

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00051797	2 Total pages filed: 64		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Ryan A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Guillen	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 1024  Austin, TX 78767			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms.	MI			
	NICKNAME	LAST Guillen	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2504 Sable Palm Dr  Rio Grande City, TX 78582		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956) 437-4136					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Representative District 31			12 OFFICE SOUGHT (if known) State Representative District 31		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 64

13 C / OH NAME	Guillen, Ryan A. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00051797
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME TEXAS ALLIANCE FOR LIFE	
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS 8000 CENTRE PARK DRIVE SUITE 380 AUSTIN, TX 78754	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME SHAW, JAMES	
		COMMITTEE CAMPAIGN TREASURER ADDRESS 4505 CORAZON CV  ROUND ROCK, TX 78681	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 162,801.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 1,215.46
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 38,897.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,063,297.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

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

The Honorable Ryan A. Guillen

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

3 of 64

<b>18</b> FILER NAME Guillen, Ryan A. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00051797
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 118,966.66
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 43,834.38
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	\$ 23,592.23
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	\$ 14,521.36
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 783.91
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,668.86

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/15 Rpt: 4/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC ..... <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75204	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00107300) AMERICAN AIRLINES PAC ..... Contributor address; City; State; Zip Code  WASHINGTON, DC 20036	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARANSAS-CORPUS CHRISTI PILOTS PAC ..... Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78403	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN FIREFIGHTERS ASSOCIATION PAC ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78752	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORJON, JOSE (Mr.) ..... Contributor address; City; State; Zip Code  BROWNSVILLE, TX 78520	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) CONSULTANT	Employer (See Instructions) AKIN

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/15 Rpt: 5/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREEZEE, DOROTHY (Mrs.)	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, DARREN (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78746	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SOCCERZONE
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWNLOW, DARRELL (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	
Principal occupation / Job title (See Instructions) BOARD PRESIDENT		Employer (See Instructions) EVERGREEN UNDERGROUND WATER CONSERVATION
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, SCOT (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  HARLINGEN, TX 78550	
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) SRC LAND
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CENTERPOINT ENERGY INC PAC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77210	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 6/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00298752</u> ) CHEVRON EMPLOYEES PAC .....  6 Contributor address; City; State; Zip Code  SAN RAMON, CA 94583	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00248716</u> ) COMCAST CORPORATION & NBCUNIVERSAL PAC .....  Contributor address; City; State; Zip Code  PHILADELPHIA, PA 19103	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONOCOPHILLIPS SPIRIT PAC .....  Contributor address; City; State; Zip Code  BARTLESVILLE, OK 74004	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROW, RYAN (Mr.) .....  Contributor address; City; State; Zip Code  AUSTIN, TX 78727	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) CEO	Employer (See Instructions) THE CROW GROUP
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EXXONMOBIL PAC .....  Contributor address; City; State; Zip Code  IRVING, TX 75039	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 7/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOCUSED ADVOCACY POLITICAL .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78746	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)  Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY & LARDNER LLP TEXAS CAMPAIGN FUND .....  Contributor address; City; State; Zip Code  DALLAS, TX 75201	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	Employer (See Instructions)  Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JOE (Mr.) .....  Contributor address; City; State; Zip Code  AUSTIN, TX 78767	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)  CONSULTANT	Employer (See Instructions)  SELF-EMPLOYED
Date 11/24/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00266585) GREENBERG TRAURIG, P.A. PAC .....  Contributor address; City; State; Zip Code  ALBANY, NY 12207	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	Employer (See Instructions)  Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULF STATES TOYOTA INC. STATE PAC .....  Contributor address; City; State; Zip Code  HOUSTON, TX 77077	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	Employer (See Instructions)  Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 8/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAUSENFLUCK, AMBER (Mrs.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78704	
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) SELF-EMPLOYED
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HICKS PATE STRATEGIES LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78767	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HILL, JUDY (Mrs.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  MATHIS, TX 78368	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HILLCO PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOMEPAK OF TEXAS	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78701	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 9/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORNE, TRACEY (Mrs.)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  KENEDY, TX 78119	
<b>8</b> Principal occupation / Job title (See Instructions) TIERRA LEASE SERVICE LLC		<b>9</b> Employer (See Instructions) ACCOUNTANT
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD, ROBERT (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78704	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUBERT, MARTIN (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78703	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDEPAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78750	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDEPAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78750	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 10/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON WALKER LLP PAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75201	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KILLAM DEVELOPMENT	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  LAREDO, TX 78042	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLEAN, CHARLES	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75201	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) STRATEGIC POLITICAL MANAGEMENT
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLEAN, CHARLES (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75201	
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) STRATEGIC POLITICAL MANAGEMENT
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUYKENDALL, DEANNA (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 70757	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF-EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 11/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD GOSELINK ROCHELLE & TOWNSEND .....  6 Contributor address; City; State; Zip Code  AUSTIN, TX 78701	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT	<b>9</b> Employer (See Instructions) SELF-EMPLOYED
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LONG, WADE (Mr.) .....  Contributor address; City; State; Zip Code  AUSTIN, TX 78703	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT	<b>Employer (See Instructions)</b> SELF-EMPLOYED
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MC GUIRE WOODS FEDERAL PAC FUND .....  Contributor address; City; State; Zip Code  RICHMOND, VA 23219	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT	<b>Employer (See Instructions)</b> SELF-EMPLOYED
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MONETOU, JUAN E. (Mr.) .....  Contributor address; City; State; Zip Code  LAREDO, TX 78045	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT	<b>Employer (See Instructions)</b> SELF-EMPLOYED
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MONETOU, JUAN EDUARDO .....  Contributor address; City; State; Zip Code  LAREDO, TX 78045	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT	<b>Employer (See Instructions)</b> SELF-EMPLOYED
<b>Principal occupation / Job title (See Instructions)</b> CONSULTANT		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NRG ENERGY INC POLITICAL ACTION COMMITTEE .....  <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77002	<b>7</b> Amount of Contribution (\$) \$3,000.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00554444) ONE GAS INC. PAC .....  Contributor address; City; State; Zip Code  TULSA, OK 74103	Amount of Contribution (\$) \$750.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00513549) PHILLIPS 66 PAC .....  Contributor address; City; State; Zip Code  WASHINGTON, DC 20004	Amount of Contribution (\$) \$1,000.66
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUBLIC BLUEPRINT LLC .....  Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON LEWIS & ASSOCIATES LLC .....  Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/15 Rpt: 13/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RURAL FRIENDS OF ELECTRIC COOPERATIVES .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT	<b>9</b> Employer (See Instructions) SELF-EMPLOYED
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON, FRED (Mr.) .....  <b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78701	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Principal occupation / Job title (See Instructions)</b> APPLICATIONS ENGINEER	<b>Employer (See Instructions)</b> SYNOPSYS
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) STROZEWSKI, KIRK (Mr.) .....  <b>Contributor address; City; State; Zip Code</b>  ROUND ROCK, TX 78664	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Principal occupation / Job title (See Instructions)</b> APLICATIONS ENGINEER	<b>Employer (See Instructions)</b> SYNOPSYS
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00479998) TENASKA EMPLOYEEA TEXAS PAC .....  <b>Contributor address; City; State; Zip Code</b>  OMAHA, NE 68154	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> APLICATIONS ENGINEER	<b>Employer (See Instructions)</b> SYNOPSYS
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGRICULTURAL AVIATION ASSOCIATION AG - AIR PAC .....  <b>Contributor address; City; State; Zip Code</b>  AUSTIN, TX 78701	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Principal occupation / Job title (See Instructions)</b> APLICATIONS ENGINEER	<b>Employer (See Instructions)</b> SYNOPSYS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 14/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AUTOMOBILE DEALERS ASSOCIATION PAC .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	<b>7</b> Amount of Contribution (\$) \$3,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS BEVERAGE ALLIANCE .....  AUSTIN, TX 78701	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DAIRYMEN PAC .....  AUSTIN, TX 78711	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEER ASSOCIATION .....  AUSTIN, TX 78703	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS FARM BUREAU AGFUND .....  WACO, TX 76702	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 15/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS HEALTH CARE ASSOC POLITICAL ACTION .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LOBBY PARTNERS LLP .....  AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MEDICAL ASSOCIATION PAC .....  AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS POULTRY PAC .....  ROUND ROCK, TX 78681	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC .....  AUSTIN, TX 78701	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 08/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS WILDLIFE ASSOCIATION PAC .....  <b>6</b> Contributor address; City; State; Zip Code  NEW BRAUNFELS, TX 78132	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612) TEXTRON PAC .....  PROVIDENCE, RI 02903	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00096842) THE AMERICAN ELECTRIC POWER COMPANY TEXAS COMMITTEE .....  WASHINGTON, DC 20004	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BEER ALLIANCE OF TEXAS .....  AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE CHICKASAW NATION .....  ADA, OK 78420	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 17/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00311142</u> ) TROUTMAN PEPPER LOCKE LLP .....  <b>6</b> Contributor address; City; State; Zip Code  ATLANTA, GA 30308	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXTA TRUCKPAC .....  Contributor address; City; State; Zip Code  AUSTIN, TX 75701	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00010470</u> ) UNION PACIFIC FUND FOR EFFECTIVE GOVERNMENT .....  Contributor address; City; State; Zip Code  WASHINGTON, DC 20004	Amount of Contribution (\$) \$2,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNITEDHEALTH GROUP PAC .....  Contributor address; City; State; Zip Code  WASHINGTON, DC 20004	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA EMPLOYEE PAC .....  Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78288	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/64</p>
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>
<p><b>4</b> Date 11/19/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VETERINARIAN POLITICAL ACTION COMMITTEE ..... <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78754</p>	<p><b>7</b> Amount of Contribution (\$) \$2,500.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>		<p><b>9</b> Employer (See Instructions)</p>
<p>Date 10/28/2025</p>	<p>Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00093054) WALPAC FOR RESPONSIBLE GOVERNMENT POLITICAL ACTION ..... Contributor address; City; State; Zip Code  BENTONVILLE, AR 72716</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 12/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHOLESALE BEER DISTRIBUTORS OF TEXAS BW-PAC ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78701</p>	<p>Amount of Contribution (\$) \$1,500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>			
<p><b>1</b> Total pages Schedule A2: Sch: 1/5 Rpt: 19/64</p>			
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>	
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>	
<p><b>5</b> Date 12/15/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASSOCIATED REPUBLICANS OF TEXAS CAMPAIGN FUND</p>	<p><b>8</b> Amount of contribution (\$) \$443.76</p>	<p><b>9</b> In-kind contribution description TEXTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78701</p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 11/11/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUSTIN BURROWS CAMPAIGN</p>	<p>Amount of contribution (\$) \$7,000.00</p>	<p>In-kind contribution description POLLING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p>Contributor address; City; State; Zip Code  AUSTIN, TX 78767</p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 12/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONTERA TEXAS PAC</p>	<p>Amount of contribution (\$) \$711.55</p>	<p>In-kind contribution description DIGITAL ADVERTISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p>Contributor address; City; State; Zip Code  AUSTIN, TX 78767</p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>			
<p><b>1</b> Total pages Schedule A2: Sch: 2/5 Rpt: 20/64</p>			
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>			
<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>			
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$</p>			
<p><b>5</b> Date 12/30/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONTERA TEXAS PAC</p>	<p><b>8</b> Amount of contribution (\$) \$19,429.94</p>	<p><b>9</b> In-kind contribution description MAILING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78767</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 12/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRONTERA TEXAS PAC</p>	<p>Amount of contribution (\$) \$4,396.05</p>	<p>In-kind contribution description TEXTING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p>Contributor address; City; State; Zip Code  AUSTIN, TX 78767</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 12/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JOE (Mr.)</p>	<p>Amount of contribution (\$) \$498.08</p>	<p>In-kind contribution description FUNDRAISER EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p>
	<p>Contributor address; City; State; Zip Code  AUSTIN, TX 78767</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CONSULTANT</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) SELF-EMPLOYED</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 3/5 Rpt: 21/64</p>
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 07/30/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p><b>7</b> Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p><b>8</b> Amount of contribution (\$) \$600.00</p> <p><b>9</b> In-kind contribution description JULY CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 08/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p>Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p>Amount of contribution (\$) \$600.00</p> <p>In-kind contribution description AUGUST CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 09/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p>Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p>Amount of contribution (\$) \$600.00</p> <p>In-kind contribution description SEPTEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 4/5 Rpt: 22/64</p>
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 10/30/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p><b>7</b> Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p><b>8</b> Amount of contribution (\$) \$600.00</p> <p><b>9</b> In-kind contribution description OCTOBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p>Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p>Amount of contribution (\$) \$600.00</p> <p>In-kind contribution description NOVEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUERRA, MARIO (Mr.)</p> <p>Contributor address; City; State; Zip Code MISSION, TX 78573</p>			<p>Amount of contribution (\$) \$600.00</p> <p>In-kind contribution description DECEMBER CAMPAIGN OFFICE LEASE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) STARR HOME HEALTH</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) ADMINISTRATOR</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 5/5 Rpt: 23/64</p>	
<p><b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00051797</p>	
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>	
<p><b>5</b> Date 12/02/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICE, CHUCK (Mr.) ..... <b>7</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78727</p>	<p><b>8</b> Amount of contribution (\$) \$380.00 <b>9</b> In-kind contribution description FUNDRAISING EMAIL BLAST FOR CAMPAIGN/OFFICEHOL DER PURPOSES  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CHUCK RICE &amp; ASSOCIATES</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) CONSULTANT</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 11/07/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SANDS PAC ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78701</p>	<p>Amount of contribution (\$) \$7,375.00 In-kind contribution description POLLING EXPENSE FOR CAMPAIGN/OFFICEHOL DER PURPOSES  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 24/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 08/01/2025	5 Payee name CHASE CARDMEMBER SERVICES	
6 Amount (\$) \$2,926.11	7 Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name CHASE CARDMEMBER SERVICES	
Amount (\$) \$3,601.02	Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name CHASE CARDMEMBER SERVICES	
Amount (\$) \$1,750.98	Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 25/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/01/2025	5 Payee name CHASE CARDMEMBER SERVICES	
6 Amount (\$) \$1,971.63	7 Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name CHASE CARDMEMBER SERVICES	
Amount (\$) \$2,003.86	Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name CHASE CARDMEMBER SERVICES	
Amount (\$) \$2,261.93	Payee address; City; State; Zip Code PO BOX 94014  PALATINE, IL 60094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  CREDIT CARD PAYMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 26/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/31/2025	5 Payee name GUILLEN, RYAN (The Honorable)	
6 Amount (\$) \$4,713.87	7 Payee address; City; State; Zip Code 2504 SABLE PALM DR  RIO GRANDE CITY, TX 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  MILEAGE REIMBURSEMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES (23,752)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name GUILLEN, RYAN (The Honorable)	
Amount (\$) \$783.91	Payee address; City; State; Zip Code 2504 SABLE PALM DR  RIO GRANDE CITY, TX 78582	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE REIMBURSEMENT EXPENSE FOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name OUR LADY OF LOURDES	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1610 HIDALGO BLVD  ZAPATA, TX 78076	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 27/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/11/2025	5 Payee name REPUBLICAN PARTY OF TEXAS	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 807 BRAZOS ST  AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name ROMO-ARRIAGA, VERONICA (Mrs.)	
Amount (\$) \$385.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION REIMBURSEMENT EXPENSE FOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name SMEDLEY, JOSEPH (Mr.)	
Amount (\$) \$214.00	Payee address; City; State; Zip Code 169 MIMOSA ST  RIO GRANDE CITY, TX 78582	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY LEADER GIFTS FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 28/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 09/18/2025	5 Payee name TDCJ	
6 Amount (\$) \$441.66	7 Payee address; City; State; Zip Code 8801 S. 1ST STREET SUITE 100 AUSTIN, TX 78748	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name TDCJ	
Amount (\$) \$441.66	Payee address; City; State; Zip Code 8801 S. 1ST STREET SUITE 100 AUSTIN, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name TDCJ	
Amount (\$) \$441.66	Payee address; City; State; Zip Code 8801 S. 1ST STREET SUITE 100 AUSTIN, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 29/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 08/29/2025	5 Payee name TERRY, MADISON (Mrs.)	
6 Amount (\$) \$75.00	7 Payee address; City; 4228 NORMANDY AVE  DALLAS, TX 75205	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR FOR CAMPAIGN/OFFICEHOLDER EXPENSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name WILSON COUNTY REPUBLICAN PARTY	
Amount (\$) \$240.00	Payee address; City; 1427 3RD ST.  FLORESVILLE, TX 78114	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name WINRED	
Amount (\$) \$98.50	Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 30/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$0.04	7 Payee address; City; State; Zip Code PO BOX 9891  ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/05/2025	Payee name WINRED	
Amount (\$) \$1.97	Payee address; City; State; Zip Code PO BOX 9891  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/13/2025	Payee name WINRED	
Amount (\$) \$98.50	Payee address; City; State; Zip Code PO BOX 9891  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 31/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 11/13/2025	5 Payee name WINRED	
6 Amount (\$) \$98.50	7 Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/14/2025	Payee name WINRED	
Amount (\$) \$98.50	Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/18/2025	Payee name WINRED	
Amount (\$) \$3.94	Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 32/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797
4 Date 12/01/2025	5 Payee name WINRED	
6 Amount (\$) \$39.40	7 Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/24/2025	Payee name WINRED	
Amount (\$) \$0.59	Payee address; City; PO BOX 9891  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE CAMPAIGN FUNDRAISING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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: 1/29 Rpt: 33/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution CHASE BANK		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name FIVEBELOW.COM		(b) Payee address; City, State, Zip Code 701 MARKET STREET, SUITE 200  PHILIDELPHIA, PA 19106
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) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description SCHOOL ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER  (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 \$1,033.59	(b) Date of Charge 07/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COMMUNITY FOUNDATION		(b) Payee address; City, State, Zip Code 241 EARL GARRETT STREET  KERRVILLE, TX 78028
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description COMMUNITY ORGANIZATION DONATION EXPENSE FOR CAMPAIGN/OFFICEHOLDER  (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 \$2,760.00	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UTRGV ATHLETICS		(b) Payee address; City, State, Zip Code 1201 WEST UNIVERSITY DRIVE  EDINBURG, TX 78539
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description UNIVERSITY DONATION FOR CAMPAIGN/OFFICEHOLDER PURPOSES  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/29 Rpt: 34/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ACCESS VALET PARKING		(b) Payee address; City, State, Zip Code 117 W 4TH ST  AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description PARKING FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$17.50	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name VALET620		(b) Payee address; City, State, Zip Code 16238 RR 620 N STE F 144 AUSTIN, TX 78717
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description PARKING FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$15.42	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name 360 VALET		(b) Payee address; City, State, Zip Code 701 BRAZOS ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description PARKING FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/29 Rpt: 35/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$24.48	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 1709 10TH ST  FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$18.35	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 203 N HIGHWAY 80  KARNES CITY, TX 78118
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/29 Rpt: 36/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 1092 FM468  COTULLA, TX 78014
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$41.00	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name THE STEAK HOUSE		(b) Payee address; City, State, Zip Code 111 US-83  ZAPATA, TX 78076
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$130.00	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name KOME SUSHI KITCHEN		(b) Payee address; City, State, Zip Code 5301 AIRPORT BLVD #100  AUSTIN, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/29 Rpt: 37/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$73.53	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name FRESA'S SOUTH FIRST		(b) Payee address; City, State, Zip Code 1703 S 1ST ST  AUSTIN, TX 78704
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$89.65	(b) Date of Charge 07/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MOONSHINE PATIO BAR		(b) Payee address; City, State, Zip Code 303 RED RIVER ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$33.00	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/29 Rpt: 38/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$118.00	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MAIKO SUSHI LOUNGE		(b) Payee address; City, State, Zip Code 207 SAN JACINTO BLVD STE 202 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) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$153.00	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DON MARIO MEXICAN		(b) Payee address; City, State, Zip Code 1113 RANCH RD 620 N  LAKEWAY, TX 78734
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$10.27	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name JO'S COFFEE - DOWNTOWN		(b) Payee address; City, State, Zip Code 242 W 2ND ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/29 Rpt: 39/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$7.76	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name COTTON COURT HOTEL		(b) Payee address; City, State, Zip Code 1610 BROADWAY ST  LUBBOCK, TX 79401
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$68.30	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SALTGRASS		(b) Payee address; City, State, Zip Code 3000 W EXPY 83  MCALLEN, TX 78501
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$24.48	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/29 Rpt: 40/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$7.25	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST  FLORESVILLE, TX 78114
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$84.10	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COCINA MOBIL		(b) Payee address; City, State, Zip Code 5109 E US HWY 83  RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$26.00	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TIFF'S TREATS		(b) Payee address; City, State, Zip Code 1806 NUECES ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description OFFICE REFRESHMENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/29 Rpt: 41/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$32.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$13.35	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AVILA'S BBQ		(b) Payee address; City, State, Zip Code 509 N SMITH AVE  HEBBRONVILLE, TX 78361
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$2.38	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST  FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/29 Rpt: 42/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$288.68	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name THE STEAK HOUSE		(b) Payee address; City, State, Zip Code 111 US-83  ZAPATA, TX 78076
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$21.38	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIBERTY CAFE		(b) Payee address; City, State, Zip Code 420 CAROLYN ST  FREEER, TX 78357
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$38.29	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TEXAS CHILI PARLOR		(b) Payee address; City, State, Zip Code 1409 LAVACA ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/29 Rpt: 43/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$87.83	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SALT TRADERS COASTAL		(b) Payee address; City, State, Zip Code 1101 S MOPAC EXPY  AUSTIN, TX 78746
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$115.00	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MARUFUKU RAMEN		(b) Payee address; City, State, Zip Code 1900 ALDRICH ST SUITE 180 AUSTIN, TX 78723
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$2.53	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIVE OAK RESTAURANT SPOR		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/29 Rpt: 44/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$68.13	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name H-E-B #465		(b) Payee address; City, State, Zip Code 2701 E 7TH ST  AUSTIN, TX 78702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description STUDENT COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$27.00	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIBERTY CAFE		(b) Payee address; City, State, Zip Code 420 CAROLYN ST  FREEER, TX 78357
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(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 \$8.50	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST  FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/29 Rpt: 45/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$41.00	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name KERBEY LANE CAFE		(b) Payee address; City, State, Zip Code 2606 GUADALUPE ST, AUSTIN, TX 78705
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$52.24	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LAS LOMITAS CAFE		(b) Payee address; City, State, Zip Code 401 S SMITH ST HEBBRONVILLE, TX 78361
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$11.04	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/29 Rpt: 46/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$24.48	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE THREE RIVERS, TX 78071
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE THREE RIVERS, TX 78071
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$120.79	(b) Date of Charge 12/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PERRY'S STEAK HOUSE		(b) Payee address; City, State, Zip Code 114 W 7TH ST AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/29 Rpt: 47/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$81.00	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MARUFUKU RAMEN		(b) Payee address; City, State, Zip Code 1900 ALDRICH ST SUITE 180 AUSTIN, TX 78723
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$43.12	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name REYNA'S BBQ		(b) Payee address; City, State, Zip Code 812 I-2  WESLACO, TX 78596
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.76	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BILL MILLER BAR-B-Q		(b) Payee address; City, State, Zip Code 1615 STANDISH ST  FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/29 Rpt: 48/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$32.00	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name THE DEN		(b) Payee address; City, State, Zip Code 484 BLUEBONNET RD  LA VERNIA, TX 78121
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$22.97	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FIESTA RESTAURANT		(b) Payee address; City, State, Zip Code 402 N GRANT ST  ROMA, TX 78584
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$29.07	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DAIRY QUEEN		(b) Payee address; City, State, Zip Code 5344 TX-44  FREER, TX 78357
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/29 Rpt: 49/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$81.30	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name LIVE OAK RESTAURANT		(b) Payee address; City, State, Zip Code 305 S HARBORTH AVE  THREE RIVERS, TX 78071
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$54.00	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PENKO VIEJO EXPRESS		(b) Payee address; City, State, Zip Code 700 N FLORES ST SUITE B RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description MEETING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 4031 E US HWY 83  RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STAFF FUEL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/29 Rpt: 50/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$80.97	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 4031 E US HWY 83  RIO GRANDE CITY, TX 78582
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STAFF FUEL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$36.36	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 4031 E US HWY 83  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 STAFF FUEL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$35.36	(b) Date of Charge 11/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name H-E-B		(b) Payee address; City, State, Zip Code 4031 E US HWY 83  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 STAFF FUEL EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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: 19/29 Rpt: 51/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$606.20	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CAPITOL GIFTSHOP		(b) Payee address; City, State, Zip Code 1400 N. CONGRESS AVENUE  AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description COMMUNITY LEADER GIFTS FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$202.50	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name US STORAGE CENTERS		(b) Payee address; City, State, Zip Code 512 10TH STREET  FLORESVILLE, TX 78114
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description STORAGE FEE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$549.27	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TXU		(b) Payee address; City, State, Zip Code P.O. BOX 650764  DALLAS, TX 75265
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE UTILITIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/29 Rpt: 52/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$355.25	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TXU		(b) Payee address; City, State, Zip Code P.O. BOX 650764  DALLAS, TX 75265
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE UTILITIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$70.54	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name PAPERWORKS.COM		(b) Payee address; City, State, Zip Code 1704 S CONGRESS AVE  AUSTIN, TX 78704
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$347.14	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TXU		(b) Payee address; City, State, Zip Code P.O. BOX 650764  DALLAS, TX 75265
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description OFFICE UTILITIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/29 Rpt: 53/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$84.60	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name FASCLAMPITT MCALLEN		(b) Payee address; City, State, Zip Code 2700 N MCCOLL RD  MCALLEN, TX 78501
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$24.35	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MICHAELS		(b) Payee address; City, State, Zip Code 520 E EXPRESSWAY 83  MCALLEN, TX 78503
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description CONSTITUENT RECOGNITION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
PAYMENT	(a) Amount Charged \$92.60	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SAMS CLUB		(b) Payee address; City, State, Zip Code 7601 N 10TH ST  MCALLEN, TX 78504
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PARADE SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/29 Rpt: 54/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$138.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CDA EVENTS CENTER LLC		(b) Payee address; City, State, Zip Code 201 E FOURTH ST  RIO GRANDE CITY, TX 78582
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$138.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CDA EVENTS CENTER LLC		(b) Payee address; City, State, Zip Code 201 E FOURTH 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 COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CDA EVENTS CENTER LLC		(b) Payee address; City, State, Zip Code 201 E FOURTH 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 COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/29 Rpt: 55/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$80.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name CDA EVENTS CENTER LLC		(b) Payee address; City, State, Zip Code 201 E FOURTH STREET  RIO GRANDE CITY, TX 78582
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$49.00	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CDA EVENTS CENTER LLC		(b) Payee address; City, State, Zip Code 201 E FOURTH STREET  RIO GRANDE CITY, TX 78582
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description COMMUNITY EVENT EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$82.48	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WALMART.COM		(b) Payee address; City, State, Zip Code 702 SW 8TH STREET  BENTONVILLE, AR 72716
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/29 Rpt: 56/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$242.62	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TXU	(b) Payee address; City, State, Zip Code P.O. BOX 650764  DALLAS, TX 75265	
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description OFFICE UTILITIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$24.35	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MICHAELS	(b) Payee address; City, State, Zip Code 520 E EXPRESSWAY 83  MCALLEN, TX 78503	
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description CONSTITUENT RECOGNITION EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$174.58	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TXU	(b) Payee address; City, State, Zip Code P.O. BOX 650764  DALLAS, TX 75265	
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description OFFICE UTILITIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/29 Rpt: 57/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TEXASGOP		(b) Payee address; City, State, Zip Code 807 BRAZOS ST. SUITE 701 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) Office Overhead/Rental Expense		(b) Description PARTY SPONSORSHIP EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$48.58	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WALMART.COM		(b) Payee address; City, State, Zip Code 702 SW 8TH STREET  BENTONVILLE, AR 72716
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$368.85	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HILTON GARDEN INN		(b) Payee address; City, State, Zip Code 301 W 17TH ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/29 Rpt: 58/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$234.06	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name HAMPTON INNS		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW  AUSTIN, TX 78744
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$216.56	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COTTON COURT HOTEL		(b) Payee address; City, State, Zip Code 1610 BROADWAY ST  LUBBOCK, TX 79401
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$346.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name DOUBLETREE SUITES		(b) Payee address; City, State, Zip Code 304 W 15TH ST  AUSTIN, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/29 Rpt: 59/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$346.00	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name DOUBLETREE SUITES		(b) Payee address; City, State, Zip Code 303 W 15TH ST  AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$112.20	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HAMPTON INNS		(b) Payee address; City, State, Zip Code 4141 GOVERNORS ROW  AUSTIN, TX 78744
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$281.02	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name HILTON HOTELS		(b) Payee address; City, State, Zip Code 200 S ALAMO ST  SAN ANTONIO, TX 78205
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/29 Rpt: 60/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AIDEN AUSTIN CITY HOTEL		(b) Payee address; City, State, Zip Code 2200 S I-35 FRONTAGE RD  AUSTIN, TX 78704
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$92.27	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AIDEN AUSTIN CITY HOTEL		(b) Payee address; City, State, Zip Code 2200 S I-35 FRONTAGE RD  AUSTIN, TX 78704
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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 \$147.06	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name EMBASSY SUITES		(b) Payee address; City, State, Zip Code 771 W JOHN CARPENTER FWY  IRVING, TX 75039
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description STAFF LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES  <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/29 Rpt: 61/64	2 FILER NAME Guillen, Ryan A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051797
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,215.46
6 PAYMENT	(a) Amount Charged \$147.06	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name EMBASSY SUITES		(b) Payee address; City, State, Zip Code 771 W JOHN CARPENTER FWY IRVING, TX 75039
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$107.00	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BEST WESTERN GREEN OAK		(b) Payee address; City, State, Zip Code 100 FM 1346 LA VERNIA, TX 78121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$662.74	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MARRIOTT JW HILTON		(b) Payee address; City, State, Zip Code 23808 RESORT PKWY SAN ANTONIO, TX 78261
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description LODGING EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 62/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797	
4 Date 07/18/2025	5 Payee name AT&T MOBILITY		
6 Amount (\$) \$108.75  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/18/2025	Payee name AT&T MOBILITY		
Amount (\$) \$107.69  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/18/2025	Payee name AT&T MOBILITY		
Amount (\$) \$107.69  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 63/64	2 FILER NAME Guillen, Ryan A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051797	
4 Date 10/18/2025	5 Payee name AT&T MOBILITY		
6 Amount (\$) \$244.89	7 Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/18/2025	Payee name AT&T MOBILITY		
Amount (\$) \$107.69	Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name AT&T MOBILITY		
Amount (\$) \$107.20	Payee address; City; State; Zip Code PO BOX 5015  CAROL STREAM, IL 60198		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TELECOMMUNICATION SERVICE EXPENSE FOR CAMPAIGN/OFFICEHOLDER PURPOSES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 64/64
<b>2</b> FILER NAME Guillen, Ryan A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00051797
<b>4</b> Date 12/29/2025	<b>5</b> Name of person from whom amount is received FRONTERA TEXAS PAC .....	<b>8</b> Amount (\$) \$1,668.86
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code AUSTIN, TX 78767	
	<b>7</b> Purpose for which amount is received OFFICE UTILITIES REIMBURSMENT FOR CAMPAIGN/OFFICEHOLDER PURPOSES	<input type="checkbox"/> Check if political contribution returned to filer