#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 2 Total pages filed: 1 Filer 1D (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME SHEEK NICKNAME STATE: ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX: 78064 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address CANDIDATE/ **OFFICEHOLDER** PHONE Amount & Receipt # FIRST MS / MRS / MR 6 CAMPAIGN Zoel **TREASURER** MR Date Processed NAME NICKNAME Date imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** 78064 927 Mitch Thomas (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE 11 ELECTION Runoff Other Month Day 03 /05 /2024 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE None 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jake	. H	Guerra		16 Filer	ID (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	1.		L CONTRIBUTIONS (OTHER THAI NTEES OF LOANS, OR TRONICALLY)	N	\$ <u>C</u>	>
	2.	TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	SUTIONS NS, OR GUARANTEES OF LOANS	)	\$ C	>
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.		\$	)
	4.	TOTAL POLITICAL EXPEND	TURES		\$ (	<u> </u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	AST DAY	\$285	5. 73
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTIN	FALL OUTSTANDING LOANS AS ( G PERIOD	OF THE	\$ _	)
18 SIGNATURE I s	swear, or a	affirm, under penalty of perjury, t e reported by me under Title 15, E	hat the accompanying report is trelection Code.	rue and co	orrect and includ	les all information
		Please comp	Signature of C		or Officeholder	
(1) Affidavit  NOTARY STAMP/SE	- EAL			My Notar	IA CAMPOS y ID # 3973150 ebruary 11, 2025	
			this the	ne <u>24</u>	day of <u><b>Fe</b></u>	bruary.
		itness my hand and seal of office.	C		Pecaption	.cab
Signature of officer adminis			fficer administering path			administering oath
Organizate of other committee			OR			
(2) Unsworn Declara						
My name is			, and my date of birt	h is		·
1				·		·
		(street)	(city)		(zip code)	
Executed in		County, State of	, on theday of (m	onth)	(year)	•
			Signature of Ca	andidate/O	fficeholder (Dec	larant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
Jake H Guerra	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 🔿
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CANDIDAT CAMPAIGN						ORM C/OH HEET PG 1
The C/OH Instruction Gu	ide explains how to	complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages fi	ed;
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR	59 KC	,	· MI	OFFICE	USEONLY
NAME .	NICKNAME	Guerra		SUFFIX	Date Received	COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #:	_		Date Received A	K &
Change of Address	1604 Pec	an circle	, Pleason	ton, TX 7806°		0 30
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Date Hand-b live	a Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	1	MI	Receipt #	Amount \$
TREASURER NAME		Soel McD	Daniel	SUFFIX	Date Processed	
	NICKNAME 	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N		/ SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	927 Mit	ch Thomas	[bad]	Pleasanton	-, TX 7	18064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
9 REPORT TYPE	January 15	30th day befor	ore election	Runoff	treasure	after campaign appointment ider Only)
	July 15	8th day before	e election	Exceeded Modified Reporting Limit	Final Re	port (Altach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THRO	Month UGH -		ear
	O ( ELECTION DAT	01 /2024		ELECTION TYP		024
11 ELECTION	Month Day	Year Prim	sary Ru	noff Other Description		
	03/05/	Gene	eral Sp	ecial	<u> </u>	
12 OFFICE	OFFICE HELD (If any)	27	13	OFFICE SOUGHT (If kno	wn)	
	None			County St	ier:{f	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDIT AND OFFICEHOLDERS ARE RI	IURES MAY HAVE A	FFN MADE WITHOUT THE CA	ANDIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	<u> </u>			
	SPECIFIC	COMMITTEE CAMPAIGN	I TREASURER NA	ME		
		COMMITTEE CAMPAIGN	N TREASURER A	DDRESS		
		GO 1	TO PAGE	2		

	E / OFFICEHOLDER FINANCE REPORT	COV	FORM ER SHEE	T PG 2
C/OH NAME		16 Filer 1D	(Ethlos Commis	sion Filers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N .	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	S)	\$ 1400.	00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	_	\$ O	
	4. TOTAL POLITICAL EXPENDITURES		\$ 328.	J <i>O</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY	\$ 2855	5. 73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$ 0	
	Please complete either option be	low:		
	Please complete either option be	low:		
(1) Affidavit	SYLVIA CAMPOS  N M 0073150			,
NOTARY STAMP/SE	all 你是一次你一直xpines i ebioday in in	· e	امیک عدد	srurary.
Sworn to and subscribe	ify which, witness my hand and seal of office.	tne	_ day ur <u>re</u>	31001004
Signature of officer admini	stering oath Printed name of officer administering oath	·	Title of officer	administering cati
(2) Unsworn Declar	or			
My name is	, and my date of b	Irth is	<u>.</u>	
My address is		_' <del></del> '	(zip code)	
Executed in	(street) (city)  County, State of, on the day of	•		
	Signature of	Candidate/Ot	fficeholder (Decl	arant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME .	20 Filer ID (Ethics Com	míssio	n Filers)
21.	SCHEDULE SUBTOTALS NAME OF SCHEDULE		-	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b>	200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ /	200.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	_ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -	328.10
- 6	. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b>	0
7	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	_ CONTRIBUTIONS	\$	0
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	0
10	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	O
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$	0

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
FILER NAME	Jake H Guerra		
Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4-24	Justin P Tom	l l	\$500.00
	P.O BOX 21, Campbellton	1, Tx 78008	
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Kanc	her	<u>seit</u>	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
5-24	Dale Harrell Contributor address; City;	State; Zip Code	\$20000
	5/31 Granto Road PotceT	, TX 78065	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Con-	trector	_ Seif	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
7-24	P9610 Pen9 Contributor address; City;	State; Zip Code	\$500.00
	466 FM 2146, Potcet, 5	Tex95 78065	
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Retir	ed	Seif	
Date		AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	•
	D. J. J. Little (O Instructions)	Employer (See Instru	uctions)
Principal occ	cupation / Job title (See Instructions)		
-			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
ILER NAME			3 Filer ID (Ethics Commission Filers)
	ke Guerra		
OTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 
) ale	6 Full name of contributor   out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution \$   description   Campaign
ľ	1 Collinguior additions, ————————————————————————————————————	Zip Code	S1&n'S  Check if travel outside of Texas. Complete Schedule
	927 Mitch Thomas, Pleasanton, 7	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
$\sim$	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	رم)	£
Contributor's	Chef principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Full name of contributor		Amount of In-kind contribution Contribution \$ description
•	Contributor address; City; State;	Zip Code	Check if travel outside of Texas, Complete Schedu
Principal oc	Contributor address; City; State; cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas, Complete Scheduryer (FOR NON-JUDICIAL)(See Instructions)
	Contributor address,	Emplo	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL) (See Instructions
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL)	Emplo	Check if travel outside of Texas, Complete Schedul ryer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL) (See Instructions rm of contributor's spouse (if any) (FOR JUDICIAL)
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL) 's employer/law firm (FOR JUDICIAL)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL) (See Instructions
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL) 's employer/law firm (FOR JUDICIAL)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL)(See Instructions
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL) 's employer/law firm (FOR JUDICIAL)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL)(See Instructions
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL) 's employer/law firm (FOR JUDICIAL)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL) (See Instructions
Contributor	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) 's principal occupation (FOR JUDICIAL) 's employer/law firm (FOR JUDICIAL)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions) butor's job title (FOR JUDICIAL) (See Instructions

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedu	lie B;
LER NAME			3 Filer ID (Ethics C	ommission Filers)
$\overline{}$	ake Guerra			
	UNITEMIZED PLEDGES		\$	
ate	6 Full name of pledgor  uut-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State	e; Zip Code	0	1
			Check if travel out	l. side of Texas. Complete Schedule
Principal oc	cupation / Job title (See Instructions)	11 Employer (See	(nstructions)	
Date	Full name of pledgor		Amount of Pledge \$	l in-kind contribution l description
	Pledgor address; City; Sta	te; Zip Code	Check if travel or	!
Bringinal of	cupation / Job title (See Instructions)	Employer (Se	ee Instructions)	
- III Cipai oc		·		
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of Pledge \$	in-kind contribution description
•	Pledgor address; City; St	ate; Zip Code		
•			Check if travel of	outside of Texas. Complete Sched
Principal o	occupation / Job title (See Instructions)	Employer (5	See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_		) Amount of Pledge \$	I In-kind contribution I description
	Pledgor address; City; Stat	te; Zip Code		 
			Check If travel	outside of Texas, Complete Sche
Principal	occupation / Job title (See Instructions)	Employer (	See Instructions)	
<u></u>				

### SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) ☐ out-of-state PAC (ID#\_ Name of lender Date of loan 10 Interest rate State; Zip Code ls lender City: a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political 14 Description of Collateral . account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code City: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#;\_ Name of lender Date of loan Interest rate State: Zlp Code City; Lender address: is lender a financial Maturity date Institution? Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
vertising Expense counting/Banking nsulting Expense ntributions/Donations Made By and(date/Officeholder/Political ( dit Card Payment	Fees ( Food/Beverage Expense ( Glft/Awards/Memorials Expense (	.can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Piniting Expense Salaries/Wages/Contract Labor how to complete this form.	Soticitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)
·	<u> </u>	now to complete management	3 Filer ID (Ethics Commission Filers)
otal pages Schedule F1:			(2
	5 Payee name		
ate	Home Delot		•
mount (\$)	7 Payee address;	City;	State; Zip Code
528,10	3111 SE Military Driv	e. San Anton	10, 1/223
70011	(a) Category (See Categories listed at the top of this s		
PURPOSE			
OF	1.1.	و ملاملات	61c6
EXPENDITURE	Advertising Expense	Stake !	•
	(c) Check if Iravel outside of Texas. Complete Sc	chedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
D. H.	Payee name		
Date			
		•	
Amount (\$)	Payee address;	City;	State; Zip Code
		,	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE		l l	•
OF		i i	
EXPENDITURE			
	Check if travel outside of Texas. Complete	Schedule T. Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expanditure to benefit C/0	Candidate / Officeholder name OH	Office sough	t Office held
	Payee name		
Date	Payee Hallio		
Amount (\$)	Payee address;	Clty;	State; Zip Code
Amount (4)	r ayee address,	·	
,			
		s schedule) Description	
•	Category (See Calegories listed at the top of this	s schedule) Description	•
PURPOSE	1	,	
OF EXPENDITURE	1	·	· .
	Check if travel outside of Texas. Complet	e Schedule T. Check	K Austin, TX, officehalder living expense
	The state of the s	Office sou	ght Office held
Complete <u>ONLY</u> if direc expenditure to benefit C	t Candidate / Officeholder name C/OH		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	SNEEDED
	AT IACH ADDITIONAL COFF		Revised 11

## UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

	1	EXPENDITU	RECATEG	ORIES FO	R BOX 10(a)			
vertising Expense counting/Banking nsulting Expense ntributions/Donations Made By andidate/Officeholder/Political	Fee Foo / Gift I Committee Leg	od/Beverage Expen t/Awards/Memorial gal Services	s Expense	Office Overhing Experienting Experienting Experienting Experienting Experienting Experiential Property Nation (National Property National		Transpo Travel Ir Travel C	n District Out Of District	Expense nt & Related Expense not listed above)
			anide exhigi			3 Eller	ID /Ethics Co	mmission Filers)
otal pages Schedule F2:	2 FILER NAM		19			J ner	ID (EI)NOO OO	
TOTAL OF UNITEM	/IZED UNPA	ID INCURR	RED OBLI	IGATIONS	S 	\$	0	
Date	6 Payee nam	ne						
Amount (\$)	8 Payee add	dress;			City;		State;	Zip Code
,					· 			
TYPE OF EXPENDITURE	Poli	litical	[	Non-Po	litical			· .
	(a) Category (	(See Categories liste	ed at the top of t	his schedule)	(b) Description			
PURPOSE OF			• .		ļ	- ,	·	
	ļ							
EXPENDITURE		theck if Iravel outside o				Austin, TX, o	fficeholder living	
	Candio	date / Officeho			Check II	Ausţin, TX, o	·	
Complete ONLY If direct expenditure to benefit C/O	Candid	date / Officeho				Ausţin, TX, o	·	
Complete ONLY If direct expenditure to benefit C/O	Candid OH	date / Officeho			Office sought	Austin, TX, o	Office h	eld
Complete ONLY If direct expenditure to benefit C/O	Candid  Payee na  Payee a	date / Officeho		(	Office sought	Austin, TX, o	Office h	eld
Complete ONLY If direct expenditure to benefit C/G  Date  Amount (\$)	Candid Payee na Payee a	ame	lder name	Non-	Office sought City;		Office h	eld
Complete QNLY If direct expenditure to benefit C/G  Date  Amount (\$)  TYPE OF EXPENDITURE	Candid Payee na Payee a	ame address; Political y (See Calegories i	isted at the lop o	Non-	City; Political Descripti	on .	Office h	Zip Code
Complete ONLY If direct expenditure to benefit C/C  Date  Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Candido  Payee na  Payee a  Category	ame address;	isted at the lop o	Non- of this schedule)	City; Political Descripti	on .	Office h	Zip Code

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME  SAKE	H Guerra	3 Filer ID (Ethics Commission Filers)
	me of person from whom investment is purchased	
6 Ad	Idress of person from whom investment is purchased;	City; State; Zip Code
7 D	escription of investment	,
8 8	Amount of Investment (\$)	
Date	Name of person from whom Investment is purchased	
	Address of person from whom Investment is purchased;	City: State; Zip Code
-	Description of investment	
	Amount of Investment (\$)	
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

kdverlising Expense kccounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ 0
	6 Payee name		
Date	U rayee Harne	·	
Amount (\$)	8 Payee address;	City;	State; Zip Code
TYPE OF	Political	Non-Political	
EXPENDITURE		41.50	
0	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
PURPOSE			
OF EXPENDITURE			
ZXI ENDITORE	(c) Check if travel outside of Texas. Comp	clete Schedule T Check if	Austin, TX, officeholder living expense
 1	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top	of this schedule) Description	n
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texas. Co	omplele Schedule T. Chec	k if Auslin, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/	Candidate / Officeholder nan	ne Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE A	S NEEDED
	·	ethics.state.tx.us	Revised 11/15/

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

rtising Expense unting/Banking uitling Expense ributions/Donations Made E ndidate/Officeholder/Politic	By al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overho Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundralsing for Transportation Equipment Travel in District Travel Out Of District Other (enter a category)	nt & Related Expense
dit Card Payment		The Instruction Guide expl	ains how to cor	mplete this form.		
Total pages Schedule G:	2 FILER N	et Guerra			3 Filer ID (Ethics C	ommission Filers)
Date	5 Payee na				·	
Amount (\$)  O  Relmbursement from political contributions intended	7 Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF	(a) Catego	ry (See Categories listed at the lop of t	this schedule)	(b) Description		
EXPENDITURE	(c)	Check If travel outside of Texas. Comple	ete Schedule T.	Check if Aus	tin, TX, officeholder living ex	
complete <u>ONLY</u> if direct xpenditure to benefit C/OI		didate / Officeholder name		Office sought		Office held
		•				
	Bayaa	address.		City;	State;	Zip Code
Amount (\$)  Reimbursement from political contributions intended		address;		City;	State;	Zip Code
Reimbursement from political contributions intended  PURPOSE OF	5	address; gory (See Categories listed at the lop	of this schedule)	Description		
Reimbursement from political contributions intended	5		· <u> </u>	Description	State; sustin. TX, afficeholder living	expense
Reimbursement from political contributions intended  PURPOSE OF	Cate	gory (See Calegories listed at the lop	· <u> </u>	Description		
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Cate	gory (See Calegories fisted at the loo Check it bravel outside of Texas, Corr	· <u> </u>	Description  Check if i	ustin. TX, aMceholder living	expense Office held
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit	Cate Cate Cate Cate Cate Cate Cate Cate	gory (See Calegories ilsted at the loo Check if travel outside of Texas, Com andidate / Officeholder name	· <u> </u>	Description  Check if i		expense
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if dire expenditure to benefit	Cate  Cate	gory (See Categories listed at the loo- Check if travel outside of Texas, Com andidate / Officeholder name e name	nplete Schedule T.	Description  Check if if  Office sought  City:	ustin. TX, aMceholder living State;	expense Office held
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direction intended of the complete of the comple	Cate  Cate	gory (See Calegories listed at the loo- Check if travel outside of Texas. Com andIdate / Officeholder name e name	nplete Schedule T.	Description  Check if it  Office sought  City:	ustin. TX, afficeholder flving State;	expense Office held  Zip Code
Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if directly expenditure to benefit Date  Amount (\$)  Reimbursement from political contribution intended  PURPOSE	Cate  Cate	gory (See Categories listed at the loo- Check if travel outside of Texas, Com andidate / Officeholder name e name	p of this schedule)	Description  Check if it  Office sought  City:	ustin. TX, aMceholder living State;	expense Office held  Zip Code

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Forms provided by Texas Ethics Commission

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

	EXPENDITURE CATEG	ORIESTO	K DOX 6(a)		
tvertising Expense ecounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politics	l Committee Legal Services	Office Overheat Polling Expension Printing Exper Salaries/Wage	se es/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expens
redit Card Payment	The Instruction Guide explains	s how to com	plete this form.	6 511 ID /FINIs	s Commission Filers
Total pages Schedule H:	Sake Guerra		<u> </u>	3 FILER ID (EUR	
Date	5 Business name				
Amount (\$)	7 Business address;		City;	State;	Zip Code
0			·		·
PURPOSE	(a) Category* (See Categories listed at the top of this so	chedule) (I	a) Description		
OF EXPENDITURE					·
	(c) Check if travel outside of Texas. Complete Sc	hedule T.	Chack if Aust	ln, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	0	ffice sought		Office held
Date	Business name			,	
Amount (\$)	Business address;		City;	State	; Zip Code
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete S	Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C	ОН				
Date	Business name		•		
Amount (\$)	Business address;		City;	Sta	te; Zip Code
	Category (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE				Austin, TX, afficeholder 1	iving expense
	Check if travel outside of Texas. Complete	e Schedule T.		TUSHII, IA, UHUBHOIDE) I	Office held
Complete ONLY if dire- expenditure to benefit	ct Candidate / Officeholder name C/OH		Office sought		
i					

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

tal pages Schedule I:	2 FILER NAME	ļ	3 Filer ID (Ethics Con	nmission Filers)
ai pages Schedule I.				
<u> </u>	Sake H Guerra	·	<del></del>	
Pate	5 Payee name		•	
Amount (\$)	7 Payee address;	City	State	Zip Code
0		<del></del>		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e Instructions regarding type of	Information
EXPENDITURE				<u></u>
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
			•	٠
PURPOSE	Category (See instructions for examples of acceptable	Description (Si	ee instructions regarding type o	of information
OF EXPENDITURE	categories.)	iequioqui		
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE	Category (See Instructions for examples of acceptable categories.)	Description (	See instructions regarding type	of Information
OF EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
•		,		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description required.)	(See Instructions regarding type	e of Information
OF. EXPENDITURE				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The In	struction Guide explains how to complete this form.	1 Total pages Schedul	<u> </u>
FILER NAME	ake H Guerra	3 Filer ID (Ethics C	commission Filers)
	Name of person from whom amount is received		3 Amount (\$)
	3 Address of person from whom amount is received; City;	State; Zip Code	O .
	7 Purpose for which amount is received Chec	k if political contribution r	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Che	ck if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Ch	eck if political contribution	n returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State: Zip Code	
	Purpose for which amount is received C	heck if political contributi	on returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCH		

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer 1D (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ **OFFICEHOLDER** Zake MR Date Receive NAME SOSA COUN SUFFIX rierra ZIP CODE APT / SUITE #; STATE: CITY ADDRESS / PO BOX: **▲** CANDIDATE / OFFICEHOLDER JAN 1 2 2026 MAILING **ADDRESS** 1604 Pecan Circle, Change of Address AREA CODE CANDIDATE/ OFFICEHOLDER PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN TREASURER oe' Date Processed MΩ NAME NICKNAME Date Imaged ZIP CODE STATE: CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 9 REPORT TYPE 30th day before election January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Exceeded Modified 8th day before election July 15 Reporting Limit Morth Day 10 PERIOD COVERED **THROUGH** ELECTION TYPE 11 ELECTION Primary Runoff Other Description Month Day Special General 03/05/24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE SUNTY None 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.

**GO TO PAGE 2** 

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

14 NOTICE FROM **POLITICAL** COMMITTEE(S)

Additional Pages

# CANDIDATE / OFFICEHOLDER. CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	
C/OH NAME	Jake H Guerra	6 Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	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)	\$ 2,850.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 116. 17
	4. TOTAL POLITICAL EXPENDITURES	\$ 398.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1,983. 83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 850. 00
	Signature of Ca	andidate or Officeholder
	Signature of Ca	
(1) Affidavit  NOTARY STAMP/S	Please complete either option below  SYLVIA CAMPOS  My Notary ID # 3973150  Expires February 11, 2025	w:
NOTARY STAMP/S Sworn to and subscrib	Please complete either option below  SYLVIA CAMPOS  My Notary ID # 3973150  Expires February 11, 2025  Deed before me by Take A. Guerra this the	w:
NOTARY STAMP/S Sworn to and subscrib 20 2 , to cer	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	
NOTARY STAMP/S Sworn to and subscrib	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	N: e 12 day of January.
NOTARY STAMP/S Sworn to and subscrib 20 2 , to cer Signature of officer admir	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	e/a day of
NOTARY STAMP/S Sworn to and subscrib 20 2 , to cer Signature of officer admir	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	e/a day of
NOTARY STAMP/S Sworn to and subscrib 20 2 , to cer Signature of officer admir  (2) Unsworn Declar My name is	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	e
NOTARY STAMP/S Sworn to and subscrib 20 2 , to cer Signature of officer admir  (2) Unsworn Declar  My name is  My address is	Please complete either option below  SYLVIA CAMPOS My Notary ID # 3973150 Expires February 11, 2025  Deed before me by	e

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	missio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		_	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	2,000.
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> l	, 250.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	850 00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	16.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 	0
7	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8	. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	JNDS	\$ 6	281.85
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0
11	. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBLE TO FILER	JTIONS RETURNED	\$	0

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Jake H Guerra	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
2/13/23	William P. Latham	
	16335 N. State HWY 16 Potce	+_ <i>T</i> X
	, pensiti cer ini	clf. cmployed
Date	Full name of contributor	Amount of contribution (\$)
2/24/23	Palmer Moidawer	; Zip Code
	14 Willowron, Houston TX:	77024
Principal occu	pation / Job title (See Instructions)	ployer (See Instructions)
Invest	Ment Banker Ma	rran Stankey
	Contributor address,	e; Zip Code
Principal occ	upation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address: City; Sta	e; Zip Code
Principal oc	cupation / Job title (See Instructions)	mployer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

if the requested information is not applicable, botton metado sino p	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
Jake H Guerra	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO	NS \$
Date 6 Full name of contributor out-of-state PAC (ID#:  State: Zip Contributor address; City: State: Zip Contributor All Thomas, PleySanton 7X	Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 E	mployer (FOR NON-JUDICIAL)(See Instructions)
Rancher	Self
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)  15 L	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
The state of the s	
1	Amount of Contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Date 3/13/23 William P Latham Contributor address: City; State: Zip C 16355 N. State HWY16 Potect. 7X	Contribution \$ description  Source Political  Sighs
Date    William P Latham	Contribution \$ description  SOURD POLITICAL  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIF
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule
Date    Contributor address: City; State: Zip C	Contribution \$ description  SOURD POLITICAL  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIF
Date    Normalized Particles   City: State: Zip Contributor address: City: State: Zip Contributor address: City: State: Zip Contributor occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   Land Developer Contributor's principal occupation (FOR JUDICIAL)	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)
Date    William P Latham	Contribution \$ description  SOUND POLITICAL  Sights  Check if travel outside of Texas. Complete Schedule  Employer (FOR NON-JUDICIAL)(See Instructions)  SCIT  Contributor's job title (FOR JUDICIAL) (See Instructions)

SCHEDULE B

PLEDGED CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 9 In-kind contribution Amount out-of-state PAC (ID#:\_ 6 Full name of pledgor 5 Date description of Pledge \$ State; Zip Code City; 7 Pledgor-address; Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Amount Date ut-of-state PAC (ID#:\_ Full name of pledgor of Pledge \$ description State; Zip Code City; Pledgor address; Check if travel outside of Texas, Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#:\_ Full name of pledgor Pledge \$ description State; Zip Code City; Pledgor address; \_Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of out-of-state PAC (ID#:\_ description Full name of pledgor Pledge \$ Date State: Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

## LOANS

## SCHEDULE E

The li	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
ILER NAME	Jake Guerra		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	TEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
-10-23	Jake Guerra		750.00
s lender financial nstitution?	8 Lender address; City;	State; Zip Code	10 Interest rate  C  11 Maturity date
Y Ø	1604 Pecan Circle,	Pleasanton, TX 7806"	N/A
	Puty Sherift	13 Employer (See Instructions)  A+95CoS9 Coul	
Description of Coll		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)  W/A
not applicable	18 Guarantor address; City; tion (See Instructions)	State; Zip Code  21 Employer (See Instructions)	
Transpar Goodpa			Loan Amount (\$)
Date of loan	Name of lender out-of-st	tate PAC (ID#:)	100.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	1604 Pecan Circle	Pleasanton. TX 7806'	Maturity date N/A
	Jeputy Shellf	Employer (See Instructions)	unty
Chlet Description of Co			nds were deposited into political
M none  GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	Guarantor address; City;	State; Zip Code	
🔀 not applicab	le		
Principal Occup	ation (See Instructions)	Employer (See Instructions)	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

j.	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
dvertising Expense ccounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Political (	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir Committee Legal Services Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense ig Expense es/Wages/Contract Labor	Splicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains how	to complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer 1D (Ethics Commission Filers)
lotal pages bollouds	Jake Guerra		
Date	5 Payee name		
	Security State Bank		
2-12-23	7 Payee address;	City;	State; Zip Code
Amount (\$)	rayee address,		
7 3 49	1194 W. Ogklawn Rd. Ple	egsantun. TX	78664
<u> </u>	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
	(a) Category (occounted to the control of the contr		•
PURPOSE			_
OF EXPENDITURE	Accounting // Banking	<u>Check</u>	<u>.S</u>
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF	· — · · · · · ·	SHendt	Wone
	Sake Guerra		
Date	Payee name		
2-19-23	Home DePot		State: Zip Code
Amount (\$)	Payee address;	City;	State; Zip Code
82.68	2658 SW Military D Category (See Categories listed at the top of this schedu		ntonio TX 78224
PURPOSE			
OF	Advertising Expense	Sign .	stakes
EXPENDITURE	Check if travel outside of Texas. Complete Schedu	_	ustin, TX, officeholder living expense
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough.	
Date	Payee name		
		City;	State: Zip Code
Amount (\$)	Payee address;	2.91	
	Category (See Categories listed at the lop of this scher	dule) Description	
PURPOSE			
OF			
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		A - No - TV - Hispholder living evnense
	Check if travel outside of Texas. Complete Scheo		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED
	www.ethics.s		Revised 11

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

### If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Event Expense Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Travei In District Polling Expense Food/Beverage Expense Consulting Expense Travel Out Of District Printing Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date Zip Code City: State: 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$) Non-Political TYPE OF Political EXPENDITURE Description Category (See Categories fisted at the lop of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **PURCHASE OF INVESTMENTS MADE** FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Jake H Guerra	3 Filer ID (Ethics Commission Filers)
1 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
	0	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED
	Taylor Ethics Commission www.ethics.state.tx.us	Revised 11/15/20

## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gitl/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 t	his form.
Total pages Schedule F4:	2 FILERNAME Jake H Guerra	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED TO A CREDIT C	SARD \$
i Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
PURPOSE OF Expenditure		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sou	ught Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office so	ought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep. Fees Office Ov. Food/Beverage Expense Polling Expense Printing Expe	ayment/Reimbursement erhead/Rental Expense opense ixpense Wages/Contract Labor complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category of	nt & Related Expense
Total pages Schedule G:	Z FILER NAME Take H Guerra		3 Filer ID (Ethics C	commission Filers)
Date	5 Payee name			
2-12-23	Pleasanton Expicss			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	P.O BOX 880	Pleasant	on TX	78064
DUDDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_	
PURPOSE OF	Advertising Expense	Political N	cwsPaper K	1 d
EXPENDITURE	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living exp	
) 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
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		<del></del>	_	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	
	ethico etata	tviie		Revised 11/15

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Fees Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: Jake H. Guerra Business name 4 Date Zip Code City; State; Business address; 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code State: City; Business address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code State; City: Business address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Guide explains how to com		3 Filer ID (Ethics C	ommission Filers
otal pages Schedule I:	Jake H. Guessa		3 Filer ID (Eulies C	
Date	5 Payee name			
<b>Ø</b>				
Amount (\$)	7 Payee address;	City	State	Zip Code
0				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Ser	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S	See instructions regarding typ	e of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	Jake H Guerra	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City	y; State; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received [	Check if political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom amount is received; Ci		Amount (\$)
	Purpose for which amount is received	Check if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; C	ity; State; Zlp Code	
i	Purpose for which amount is received	Check if political contribution	n returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; (	City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution	on returned to filer
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED	

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

If the requested information is not applicable, DO NOT include this page in	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 T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Jake H Guerra					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	<b>∆</b>				
	Ν				
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Scriedule A2 Contestio Con	Schedule COH-UC Schedule B-SS				
Schedule F2 Schedule F4 Schedule G Schedule H					
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation    11 Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  Povised 11/15/2					