

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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>M</i>	FIRST <i>Eliberto</i>	MI <i>E</i>	OFFICE USE ONLY WILLACY COUNTY DEPARTMENT OF ELECTIONS (41) JAN 3 2024 RECEIVED BY <i>[Signature]</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME <i>Beto</i>	LAST <i>Guerra</i>	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <i>4265 6th ST</i>	APT / SUITE #; <i>Raymondville TX</i>	CITY; <i>78580</i>				
<input type="checkbox"/> Change of Address	STATE; <i>TX</i>	ZIP CODE <i>78580</i>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>966-3537</i>	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Guerra</i>	MI				
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>4265 6th ST</i>	APT / SUITE #; <i>Raymondville TX</i>	CITY; <i>78580</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month <i>7</i>	Day <i>15</i>	Year <i>23</i>	THROUGH	Month <i>1</i>	Day <i>1</i>	Year <i>24</i>
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4,100.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,403.43

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

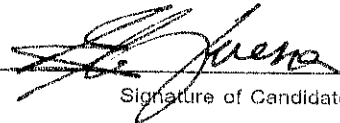
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

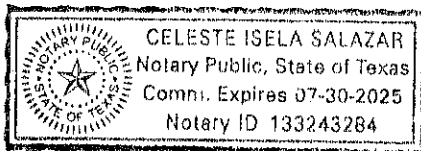
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Celeste I. Salazar this the 3rd day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

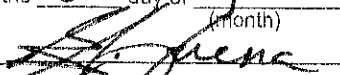
Title of officer administering oath

(2) Unsworn Declaration

My name is Eliberto Guerra, and my date of birth is _____

My address is 4265 10th ST (street), Raymondville, TX (city), 78580 (state), Willacy (zip code), (country)

Executed in Willacy County, State of TX, on the 3 day of 1 (month), 2024 (year)


Signature of Candidate/Officeholder (Declarant)

4

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eliberto E Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

9-5-23

5 Full name of contributor

Hilario Ortiz

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,500.00

6 Contributor address;

City; State; Zip Code

*4512 EMERALD DR
MANSFIELD, TX 76063-6772*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-19-23

Full name of contributor

THE Gracia LAW Firm, PC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$350.00

Contributor address;

City; State; Zip Code

*932 EVAN BUREN ST.
BROWNSVILLE TX 78520*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-23

Full name of contributor

*Paula + Santos
Villalobos*

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

*414 W. Mile 10th Rd
Westaco TX 78599*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-4-23

Full name of contributor

*A FORD SASSER
ABBIE SASSER*

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

*315 E DALLAS AVE
MCALLEN TX 78501*

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Eliberto E Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

12-15-23

5 Full name of contributor out-of-state PAC (ID#: _____)

CRAIG THOMPSON

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

*823 FURNAL AVE
CORPUS CHRISTI TX 78404*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-27-23

Full name of contributor out-of-state PAC (ID#: _____)

STG Hauling

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

*PO. Box 1080
Raymondville TX 78580*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

\$ 4,100.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eliberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-11-23</i>	5 Payee name <i>MURPHY TRUCK AT WALMART</i>
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6 Amount (\$) <i>71.77</i>	7 Payee address; City; State; Zip Code <i>MURPHY REYNOLDSVILLE TX 78580</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fuel</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-26-23</i>	Payee name <i>HEB GAS</i>
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Amount (\$) <i>73.64</i>	Payee address; City; State; Zip Code <i>HEB W 16100 SO TX REYNOLDSVILLE TX 78580</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fuel</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-29-23</i>	Payee name <i>TUCKERS BQ</i>
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Amount (\$) <i>39.54</i>	Payee address; City; State; Zip Code <i>NORTH 16 ST REYNOLDSVILLE TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>Eliberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-7-23</i>	5 Payee name <i>Frost Bank</i>
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6 Amount (\$) <i>8.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-8-23</i>	Payee name <i>Tuckers Bar & Grill</i>
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Amount (\$) <i>12.11</i>	Payee address; City; State; Zip Code <i>Tuckers N 16th St Raymondville TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel <i>Food & Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-8-23</i>	Payee name <i>Andreas Cafe Raymondville</i>
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Amount (\$) <i>36.22</i>	Payee address; City; State; Zip Code <i>North 7th Raymondville TX 78580</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eliberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8-7-23</i>	5 Payee name <i>Frost Bank</i>
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6 Amount (\$) <i>\$800</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 2678 McAllen TX 78502</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-30-23</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>\$34.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printed Checks</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-8-23</i>	Payee name <i>Frost Bank</i>
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Amount (\$) <i>8.00</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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>Eliberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-18-23</i>	5 Payee name
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6 Amount (\$) <i>\$202.50</i>	7 Payee address; City; State; Zip Code <i>Lufkin Super 628372</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fuel</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-19-23</i>	Payee name <i>HEB 405 W Hidalgos Raymondville</i>
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Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>405 W Hidalgo Raymondville TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i> <i>Signs</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-20-23</i>	Payee name <i>HEB</i>
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Amount (\$) <i>95.15</i>	Payee address; City; State; Zip Code <i>HEB 405 W Hidalgo Raymondville TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>GAS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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>Eliberto Guerra</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-29-23</i> 10-6-23		5 Payee name <i>HEB</i>			
6 Amount (\$) <i>\$ 50.00</i>		7 Payee address; City; State; Zip Code <i>HEB 405 W Hidalgo Raymondville TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fuel</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held
Date <i>10-6-23</i>	Payee name <i>Frost Bank</i>				
Amount (\$) <i>\$ 2.00</i>	Payee address; City; State; Zip Code <i>Frost Bank P.O. Box 2678 McAllen TX 78502</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Service Charge</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held
Date <i>11-17-23</i>	Payee name <i>A/om withDRAWAL</i>				
Amount (\$) \$ 300.00 <i>\$ 303.00</i>	Payee address; City; State; Zip Code <i>US62 First Community 729E Raymondville TX</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOR EVENT</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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>Elberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-20-23</i>	5 Payee name <i>THE WEIGHT STOP 341</i>	
6 Amount (\$) <i>75.42</i>	7 Payee address; City; State; Zip Code <i>Raymondville TX 78580</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fuel</i>	(b) Description <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
Date <i>11-27-23</i>	Payee name <i>MARINEDA RESTAURANT</i>	
Amount (\$) <i>19.10</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <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
Date <i>11-29-23</i>	Payee name <i>ANDREA'S CAFE</i>	
Amount (\$) <i>22.98</i>	Payee address; City; State; Zip Code <i>North 77 Raymondville TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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>Eliberto Guerra</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-29-23</i>	5 Payee name <i>Frost Bank</i>	
6 Amount (\$) <i>8.00</i>	7 Payee address; City; State; Zip Code <i>Frost Bank P.O. Box 2678 McAllen, TX 78502</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-7-23</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>2.00</i> <i>12-7-23</i>	Payee address; City; State; Zip Code <i>Frost BANK</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-7-23</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>*2.00</i>	Payee address; City; State; Zip Code <i>Service</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Service Charge</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED