTH AVE				
			THREE RIVERS, TX 78071				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER				
X Political	T odd/Beverage Exper	1100	PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$48.00	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issuer	^r Paid			
PAYEE	(a) Payee name	L	(b) Payee address;	City, State, Zip Code			
		ID ANIT	305 S HARBORTH AVE				
	LIVE OAK RESTAU	JRANT					
			THREE RIVERS, TX 7807	71			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. TX.	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics 0	Commiss	ion Filers)			
	Sch: 13/23 Rpt: 31/44	Guillen, Ryan A. (T	he Honorable)		00051797					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	1'	L,568.5	3			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
		\$23.78	03/01/2025							
7	PAYEE	(a) Payee name MCCOYS		(b) Payee address; 4759 E US HWY 83	City,	State,	Zip Code			
				RIO GRANDE CITY, TX 7	78582					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	\					
		Office Overhead/Rent		OFFICE REPAIR SUPPL CAMPAIGN/OFFICEHOL						
	X Political			O/ (WII / (IOIW/OI I IOEI IOE	DEITT OIT OOLS					
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	_	, officeholder living expens	е				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT (a) Amount Chai			(h) Data of Charge	(c) Date(s) Credit Card Issue	r Doid					
	PATMENT	\$1,084.26	(b) Date of Charge 05/23/2025	(c) Date(s) Credit Card issue	i Falu					
	PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code			
		NYFIFTH		39737 PASEO PADRE PKWY SUITE C1 FREMONT, CA 94538						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description END OF SESSION GIFTS CAMPAIGN/OFFICEHOL						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	е				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 06/04/2025	(c) Date(s) Credit Card Issue	er Paid					
	PAYEE	(a) Payee name SPRINGHILL RESTAURANT		(b) Payee address; 2505 W PECAN ST PFLUGERVILLE, TX 786	•	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description MEETING EXPENSE FO PURPOSES	R CAMPAIGN/OF	FICE	IOLDER			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expens	е				
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 14/23 Rpt: 32/44	Guillen, Ryan A. (T	he Honorable)		00051797			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORY	\$ 1,568.53			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$26.00	03/22/2025					
7 PAYEE	(a) Payee name SPRINGHILL RES	TAURANT	(b) Payee address; 2505 W PECAN ST	City, State, Zip Code			
	(a) Oatawari		PFLUGERVILLE, TX 786	560			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$16.78	02/05/2025					
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code			
	THE CAPITOL GRI	ILL	1100 N CONGRESS AV	E			
			AUSTIN, TX 78701				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin T	C, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$10.82	(b) Date of Charge 04/10/2025	(c) Date(s) Credit Card Issue	er Paid			
PAYEE	THE CAPITOL GRILL		(b) Payee address; 1100 N CONGRESS AV AUSTIN, TX 78701	City, State, Zip Code E			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description	DR CAMPAIGN/OFFICEHOLDER			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				K, officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 15/23 Rpt: 33/44	Guillen, Ryan A. (T	he Honorable)			00051797				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,568.5	53		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$10.82	04/15/2025							
7	PAYEE	(a) Payee name THE CAPITOL GRI	ILL		CONGRESS AVE	City,	State,	Zip Code		
Ļ		(a) Oatawari			TX 78701					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip MEETING PURPOS	S EXPENSE FOR	OR CAMPAIGN/OFFICEHOLDER				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense				
9 Complete ONLY if direct					Office held					
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$10.28	01/30/2025	, , ,						
	PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
		THE CAPITOL GRILL		1100 N C	CONGRESS AVE					
L					TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
	X Political Non-Political				_					
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	Sought		Office field				
	PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 01/10/2025	(c) Date(s)	Credit Card Issuer	r Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		THE WALLER		1104 SAE	BINE ST					
L					TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
		Fees	 ,		TION FEE EXPE GN/OFFICEHOL		ES			
	X Political			1						
lacksquare	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
۲	mperialitate to beliefit 6/011									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 16/23 Rpt: 34/44	Guillen, Ryan A. (T	he Honorable)			00051797		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,568.	53
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$175.00	01/13/2025					
7	PAYEE	(a) Payee name THE WALLER		(b) Payee 1104 SAI		City,	State,	Zip Code
L					TX 78701			
8	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descrip				
	EXPENDITURE	(See Categories listed at the top	of this scriedule)		TION FEE EXPE		EC	
	X Political			CAMPAIGN/OFFICEHOLDER PURPOSES				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	<u> </u>	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	- Daid		
	PAYMENT	(a) Amount Charged \$47.80	(b) Date of Charge 06/10/2025	(c) Date(s)	Credit Card Issue	r Pald		
H	PAYEE	(a) Payee name (b) Payee address;			address;	City,	State,	Zip Code
		TWISTED SISTAS CO		216 FM 3	3167			
l				RIO GRA	NDE CITY, TX 7	'8582		
	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
	X Political							
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	o oought	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officenoider	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$10.08	06/10/2025					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		TWISTED SISTAS	СО	216 FM 3	3167			
				RIO GRA	NDE CITY, TX 7	'8582		
Г	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe			G EXPENSE FOR	R CAMPAIGN/	OFFICE	HOLDER
1	X Political			PURPOS	DES			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	if direct Candidate/Officeholder name Office sought Office held						
e	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 17/23 Rpt: 35/44	Guillen, Ryan A. (T	he Honorable)			00051797				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	1,568.5	53		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
		\$200.00	02/07/2025							
7	PAYEE	(a) Payee name TEXAS ENERGY &	& CLIMATE	(b) Payee P.O. BO	X 301074	City,	State,	Zip Code		
Ļ	DUDDOOF 05	(a) Cataman			TX 78703					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion S DUES EXPENS	E EOD				
		Fees				LDER PURPOSES				
	X Political									
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
9 e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	manie Onice	e sought		Office field				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
		\$202.50	06/01/2025							
	PAYEE	YEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code		
		US STORAGE-FLORESVILLE		512 10TH	H STREET					
				FLORES	VILLE, TX 78114	ļ.				
	PURPOSE OF	(a) Category	-6 Abric In It - 1	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES						
	X Political		'	CAMPAN	GN/OFFICEHOL	DER FURFUS				
	Non-Political	`	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	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
		\$202.50	05/01/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		US STORAGE-FLO	DRESVILLE	512 10TH STREET						
L				FLORES	VILLE, TX 78114	ļ				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip			· ·			
	EXPENDITURE	Office Overhead/Ren			SE FEE EXPENS		FS			
	X Political		•	CAMPAIGN/OFFICEHOLDER PURPOSES						
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH									
ı										

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

B PURPOSE OF EXPENDITURE			The Insti	ruction Guide explains how	to complete this form.				
A CREDIT CARD Name of financial institution See previous S	1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
SSUER See previous		Sch: 18/23 Rpt: 36/44	Guillen, Ryan A. (Tl	he Honorable)		00051797			
S202.50 O4/01/2025	4				EXPENDITURES CHARGED TO A CREDIT	\$	1,568.5	53	
PAYEE	6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE			\$202.50	04/01/2025					
B PURPOSE OF EXPENDITURE (a) Category (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	7	PAYEE		DRESVILLE	512 10TH STREET		State,	Zip Code	
Soc Categories listed at the top of this schedule) Office Overhead/Rental Expense STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	L					4			
9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$202.50 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$202.50 (a) Payee name US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE Non-Political Non-Political PAYMENT (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, Zip Code (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code (c) Date(s) Credit Card Issuer Paid (c) Description (c) Desc	8	EXPENDITURE	(See Categories listed at the top		STORAGE FEE EXPENS				
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$202.50 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$202.50 (b) Payee address; City, State, Zip Code 512 10TH STREET US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Candidate/Officeholder name Office sought Office held \$202.50 02/01/2025 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Code 512 10TH STREET (a) Payee name (b) Payee address; City, State, Zip Code 512 10TH STREET FLORESVILLE, TX 78114 (b) Description STORAGE-FLORESVILLE FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (a) Category (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES CAMPAIGN/OFFICEHOLDER PURPOSES CAMPAIGN/OFFICEHOLDER PURPOSES Complete QNLY if direct Complete QNLY if direct Candidate/Officeholder name Office Sought Office held		Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense		
PAYMENT (a) Amount Charged \$202.50 (b) Date of Charge 03/01/2025 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Camplete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 512 10TH STREET FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES CAMPAIGN/OFFICEHOLDER PURPOSES Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid S202.50 O2/01/2025 (a) Payee name US STORAGE-FLORESVILLE FLORESVILLE, TX 78114 (b) Payee address; City, State, Zip Code 512 10TH STREET FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held	9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
### Stock	е	expenditure to benefit C/OH							
PAYEE (a) Payee name US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE A Political P		PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (a) Category Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Payee name US STORAGE-FLORESVILLE (e) Date of Charge (f) Date of Charge (g) Payee address; City, State, Zip Code STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Code STORAGE-FLORESVILLE FLORESVILLE, TX 78114 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct (c) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct Candidate/Officeholder name Office sought Office Number of this schedule of this			\$202.50	03/01/2025					
PURPOSE OF EXPENDITURE A Category Csec categories listed at the top of this schedule) Office Overhead/Rental Expense Campalete Schedule Office Sought Office held	PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE			US STORAGE-FLO	512 10TH STREET					
STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					FLORESVILLE, TX 7811	4			
Office Overhead/Rental Expense Office Overhead/Rental Expense CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Candidate/Officeholder name Office sought Office sought Office held PAYMENT (a) Amount Charged \$202.50 02/01/2025 PAYEE (a) Payee name US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office Sought Office Overhead/Rental Expense CAMPAIGN/OFFICEHOLDER PURPOSES (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Code 512 10TH STREET FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held				of this schodulo)	1``				
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$202.50 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 512 10TH STREET US STORAGE-FLORESVILLE PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Code 512 10TH STREET FLORESVILLE, TX 78114 (b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Office held						-	ES		
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US STORAGE-FLORESVILLE FLORESVILLE, TX 78114 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense X Political		PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)			US STORAGE-FLO	RESVILLE	512 10TH STREET				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)					FLORESVILLE TX 7811	4			
EXPENDITURE X Political Office Overhead/Rental Expense STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Non-Political Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\vdash	PURPOSE OF	(a) Category			•			
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held		X Political	Unice Overnead/Rent	ai ⊏xperise					
	L	Non-Political	(c) Check if travel outside	Check if Austin, TX	, officeholder living expe	ense			
	е	•	Candidate/Officeholder	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)	
Sch: 19/23 Rpt: 37/44	Guillen, Ryan A. (T	he Honorable)			00051797			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	1,568.5	53	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid			
	\$181.50	01/02/2025						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	US STORAGE-FLO	DRESVILLE	512 10TH	STREET				
			FLORESV	ILLE, TX 78114	1			
8 PURPOSE OF	(a) Category (See Categories listed at the top	-f.de:ld.d-\	(b) Descripti					
EXPENDITURE X Political	Office Overhead/Reni			FEE EXPENS N/OFFICEHOL	SE FOR LDER PURPOSES			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	diture to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid			
	\$138.52	05/04/2025						
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code	
			1700 GUA	DALUPE ST				
			AUSTIN, T	X 78701				
PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-i	(b) Descripti					
EXPENDITURE X Political	Food/Beverage Expe		MEETING PURPOSE	EXPENSE FOI ES	R CAMPAIGN/	OFFICE	HOLDER	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid			
	\$733.94	04/12/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
)		11923 US-	-290				
	WAL-MART							
			MANOR, 1	TX 78653				
PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-i	(b) Descripti					
EXPENDITURE	Office Overhead/Ren	,		S EXPENSE FO	R CAMPAIGN	/OFFICE	HOLDER	
X Political			PURPOSE	٠				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

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

1 Total pages Schedule F4: 2 FILER NAME Sch: 20/23 Rpt: 38/44 4 CREDIT CARD ISSUER Name of financial institution See previous See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD ISSUER 6 PAYMENT (a) Amount Charged (b) Date of Charge 01/29/2025 7 PAYEE (a) Payee name (b) Payee address; City, State 1144 AIRPORT BLVD AUSTIN, TX 78702 8 PURPOSE OF EXPENDITURE Office Overhead/Rental Expense (b) Date of Charge (b) Date of Charge 11/44 AIRPORT BLVD AUSTIN, TX 78702 8 PURPOSE OF EXPENDITURE Office Overhead/Rental Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State 11/44 AIRPORT BLVD AUSTIN, TX 78702 (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYMENT (a) Payee name (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 (b) Description Office Poverhead/Rental Expense (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES POlitical Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
CREDIT CARD ISSUER Name of financial institution see previous S TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD S 1,568	
SSUER See previous EXPENDITURES CHARGED TO A CREDIT CARD	
\$58.30 01/29/2025 7 PAYEE (a) Payee name (b) Payee address; City, State 1144 AIRPORT BLVD AUSTIN, TX 78702 8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense 9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense O1/13/2025 PAYEE (a) Payee name (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct (SC) Candidate/Officeholder name Office Sought Office Overhead/Rental Expense Complete ONLY if direct (C) Candidate/Officeholder name Office Sought Office Sought Office Overhead/Rental Expense Candidate/Officeholder name Office Sought Office Sought Office Holder living expense	Zip Code
7 PAYEE (a) Payee name WALGREENS (a) Category See Categories listed at the top of this schedule) Office Overhead/Rental Expense 9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$100.37 (b) Date of Charge CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 PURPOSE OF EXPENDITURE Q Political Q Political Q Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Q Complete QNLY if direct expenditure to benefit C/OH C Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct expenditure to benefit C/OH C Candidate/Officeholder name C Candidate T Check if Austin, TX, officeholder living expense D Complete QNLY if direct expenditure to benefit C/OH D Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct expenditure to benefit C/OH D Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct expenditure to benefit C/OH D Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct D Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct D Candidate/Officeholder name D Complete Schedule T Check if Austin, TX, officeholder living expense D Complete QNLY if direct D Candidate/Officeholder name D Complete QNLY if direct D Candidate/Officeholder living exp	Zip Code
WALGREENS 1144 AIRPORT BLVD	Zip Code
WALGREENS AUSTIN, TX 78702 8 PURPOSE OF EXPENDITURE	
S PURPOSE OF EXPENDITURE	
EXPENDITURE City Office Overhead/Rental Expense PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
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9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$100.37 01/13/2025 PAYEE (a) Payee name (b) Payee address; City, State 2501 S LAMAR BLVD WALGREENS AUSTIN, TX 78704 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH PAYMENT (a) Amount Charged	
PAYMENT (a) Amount Charged \$100.37 (b) Date of Charge 01/13/2025 (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name WALGREENS (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Complete ONLY if direct expenditure to benefit C/OH (a) Category (See Categories listed at the top of this schedule) Office overhead/Rental Expense Candidate/Officeholder name Office sought Office sought Office held	
PAYEE (a) Payee name WALGREENS (b) Payee address; City, State 2501 S LAMAR BLVD AUSTIN, TX 78704 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Complete ONLY if direct expenditure to benefit C/OH State (a) Payee name (b) Payee address; City, State 2501 S LAMAR BLVD (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES Candidate/Officeholder name Office sought Office sought Office held	
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WALGREENS WALGREENS 2501 S LAMAR BLVD AUSTIN, TX 78704 (b) Description (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held	
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PURPOSE OF EXPENDITURE X Political (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate/Officeholder name Office sought Office held (d) Description PHOTO PRINTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (d) Description PHOTO PRINTING EXPENSE PURPOSES (d) Description PHOTO PRINTING PURPOSES (d) Description PHOTO PRINTING PURPOSES	
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Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$7.34 01/11/2025	
PAYEE (a) Payee name (b) Payee address; City, State	Zip Code
WHATABURGER 101 BYPASS 281	
WHATABURGER	
FALFURRIAS, TX 78355	
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) STATE MEETING EXPENSE FOR	
STAFF MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this for	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 21/23 Rpt: 39/44	Guillen, Ryan A. (T	00051797					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$	1,568.5	53
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$28.79	03/28/2025					
7 PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
	WHATABURGER		101 BYPASS	281			
			FALFURRIAS	S, TX 78355			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description				
EXPENDITURE X Political	Food/Beverage Expe		STAFF MEET CAMPAIGN/0	_	ISE FOR DER PURPOS	ES	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$441.66	03/11/2025					
PAYEE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
	WIX.COM		501 TERY A	FRANCOIS	BLVD FL 6		
			SAN FRANC	SCO, CA 94	1158		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE X Political	Office Overhead/Ren	_	_	NT EXPENSE I DER PURPOS	_		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	dit Card Issue	r Paid		
	\$233.82	03/20/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee addre	ess;	City,	State,	Zip Code
			501 TERY A	FRANCOIS	BLVD FL 6		
	WIX.COM						
			SAN FRANC	SCO, CA 94	1158		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Office Overhead/Ren		WEBSITE DEVELOPMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
X Political			CAIVIPAIGIV/OFFICEHOLDER PURPOSES				
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	-	THEN (enter a category not i	isieu ab	ove)	
1	Total pages Schedule F4:			·	3 Filer ID (Ethics Co	mmiss	ion Filers)	
Ī	Sch: 22/23 Rpt: 40/44	Guillen, Ryan A. (T	he Honorable)		00051797		•,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,5	568.5	3	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$58.98	02/23/2025					
7	PAYEE	(a) Payee name		(b) Payee address;	<i>,</i>	ate,	Zip Code	
		WIX.COM		501 TERY A FRANCOIS	BLVD FL 6			
L				SAN FRANCISCO, CA 94	1158			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	IT 5 / 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
		Office Overhead/Rent		WEBSITE DEVELOPMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES				
	X Political			<u> </u>				
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held			
9 -	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought	Office field			
٣	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$118.92	05/10/2025	(c) Date(c) Great Gara local				
┝	PAYEE	(a) Payee name		(b) Payee address;	City, St	ate,	Zip Code	
		WU CHOW		500 W 5TH ST #168				
l				AUSTIN, TX 78701				
	PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top of this schedule) Food/Beverage Expense		MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES					
	X Political	, , , , , , , , , , , , , , , , , , ,		FURFUSES				
	Non-Political	(7)	of Texas. Complete Schedule T.	—	officeholder living expense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$16.23	06/01/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City, St	ate,	Zip Code	
		AT HOME STORES	S ONLINE	9000 CYPRESS WATERS	S BLVD			
				COPPELL, TX 75019				
	PURPOSE OF	(a) Category	of this cahadula)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		WALL DISPLAY EXPENSIONS CAMPAIGN/OFFICEHOL				
	X Political		•	O WILL ALOW OF FIGEROL	DEIXT OIXFO3E3			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
е	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Award	erage Expense s/Memorials Expense ices	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Inst	ruction Guide explains h	now to complete this form.	
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
	Sch: 23/23 Rpt: 41/44	Guillen, Ryan A. (T	he Honorable)		00051797
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$ 1,568.53
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
		\$338.75	01/09/2025		
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
				410 TERRY AVENUE N	ORTH
		AMAZON			
				SEATTLE, WA 98109	
8	PURPOSE OF	(a) Category		(b) Description	
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		WALL DISPLAY EXPEN	
	X Political		.a. =/\pooo	CAMPAIGN/OFFICEHO	ILDER PURPOSES
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held
e	xpenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	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 G:	2 FILER NAME	ļ	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 42/44	Guillen, Ryan A. (The Honorable)		00051797		
4	Date	5 Payee name	1			
	01/18/2025	AT&T MOBILITY				
6	Amount (\$)	7 Payee address; City; State; Zip C	Code			
	\$128.22	PO BOX 5015				
	Reimbursement from political contributions intended	CAROL STREAM, IL 60198				
<u> </u>			lavs · · · -	10.17.		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	EXPENDITURE	Office Overhead/Rental Expense	TELECOMMUNIC			
				CATION SERVICE EXPENSE FOR CEHOLDER PURPOSES		
<u>_</u>	Operation ONE VALUE II	Over distance (Office de adultar que				
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held		
	C/OH					
H	Date	Payee name				
	02/18/2025	AT&T MOBILITY				
_			Code			
	Amount (\$) \$128.27	Payee address; City; State; Zip C	Joue			
	• -	LO BOY 2012				
	Reimbursement from political contributions					
	intended	CAROL STREAM, IL 60198	.			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense	TEL 500. 4 4 11 11	Check if Austin, TX, officeholder living expense		
				CATION SERVICE EXPENSE FOR CEHOLDER PURPOSES		
_	0 1. 0					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit					
	C/OH					
	Date	Payee name				
	03/18/2025	AT&T MOBILITY				
\vdash	Amount (\$)	Payee address; City; State; Zip C	nde .			
	\$128.27	PO BOX 5015	Joue			
		1.0 000.0013				
	Reimbursement from political contributions intended	CAROL STREAM, IL 60198				
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
				CATION SERVICE EXPENSE FOR CEHOLDER PURPOSES		
	0 1. 0					
	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held		
	C/OH					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense

' ~	er ID (Ethics Commission Filers) 051797 If travel outside of Texas. Complete Schedule T.
Sch: 2/2 Rpt: 43/44 Guillen, Ryan A. (The Honorable) 00 4 Date 5 Payee name	051797
4 Date 5 Payee name	
	if travel outside of Texas. Complete Schedule T
04/18/2025 AT&T MOBILITY	if travel outside of Texas. Complete Schedule T
1	if travel outside of Texas. Complete Schedule T
6 Amount (\$) 7 Payee address; City; State; Zip Code	if travel outside of Texas. Complete Schedule T
\$133.34 PO BOX 5015	if travel outside of Texas. Complete Schedule T
Reimbursement from	if travel outside of Texas. Complete Schedule T
political contributions intended CAROL STREAM, IL 60198	if travel outside of Texas Complete Schedule T
(c) - conput	·
EXPENDITURE Office Overnead/Rental Expense	if Austin, TX, officeholder living expense
TELECOMMUNICATIO CAMPAIGN/OFFICEHO	N SERVICE EXPENSE FOR DLDER PURPOSES
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit	Office held
C/OH	
Date Payee name	
05/18/2025 AT&T MOBILITY	
Amount (\$) Payee address; City; State; Zip Code	
\$133.34 PO BOX 5015	
Reimbursement from	
political contributions intended CAROL STREAM, IL 60198	
	if travel outside of Texas. Complete Schedule T.
EXPENDITURE Office Overhead/Rental Expense	if Austin, TX, officeholder living expense
TELECOMMUNICATIO CAMPAIGN/OFFICEHO	N SERVICE EXPENSE FOR DLDER PURPOSES
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held
0.011	
Date Payee name	
06/18/2025 AT&T MOBILITY	
Amount (\$) Payee address; City; State; Zip Code	
\$133.34 PO BOX 5015	
Reimbursement from political contributions intended CAROL STREAM, IL 60198	
	if travel outside of Texas. Complete Schedule T.
OF Office Overhead/Rental Expense	if Austin, TX, officeholder living expense
I EXPENDITURE I	N SERVICE EXPENSE FOR
CAMPAIGN/OFFICEHO	OLDER PURPOSES
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 44/44 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Guillen, Ryan A. (The Honorable) 00051797 5 Name of person from whom amount is received 8 Amount (\$) 02/23/2025 **AMAZON** \$334.42 6 Address of person from whom amount is received; City; State; Zip Code SEATTLE, WA 98109 Purpose for which amount is received Check if political contribution returned to filer REIMBURSEMENT FOR WALL DISPLAY EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES