

# 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: **12**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Rudy  
LAST

P  
SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

OCT 07 2024

CITY OF GROVES  
CITY MANAGER'S OFFICE

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Groves Tx 77619

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Adrian  
LAST

IV  
SUFFIX

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

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

CITY;

STATE;

ZIP CODE

Orange Tx 77630

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409)

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

07 / 01 / 24

THROUGH

Month

Day

Year

09 / 26 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 05 / 24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Marshal

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

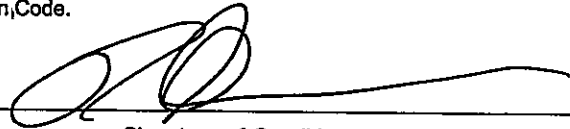
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Rudy P. Guerrero</b>		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)	\$ 11,756.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,003.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 725.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2

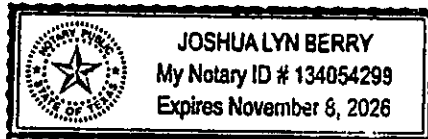
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election, Code.



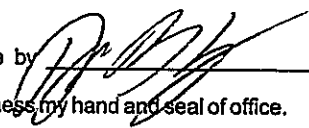
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by  this the 07 day of Oct, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Rudy P. Guerrero</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10731.10
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1025.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10005.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

# 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: <b>5</b>
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/07/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marty Hatton</b>	7 Amount of contribution (\$) <b>\$2000.00</b>
6 Contributor address; City; State; Zip Code <b>Port Neches, Tx 77651</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>05/07/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rudy Guerrero</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>Groves, Tx 77619</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions) <b>Groves Police Department</b>
Date <b>05/28/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Guerrero</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>Groves, Tx 77619</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>PNG 15D</b>
Date <b>06/10/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randy Guzman</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>Fort Worth, Tx 76109</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Self Employed</b>

**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: <b>5</b>
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/02/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Lopez</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code <b>Groves, TX 77619</b>		
8 Principal occupation / Job title (See Instructions) <b>Homemaker</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>08/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin DiGiovanni</b>	Amount of contribution (\$) <b>\$ 300.00</b>
Contributor address; City; State; Zip Code <b>Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner - Justin Stump Grinding LLC</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>08/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin DiGiovanni</b>	Amount of contribution (\$) <b>\$ 300.00</b>
Contributor address; City; State; Zip Code <b>Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner - JD Rental Properties</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>08/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmy Nixdorf</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code <b>Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Dispatcher</b>		Employer (See Instructions) <b>City of Port Arthur</b>

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: <b>5</b>
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/27/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Lopez</b>	7 Amount of contribution (\$) <b>\$750.00</b>
6 Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
8 Principal occupation / Job title (See Instructions) <b>Homemaker</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>08/28/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shawn Escagne</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>08/28/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erica Orta</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>_____, derland, Tx, 77627</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions) <b>Port Neches Police Department</b>
Date <b>08/28/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosendo Lopez</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions) <b>Port Arthur Police Department</b>

**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: <b>5</b>
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/29/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rudy Guerrero</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
8 Principal occupation / Job title (See Instructions) <b>Police Officer</b>		9 Employer (See Instructions) <b>Groves Police Department</b>
Date <b>09/03/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Marcantel</b>	Amount of contribution (\$) <b>\$ 959.70</b>
Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner - Bonus Investments</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>09/04/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Veronica Garza</b>	Amount of contribution (\$) <b>\$ 191.70</b>
Contributor address; City; State; Zip Code <b>_____, Neches, TX 77651</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>PNG ISD</b>
Date <b>09/09/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Neil David</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**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: <b>5</b>
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/11/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shawn Escagne</b>	7 Amount of contribution (\$) <b>\$ 150.00</b>
6 Contributor address; City; State; Zip Code <b>_____, TX 77619</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date <b>09/12/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rudy Guerrero</b>	Amount of contribution (\$) <b>\$ 1000.00</b>
Contributor address; City; State; Zip Code <b>_____, Groves TX, 77619</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions) <b>Groves Police Officer</b>
Date <b>09/17/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albin 'Al' Judice</b>	Amount of contribution (\$) <b>\$ 479.70</b>
Contributor address; City; State; Zip Code <b>_____, Orange TX 77630</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner - 1927 Meat Co</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>09/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Adams Sr.</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>_____, Groves, TX 77619</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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: <b>1</b>	
2 FILER NAME <b>Rudy P. Guerrero</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1025.00</b>	
5 Date <b>04/09/24</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Lopez</b>	8 Amount of Contribution \$ <b>1025.00</b>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address; City; State; Zip Code <b>....., Tx, 77019</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Homemaker</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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: <b>3</b>	2 FILER NAME <b>Rudy P. Guerrero</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <b>07/31/24</b>	5 Payee name <b>Super Cheap Signs</b>
---------------------------	--

6 Amount (\$) <b>\$3897.02</b>	7 Payee address; City; State; Zip Code <b>Suite 100, Austin, TX 78758</b>
-----------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>08/04/24</b>	Payee name <b>Aviva Wholesale</b>
-------------------------	--------------------------------------

Amount (\$) <b>\$260.77</b>	Payee address; City; State; Zip Code <b>Houston, TX 77036</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>T-Shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>08/28/24</b>	Payee name <b>Allure Group, LLC</b>
-------------------------	--

Amount (\$) <b>\$2002.00</b>	Payee address; City; State; Zip Code <b>Tyler, TX 75712</b>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Billboard</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: <b>3</b>	2 FILER NAME <b>Rudy P. Guerrero</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <b>08/24/24</b>	5 Payee name <b>Spreadshirt.com - Team Shirts</b>
---------------------------	--

6 Amount (\$) <b>\$ 746.59</b>	7 Payee address; City; State; Zip Code <b>1212, Greensburg, PA 15601</b>
-----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Hats</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>08/29/24</b>	Payee name <b>Super Cheap Signs</b>
-------------------------	--

Amount (\$) <b>\$ 583.96</b>	Payee address; City; State; Zip Code <b>Austin, Tx 78758</b>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>09/06/24</b>	Payee name <b>Super Cheap Signs</b>
-------------------------	--

Amount (\$) <b>\$ 819.10</b>	Payee address; City; State; Zip Code <b>Austin, TX 78758</b>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: <b>3</b>	2 FILER NAME <b>Rudy P. Guerrero</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date <b>09/09/24</b>	5 Payee name <b>Super Cheap Signs</b>
---------------------------	--

6 Amount (\$) <b>\$ 442.30</b>	7 Payee address; _____	City; <b>Austin, TX</b>	State;	Zip Code <b>78758</b>
-----------------------------------	---------------------------	----------------------------	--------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>09/13/24</b>	Payee name <b>Super Cheap Signs</b>
-------------------------	--

Amount (\$) <b>\$ 702.21</b>	Payee address; <b>_____</b>	City; <b>Austin, TX</b>	State;	Zip Code <b>78758</b>
---------------------------------	--------------------------------	----------------------------	--------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>09/14/24</b>	Payee name <b>Tractor Supply</b>
-------------------------	-------------------------------------

Amount (\$) <b>552.00</b>	Payee address; _____	City; <b>Arthur, TX</b>	State;	Zip Code <b>77640</b>
------------------------------	-------------------------	----------------------------	--------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>T-Posts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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