

ESTEBAN GUERRA

**PRIMARY
RUNOFF REPORT
MAY 18, 2026**

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)

2 Total pages filed:

33

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR

FIRST

ESTEBAN

MI

NICKNAME

STEVE

LAST

GUERRA

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

3106 SAPPHIRE CT

APT / SUITE #;

BROWNVIEW

CITY;

TX

STATE; ZIP CODE

78521

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(956)

PHONE NUMBER

407-8181

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MR

FIRST

SAMUEL

MI

NICKNAME

LUERREKO

LAST

LUERREKO

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

808 TESORO DR

CITY;

RANCHO VIEJO

STATE; ZIP CODE

TX

78575

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(956)

PHONE NUMBER

466 8809

EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☒ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

2 / 24 / 26

THROUGH

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 26 / 26.

☐ Primary

☒ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

CAMMERON COUNTY JUDGE

14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

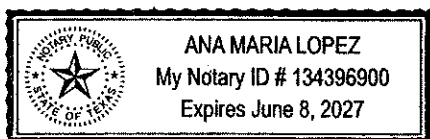
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 155,980.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 11,166.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 162,774.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28,093.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,981.15

18 SIGNATURE 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.

Esueba
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Esteban Guerra this the 16th day of June, 2026, to certify which, witness my hand and seal of office.

Ana M. Lopez Ana M. Lopez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 3-2-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RAFAEL LOPEZ	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 28039 DOANE RD. HARLINGEN TX 78552		
8 Principal occupation / Job title (See Instructions) PHYSICIAN.		9 Employer (See Instructions)
Date 3-2-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHN L SHERGOLD.	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 509 MORELOS AVE RANCHO VIEJO TX 78575		
Principal occupation / Job title (See Instructions) ATTORNEY.		Employer (See Instructions)
Date 3-3-26.	Full name of contributor ☐ out-of-state PAC (ID#: _____) PEDRO CEPEDA.	Amount of contribution (\$) 20,000.⁰⁰
Contributor address; City; State; Zip Code 25130 JESUS FLORES RD. MONTE ALTO, TX 78538.		
Principal occupation / Job title (See Instructions) CONSTRUCTION / Aggregate		Employer (See Instructions)
Date 3-6-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) PRIME POWER SERVICES.	Amount of contribution (\$) 5,000.⁰⁰
Contributor address; City; State; Zip Code 5420 SOUTHWEST RD BROWNSVILLE TX 77821		
Principal occupation / Job title (See Instructions) ELECTRICAL SERVICES.		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA.		3 Filer ID (Ethics Commission Filers)
4 Date 3-24-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ROBINLIN BROKERAGE FIRM.	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 14055 BLANCO RD. STE 108 SAN ANTONIO, TX 78216		
8 Principal occupation / Job title (See Instructions) INSURANCE BROKERS.		9 Employer (See Instructions)
Date 3-26-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) MANUEL BENAVIDES.	Amount of contribution (\$) 3000.00
Contributor address; City; State; Zip Code 1004 SANTA ANA AVE RANCHO YUESO TX 78575		
Principal occupation / Job title (See Instructions) FARMER.		Employer (See Instructions)
Date 3-26-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) JORGE A. GARZA.	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3220 FM 802 BROWNSVILLE TX 78526		
Principal occupation / Job title (See Instructions) BUSINESS OWNER.		Employer (See Instructions)
Date 3-25-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) HIRAM LUTIERREZ	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 701 N. BENTSON RD MCALLEN TX 78501		
Principal occupation / Job title (See Instructions) LAW FIRM.		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 3-27-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RLV LAND DEVELOPMENT	7 Amount of contribution (\$) 2500.00
6 Contributor address; City; State; Zip Code 1200 W SAM HOUSTON BLVD. PHARR, TEXAS 78577		
8 Principal occupation / Job title (See Instructions) LAND DEVELOPMENT.		9 Employer (See Instructions)
Date 3-30-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) OSCAR CUELLAR	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 7217 LAKE SHORE DR EDINBURG TX 78539		
Principal occupation / Job title (See Instructions) CONSTRUCTION.		Employer (See Instructions)
Date 3-30-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALLIED VALLEY MANAGEMENT II LLC	Amount of contribution (\$) 3000.00
Contributor address; City; State; Zip Code 1201 E. ELIZABETH BROWNSVILLE TX 78520		
Principal occupation / Job title (See Instructions) PROPERTY MANAGEMENT.		Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) INFIDA, LLC	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 834 E TYLER ST. BROWNSVILLE TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 4-14-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CEIBA LAND COMPANY LLC 6 Contributor address; City; State; Zip Code 4301 W WILLIAM CANNON DR STEB AUSTIN, TX 78749	7 Amount of contribution (\$) 250⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) IMMOBILIARE ASSETS LLC Contributor address; City; State; Zip Code 834 E TYLER ST BROWNSVILLE TX 78520	Amount of contribution (\$) 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) TERPAAITA DEVELOPMENT SUBDIVISION HOA. Contributor address; City; State; Zip Code 834 E TYLER ST BROWNSVILLE TX 78520	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) LOMA RITA INVESTMENTS LLC Contributor address; City; State; Zip Code PO BOX 3383 BROWNSVILLE TX 78520	Amount of contribution (\$) 250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 4-14-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ORIGINAL TOWNSIDE HOLDINGS, LLC	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 834 E. TYLER ST. BROWNSVILLE TX 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) TERRAZA DEVELOPMENT LLC	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 7097 N. EXPRESSWAY TR STE 7 BROWNSVILLE TX 78575		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) LANDMARK CONDOMINIUMS.	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 834 E. TYLER BROWNSVILLE TX 78520.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-20-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) NEXT DECADE CORP. PAC.	Amount of contribution (\$) 1500⁰⁰
Contributor address; City; State; Zip Code 1000 LOUISIANA ST. STE 3900 HOUSTON TX 77002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUEZRA		3 Filer ID (Ethics Commission Filers)
4 Date 4-23-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) AMP CO BROILERAGE SERVICES, LLC 6 Contributor address; City; State; Zip Code 1555 N CENTRAL AVE STE A BROWNSVILLE TX 77821	7 Amount of contribution (\$) 500⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-27-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) MASTER CONTRACTOR SERVICES. Contributor address; City; State; Zip Code 1750 N MINNESOTA BROWNSVILLE TX 77821	Amount of contribution (\$) 200⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-30-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) CESAR A. LONZAVEZ Contributor address; City; State; Zip Code 124 COUNTRY CLUB RD BROWNSVILLE TX 77820	Amount of contribution (\$) 1000⁰⁰
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 5-4-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) FUTURE TEXAS PAC Contributor address; City; State; Zip Code 1317 ORANGE BLOSSOM WESLACO TX 78596	Amount of contribution (\$) 8000⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____)			7 Amount of contribution (\$)	
5-5-26	ILUSTRIA, LLC 6 Contributor address; City; State; Zip Code P.O. Box 2627 Harlingen TX 78551			3000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
5-7-26	Future Texas PAC Contributor address; City; State; Zip Code 1317 orange Blossom Weslaco TX 78596			9500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
5-20-26	FORTASTERO, LLC Contributor address; City; State; Zip Code 1555 N CENTRAL AVE STE. A BROWNSVILLE, TX 78521			1000.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)			Amount of contribution (\$)	
5-20-26	G BROTHERS & SONS, LLC Contributor address; City; State; Zip Code 147 CREEKBLVD. DR BROWNSVILLE TX 78521			2500.00	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5-9-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TEXAS SUBSTATION SERVICES 6 Contributor address; City; State; Zip Code 5294 SOUTHMOIST RD BROWNSVILLE TX 78521	7 Amount of contribution (\$) 8000 ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5-13-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) FUTURE TEXAS PAC Contributor address; City; State; Zip Code 1317 ORANGE BLOSSOM WESLACO TX 78596	Amount of contribution (\$) 16,500. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-21-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) ERICK ARELLANO Contributor address; City; State; Zip Code 5910 GRANDE BLVD BROWNSVILLE TX 78521	Amount of contribution (\$) 2500 ⁰⁰
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions)
Date 5-22-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) OPTIMUS CAPITOL INVESTMENTS. Contributor address; City; State; Zip Code 5420 SOUTHMOIST RD BROWNSVILLE TX 78521	Amount of contribution (\$) 3000 ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 5-20-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ROBERT M. WALSDORF	7 Amount of contribution (\$) 2,500.00
6 Contributor address; City; State; Zip Code 212 E. RESACA DR. LOS FRESNOS TX 78566		
8 Principal occupation / Job title (See Instructions) CONTRACTOR		9 Employer (See Instructions)
Date 5-18-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) TEX-US SUBSTATION SERVICES	Amount of contribution (\$) 15,000.00
Contributor address; City; State; Zip Code 5294 SOUTHMOIST RD BROWNSVILLE TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

ESTEBAN "STEVE" GUERRA.

3 Filer ID (Ethics Commission Filers)

\$ 6250.⁰⁰/₁₀₀

4-15-26.

PRIME POWER SERVICES

5000²

Advertising Expense

5420 SOUTHWEST RD BROWNSVILLE TX 77820

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

4-28-26

PRIME POWER SERVICES.

1250.⁰⁰

Food expense.

5420 SOUTHWEST RD BROWNSVILLE TX 77820

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 19029.95	
5 Date 5-9-26	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) LUIS H. VILLARREAL	8 Amount of Contribution \$ 9,514.98	9 In-kind contribution description consulting
7 Contributor address; City; State; Zip Code 1615 GUADALAJARA BROWNSVILLE TX 78520		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) DEVELOPER		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 5-18-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUIS H VILLARREAL	Amount of Contribution \$ 9514.97	In-kind contribution description consulting
Contributor address; City; State; Zip Code 1615 GUADALAJARA BROWNSVILLE TX 78520		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) DEVELOPER		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 2-24-26		5 Payee name HEB			
6 Amount (\$) 284.⁹¹		7 Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE / FOOD EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 2-24-26		Candidate / Officeholder name JOAN RODRIGUEZ			
Amount (\$) 3757.⁵⁰		Payee address; City; State; Zip Code 1837 E. TAYLOR ST. APT. A. BROWNsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WAGES / LABOR EXPENSE.		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 2-25-26		Candidate / Officeholder name SCHOOLS VOTE			
Amount (\$) 500.⁰⁰		Payee address; City; State; Zip Code BROWNsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE.		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
		Candidate / Officeholder name Office sought			
		Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" LIVERIA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-2-26		5 Payee name PALENTINE GRU			
6 Amount (\$) 267.77		7 Payee address; City; State; Zip Code BROWNSVILLE TX 78520 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE / FOOD		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					
Date 3-3-26		Payee name HEB.			
Amount (\$) 263.91		Payee address; City; State; Zip Code BROWNSVILLE TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					
Date 3-4-26		Payee name CMUCO			
Amount (\$) 360.00		Payee address; City; State; Zip Code BROWNSVILLE TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE.		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-9-2026		5 Payee name MARTIN VILLARREAL			
6 Amount (\$) 1800.00		7 Payee address; 128 DAWLEY		City; BROWNVILLE	State; TX
				Zip Code 78526	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Date 3-9-26		Payee name ROBERTO VELA			
Amount (\$) 100.00		Payee address;		City; BROWNVILLE	State; TX
				Zip Code 78520	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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
Date 3-2-26		Payee name FELIX MUNOZ			
Amount (\$) 200.		Payee address;		City; LOS FRESNOS	State; TX
				Zip Code 78566	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-11-26		5 Payee name IRMA PENA			
6 Amount (\$) 700.00		7 Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LABOR EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3-11-26		Candidate / Officeholder name JOAN RODRIGUEZ			
Amount (\$) 3037.50		Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3-13-26		Candidate / Officeholder name SCHOOLS VOTE			
Amount (\$) 2500.00		Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES / SOCIAL MEDIA		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-23-26.		5 Payee name HEB.			
6 Amount (\$) 333.94		7 Payee address; City; State; Zip Code Brownsville TX 78520. ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE.		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3-30-26		Payee name SAINT JOSEPH ACADEMY			
Amount (\$) 250.00		Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION.		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-6-26		Payee name TOSCAPINO.			
Amount (\$) 200.00		Payee address; City; State; Zip Code Brownsville TX 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-2-26</i>		5 Payee name <i>Twelve Thirty, LLC</i>			
6 Amount (\$) <i>2671.56</i>		7 Payee address; <i>Brownville</i>		City; <i>TX</i>	State; <i>78520</i>
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>4-7-26</i>		Payee name <i>HEB.</i>			
Amount (\$) <i>358.56</i>		Payee address; <i>Brownville</i>		City; <i>TX</i>	State; <i>78520</i>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>4-24-26</i>		Payee name <i>Blueprint</i>			
Amount (\$) <i>20,000.00</i>		Payee address; <i>1333 New Hampshire # 210</i>		City; <i>Washington DC</i>	State; <i>20036</i>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense.</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-8-26</i>		5 Payee name <i>Johvet Lopez</i>			
6 Amount (\$) <i>250.00</i>		7 Payee address; <i>506 Suffolk Dr.</i>		City; <i>Gaithersburg</i>	State; <i>MD</i>
				Zip Code <i>20878</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>4-10-26</i>		Payee name <i>Monica Millis</i>			
Amount (\$) <i>150.00</i>		Payee address;		City; <i>Santa Rosa</i>	State; <i>TX</i>
				Zip Code <i>79575</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>4-17-26</i>		Payee name <i>Jose Trevino</i>			
Amount (\$) <i>750.00</i>		Payee address;		City; <i>Hartney</i>	State; <i>TX</i>
				Zip Code <i>79575</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Luna</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-20-26</i>		5 Payee name <i>Martin Villarreal</i>			
6 Amount (\$) <i>350.00</i>		7 Payee address; <i>128 Dowley St</i>		City; <i>Brownsville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printed expense.</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>4-27-26</i>					
Payee name <i>Twelve Thirty, LLC</i>					
Amount (\$) <i>1465.35</i>		Payee address;		City; <i>Brownsville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printed expense.</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>4-27-26</i>					
Payee name <i>Academy Sports Outdoors</i>					
Amount (\$) <i>499.58</i>		Payee address;		City; <i>Brownsville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense.</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Esteban "Steve" Guere</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-28-26</i>	5 Payee name <i>Episcopal Day School</i>	
6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation.</i>	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>5-5-26</i>	Payee name <i>HEB.</i>	
Amount (\$) <i>417.18</i>	Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense.</i>	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>5-7-26</i>	Payee name <i>Switchboard</i>	
Amount (\$) <i>371.23</i>	Payee address; City; State; Zip Code <i>Washington DC 20036</i> ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense.</i>	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Esteban "Steve" Guerra		3 Filer ID (Ethics Commission Filers)	
4 Date 5-22-26.		5 Payee name Blue Print			
6 Amount (\$) 20,000.00		7 Payee address; 1333 New Hampshire # 210		City; Washington	State; DC
				Zip Code 20036.	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date 5-28-26		Payee name Johvet Lopez			
Amount (\$) 2500.00		Payee address; 506 Suffolk Dr		City; Gaithersburg	State; MD
				Zip Code 20878	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date 5-4-26		Payee name NELDA IBARRA			
Amount (\$) 200.00		Payee address;		City; SAN BENITO	State; TX
				Zip Code 78530	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) labor		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Guenon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-8-26.</i>		5 Payee name <i>Twelve Thirty LLC</i>			
6 Amount (\$) <i>3535.73</i>		7 Payee address;		City; <i>Brownsville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>printing expense.</i>				
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>5-11-26</i>		Payee name <i>SAN BENITO NEWS</i>			
Amount (\$) <i>500.00</i>		Payee address;		City;	State; Zip Code
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Advertising Expense.</i>				
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
Date <i>5-11-26</i>		Payee name <i>Burder Press</i>			
Amount (\$) <i>5825.46.</i>		Payee address;		City;	State; Zip Code
				<i>Brownsville</i>	<i>TX 78520</i>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>printing expense.</i>				
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Guenon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-11-26</i>		5 Payee name <i>Borda X-Press</i>			
6 Amount (\$) <i>600.00</i>		7 Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>5-15-26</i>		Payee name <i>Border Press</i>			
Amount (\$) <i>5825.46</i>		Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense.</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>5-18-26</i>		Payee name <i>Schools Vote</i>			
Amount (\$) <i>2200.00</i>		Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-19-26</i>		5 Payee name <i>Border Press</i>			
6 Amount (\$) <i>2866.31</i>		7 Payee address; City; State; Zip Code <i>Brownville TX 78520</i>			
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-11-26</i>		Payee name <i>Rotary Club of Los Fresnos</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>Los Fresnos TX 78566</i>			
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5-18-26</i>		Payee name <i>Jose Trevino</i>			
Amount (\$) <i>750.00</i>		Payee address; City; State; Zip Code <i>Harlingen TX 78575</i>			
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Girona</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-19-26</i>		5 Payee name <i>Eclix Munoz</i>			
6 Amount (\$) <i>250.00</i>		7 Payee address;		City; <i>Los Fresnos</i>	State; <i>TX</i>
				Zip Code <i>78566</i>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>labor</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>5-21-26</i>		Payee name <i>Border Press</i>			
Amount (\$) <i>11,650.96</i>		Payee address;		City; <i>Brownville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>5-26-26</i>		Payee name <i>Nicholas Vega</i>			
Amount (\$) <i>600.00</i>		Payee address;		City; <i>Brownville</i>	State; <i>TX</i>
				Zip Code <i>78520</i>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Esteban "Steve" Larena</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>5-28-26</i>		5 Payee name <i>Jose Limon</i>			
6 Amount (\$) <i>1300.00</i>		7 Payee address; City; State; Zip Code <i>San Benito TX 78566</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>labor</i>		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>5-29-26</i>		Payee name <i>Gracie Gutierrez</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>labor</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>4-14-26</i>		Payee name <i>JASON LARLICH FUNDRAISER</i>			
Amount (\$) <i>100.00</i>		Payee address; City; State; Zip Code <i>Brownsville TX 78520</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 6-1-26		5 Payee name SWEET CO.			
6 Amount (\$) 2000.		7 Payee address; City; State; Zip Code 23 E. MAPLE DR. BROWNSVILLE TX 78520			
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date 6-5-26		Payee name LISANDRO PENA.			
Amount (\$) 1200.		Payee address; City; State; Zip Code BROWNSVILLE TX 78520.			
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR.		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	
Date 6-2-26		Payee name BROWNSVILLE ELKS LODGE			
Amount (\$) 150.00		Payee address; City; State; Zip Code BROWNSVILLE TX 78520			
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)																																																												
4 Date 6-5-26	5 Payee name HEB																																																														
6 Amount (\$) 274.21	7 Payee address; City; State; Zip Code BROWNVILLE TX 78520 ☐ Check if individual's residence address.																																																														
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description																																																												
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense																																																														
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																																															
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 6-11-26</td> <td colspan="4">Payee name FELIX MUNOZ</td> </tr> <tr> <td>Amount (\$) 150.00</td> <td colspan="4"> Payee address; City; State; Zip Code LOS FRESNOS TX 78575 ☐ Check if individual's residence address. </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) LABOR</td> <td colspan="2">Description</td> </tr> <tr> <td colspan="4"> ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="5"> <table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table> </td> </tr> <tr> <td colspan="5"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 6-15-26</td> <td colspan="4">Payee name BEST BUY</td> </tr> <tr> <td>Amount (\$)</td> <td colspan="4"> Payee address; City; State; Zip Code BROWNVILLE TX 78520 ☐ Check if individual's residence address. </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) EQUIPMENT EXPENSE</td> <td colspan="2">Description</td> </tr> <tr> <td colspan="4"> ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="5"> <table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table> </td> </tr> </table> </td></tr></table>					Date 6-11-26	Payee name FELIX MUNOZ				Amount (\$) 150.00	Payee address; City; State; Zip Code LOS FRESNOS TX 78575 ☐ Check if individual's residence address.				PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR		Description		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date 6-15-26</td> <td colspan="4">Payee name BEST BUY</td> </tr> <tr> <td>Amount (\$)</td> <td colspan="4"> Payee address; City; State; Zip Code BROWNVILLE TX 78520 ☐ Check if individual's residence address. </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) EQUIPMENT EXPENSE</td> <td colspan="2">Description</td> </tr> <tr> <td colspan="4"> ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="5"> <table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table> </td> </tr> </table>					Date 6-15-26	Payee name BEST BUY				Amount (\$)	Payee address; City; State; Zip Code BROWNVILLE TX 78520 ☐ Check if individual's residence address.				PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EQUIPMENT EXPENSE		Description		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:30%;">Office sought</td> <td style="width:40%;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
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Date 6-15-26	Payee name BEST BUY																																																														
Amount (\$)	Payee address; City; State; Zip Code BROWNVILLE TX 78520 ☐ Check if individual's residence address.																																																														
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 6-15-26	5 Payee name SWITCHBOARD		
6 Amount (\$) 5394.95	7 Payee address; City; State; Zip Code 1110 GURJAL AVE STE A4-700 SAN FRANCISCO CA 94129 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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			
Date 6-15-26	Payee name JOHNET LOPEZ		
Amount (\$) 2500.00	Payee address; City; State; Zip Code 506 Subbeld dr GAITHERSBURG MD 20878 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense.		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME ESTEBAN "STEVE" GUERRA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-4-26		5 Payee name RAMIRO AMARO			
6 Amount (\$) 600. ☒ Reimbursement from political contributions intended		7 Payee address; City: BROWNSVILLE State: TX Zip Code: 78520 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LABOR		(b) Description		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date APRIL 5, 2026		Payee name BORDA X PRESS			
Amount (\$) 600 ☒ Reimbursement from political contributions intended		Payee address; City: BROWNSVILLE State: TX Zip Code: 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTED MATERIALS		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4-10-26		Payee name JOAN RODRIGUEZ			
Amount (\$) 440 ☒ Reimbursement from political contributions intended		Payee address; City: BROWNSVILLE State: TX Zip Code: 78520 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LABOR		Description		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED