

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090344		2 Total pages filed: 12		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Emmanuel		Date Received ELECTRONICALLY FILED 02/05/2026				
		NICKNAME Guerrero		Date Hand-delivered or Date Postmarked				
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____				
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Receipt # _____				
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	Amount _____				
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	Date Processed				
5 ORIGINAL PERIOD COVERED		Month 01/01/2026	Day	Year	Month 02/01/2026	Day	Year	Date Imaged
6 EXPLANATION OF CORRECTION Required editing time period report covered.								

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Emmanuel Guerrero

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 oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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) 00090344	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Emmanuel	MI	OFFICE USE ONLY		
	NICKNAME	LAST Guerrero	SUFFIX	Date Received ELECTRONICALLY FILED 02/05/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1039 Willow Oaks Cir Pasadena, TX 77506			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr.	MI			
	NICKNAME	LAST Luis	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1119 Imperial Lake Drive Houston, TX 77073					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 686-5438					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 02/01/2026	Day	Year
10 ELECTION	ELECTION DATE Month 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) City Council Place Pasadena District District C Harris			12 OFFICE SOUGHT (if known) State Representative District 144		

GO TO PAGE 2

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

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

3 of 12

13 C / OH NAME	Guerrero, Emmanuel		14 Filer ID (Ethics Commission Filers) 00090344
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 5,426.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 36,551.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,260.00

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.

Emmanuel Guerrero

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**

4 of 12

18 FILER NAME Guerrero, Emmanuel	19 Filer ID (Ethics Commission Filers) 00090344
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 4,200.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5,426.00	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/12
2 FILER NAME Guerrero, Emmanuel		3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Madyson	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Housto, TX 77006	
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) BMC Software
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Cesar	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Sacramento, CA 95822	
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Capitol Advocacy
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Conception	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77039	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Abigail	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Colton, CA 92324	
Principal occupation / Job title (See Instructions) Fundraiser		Employer (See Instructions) Claremont McKenna College
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Janet	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Indiantown, FL 34956	
Principal occupation / Job title (See Instructions) Case Assistant		Employer (See Instructions) Singleton Schreiber

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/12
2 FILER NAME Guerrero, Emmanuel		3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Max	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Bellmore, NY 11710	
8 Principal occupation / Job title (See Instructions) Threshold Group		9 Employer (See Instructions) Partner
Date 01/16/2026	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00068703) LEE Texas PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Wilmington, DE 19801	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Damian	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Albuquerque, NM 87120	
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Bernalollo County
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petterson, Steven	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Seattle, WA 98116	
Principal occupation / Job title (See Instructions) Blue Wave Political Partners		Employer (See Instructions) Partner
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Julie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Ogden, UT	
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Landslide Political

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/12
2 FILER NAME Guerrero, Emmanuel		3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Anthony	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Dell
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robles, William	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) FPS
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sam	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code San Rafael, CA 94903	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Rodriguez Strategic Partners
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez Sr., Francisco	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Pasadena, TX 77503	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinasohn, Daniel	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Spearfish, SD 57783	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/12
2 FILER NAME Guerrero, Emmanuel		3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Fundacio 6 Contributor address; City; State; Zip Code Spring, TX	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Self

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: 1/4 Rpt: 9/12	2 FILER NAME Guerrero, Emmanuel	3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/16/2026	5 Payee name Bokros, Ashton	
6 Amount (\$) \$560.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bokros, Ashton	Office sought Office held
Date 01/18/2026	Payee name Bokros, Ashton	
Amount (\$) \$600.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bokros, Ashton	Office sought Office held
Date 01/23/2026	Payee name Bokros, Ashton	
Amount (\$) \$360.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bokros, Ashton	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: 2/4 Rpt: 10/12	2 FILER NAME Guerrero, Emmanuel	3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/22/2026	5 Payee name LEE Texas PAC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 800 N King Street Ste 304-4181 Wilmington, DE 19801	
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 Consulting expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name Mail Boxes Plus Pasadena	
Amount (\$) \$174.00	Payee address; City; State; Zip Code 4808 Fairmont Pkwy Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name Two Four Consulting	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 1013 WEllaine Ave Pasadena, TX 77506	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor
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: 3/4 Rpt: 11/12	2 FILER NAME Guerrero, Emmanuel	3 Filer ID (Ethics Commission Filers) 00090344
4 Date 01/18/2026	5 Payee name Two Four Consulting	
6 Amount (\$) \$1,240.00	7 Payee address; City; 1013 WEllaine Ave Pasadena, TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/23/2026	Payee name Two Four Consulting	
Amount (\$) \$880.00	Payee address; City; 1013 WEllaine Ave Pasadena, TX 77506	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name United States Postal Service	
Amount (\$) \$156.00	Payee address; City; 1199 Pasadena Blvd Pasadena, TX 77501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 mailing
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: 4/4 Rpt: 12/12	2 FILER NAME Guerrero, Emmanuel	3 Filer ID (Ethics Commission Filers) 00090344	
4 Date 01/20/2026	5 Payee name United States Postal Service		
6 Amount (\$) \$156.00	7 Payee address; City; 1199 Pasadena Blvd Pasadena, TX 77501	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 mailing	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held