

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00035579	2 Total pages filed: 18								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Roberto D.</td> <td style="width: 40%;">MI MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Roberto D.	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026					
	MS / MRS / MR The Honorable	FIRST Roberto D.	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Bobby</td> <td style="width: 30%;">LAST Guerra</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Bobby	LAST Guerra	SUFFIX							
NICKNAME Bobby	LAST Guerra	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 10213 N. 10th St. Ste B McAllen, TX 78504		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Olga C.</td> <td style="width: 40%;">MI MI</td> </tr> </table>			MS / MRS / MR Mrs.	FIRST Olga C.	MI MI					
	MS / MRS / MR Mrs.	FIRST Olga C.	MI MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Gabriel</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Gabriel	SUFFIX						
NICKNAME	LAST Gabriel	SUFFIX									
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4512 N. 4th Street McAllen, TX 78504										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 207-5125										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">ELECTION DATE Month Day Year</td> <td style="width: 60%;">ELECTION TYPE</td> </tr> <tr> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General </td> <td> <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other				
	ELECTION DATE Month Day Year	ELECTION TYPE									
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other										
11 OFFICE	OFFICE HELD (if any) State Representative District 41 Hidalgo										
	12 OFFICE SOUGHT (if known)										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Guerra, Roberto D. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00035579	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,035.48
	4. TOTAL POLITICAL EXPENDITURES	\$	8,789.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,626.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

The Honorable Roberto D. Guerra

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Guerra, Roberto D. (The Honorable)		19 Filer ID 00035579	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	100.44
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	6,956.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,833.32
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Brookline, MA 02445	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Debbie (Ms.) <hr/> Contributor address; City; State; Zip Code Taos, NM 87471	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric (Mr.) <hr/> Contributor address; City; State; Zip Code Castro Valley, CA 94552	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, Sarah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Laguna Niguel, CA 92607	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Ava, MO 65608	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code Derwood, MD 20855	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan Diaz, Parker <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Santa Rosa Community Health Centers
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner Sr, Richard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60620	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08542-3148	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah (Ms.) <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc.
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence (Mr.) <hr/> Contributor address; City; State; Zip Code Louisville, KY 40219	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Shelton, WA 98584	7 Amount of Contribution (\$) \$1.64
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isis, Melanie (Ms.) <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$2.05
Principal occupation / Job title (See Instructions) Gardener		Employer (See Instructions) Self Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johler, Jen (Ms.) <hr/> Contributor address; City; State; Zip Code Apex, NC 27502	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn (Ms.) <hr/> Contributor address; City; State; Zip Code Eugene, OR 97404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) house cleaning		Employer (See Instructions) Two Bettys Green Cleaning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code La Pine, OR 97739	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David (Mr.) <hr/> Contributor address; City; State; Zip Code Chester, NJ 07930	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurer, Andrew (Mr.) <hr/> Contributor address; City; State; Zip Code Moorhead, MN 56560	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Jam City
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealy, Patti (Ms.) <hr/> Contributor address; City; State; Zip Code Trenton, NJ 08628	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Capital Health
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Hays, KS 67601	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) K-State U

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92116	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) UC San Diego
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin (Ms.) <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie (Ms.) <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$1.66
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese (Ms.) <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$8.20
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pongracz, Sandra (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Sidney, OH 45365	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Alan (Mr.) <hr/> Contributor address; City; State; Zip Code Cahokia Height, IL 62203	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Judah (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Judah Rice Photo
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Manchester, NH 03104	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Barry (Mr.) <hr/> Contributor address; City; State; Zip Code Stormville, NY 12582-5302	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-7508	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hammond Real Estate
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadati, Sylvia (Ms.) <hr/> Contributor address; City; State; Zip Code Oak Island, NC 28465	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15238	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle (Ms.) <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175	Amount of Contribution (\$) \$6.58
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie (Ms.) <hr/> Contributor address; City; State; Zip Code St. Petersburg, FL 33701	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Sonia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Bilingual Educator		Employer (See Instructions) State of Texas
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werstein, Lori (Mr.) <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Adjunct Faculty		Employer (See Instructions) LCAD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/18
2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94122	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne (Ms.) <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549	Amount of Contribution (\$) \$1.64
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Oil Change International
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wrather, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code Silverthorne, CO 80498	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 14/18	2 FILER NAME Guerra, Roberto D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035579
4 Date 07/10/2025	5 Payee name Hernandez, Michael (Mr.)	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor - Webmaster
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2025	Payee name Lone Star National Bank	
Amount (\$) \$2,680.49	Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name Lone Star National Bank	
Amount (\$) \$963.13	Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 15/18	2 FILER NAME Guerra, Roberto D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035579
4 Date 09/03/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$291.56	7 Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$89.55	Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Lone Star National Bank		
Amount (\$) \$211.95	Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 16/18	2 FILER NAME Guerra, Roberto D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00035579
4 Date 12/03/2025	5 Payee name Lone Star National Bank	
6 Amount (\$) \$169.37	7 Payee address; City; State; Zip Code 1505 S. Lone Star Way Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly credit card payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2025	Payee name Perez, Dahlia (Ms.)	
Amount (\$) \$250.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor for campaign services - TEC report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Uribe, Mary (Ms.)	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor for campaign services - quarterly bookkeeping
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/2 Rpt: 17/18	2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 CREDIT CARD ISSUER	Name of financial institution Lone Star National Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,035.48
6 PAYMENT	(a) Amount Charged \$99.99	(b) Date of Charge 07/02/2025	(c) Date(s) Credit Card Issuer Paid 08/03/2025
7 PAYEE	(a) Payee name GoDaddy		(b) Payee address; City, State, Zip Code 14455 N Hayden Rd. Suite 226 Scottsdale, AZ 85260
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting Renewal Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$293.83	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GoDaddy		(b) Payee address; City, State, Zip Code 14455 N Hayden Rd. Suite 226 Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting Renewal Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$238.13	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FTD Flowers, LLC		(b) Payee address; City, State, Zip Code 200 North LaSalle Street, Ste 1745 Chicago, IL 60601
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Funeral Spray
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/2 Rpt: 18/18	2 FILER NAME Guerra, Roberto D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00035579
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,035.48
6 PAYMENT	(a) Amount Charged \$165.89	(b) Date of Charge 07/23/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
7 PAYEE	(a) Payee name Double Tree		(b) Payee address; City, State, Zip Code 303 W. 15th Street Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel Stay
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		