

OSCAR C. GUERRA

**SEMI-ANNUAL
REPORT
JANUARY 18, 2022**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

09

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <u>DEAR</u>	MI <u>C</u>	
	NICKNAME	LAST <u>GUERRA</u>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 11:35am JAN 06 2022 RECEIVED Date Hand-delivered or Date Postmarked By: <u>[Signature]</u> Receipt # Amount \$ Date Processed Date Imaged	
	<u>21291 POMERO RD. SANTA ROSA TX. 78593</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(956)</u>	PHONE NUMBER <u>592-4098</u>		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <u>DAK</u>		MI <u>M</u>
	NICKNAME	LAST <u>DUNKIN</u>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
<u>2806 BECKY LANE HARLINGEN TX. 78550</u>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(956)</u>	PHONE NUMBER <u>412-0177</u>	EXTENSION	
9 REPORT TYPE	<input checked="" 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 Day Year <u>7 / 1 / 2021</u>		THROUGH Month Day Year <u>12 / 31 / 2021</u>	
11 ELECTION	ELECTION DATE Month Day Year <u> / /</u>	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) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>Cameron County Commissioner Pet. 4</u>		
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 <u>Oscar C. Guerra</u>		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)	\$ <u>150</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7400</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>97.94</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5152.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5247.94</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3000</u>

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.

Oscar C. Guerra
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Oscar C. Guerra, and my date of birth is 1-11-1952

My address is 21291 POMELO Rd., Santa Rosa, TX, 78593, CAMERON
(street) (city) (state) (zip code) (country)

Executed in CAMERON County, State of TEXAS, on the 6th day of JANUARY, 2022.
(month) (year)

Oscar C. Guerra
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7250
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 346.36
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5054.12
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: 3
2 FILER NAME OSCAR C. GUERRA		3 Filer ID (Ethics Commission Filers)
4 Date 7-15-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEGGY O'BRIEN	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 22689 CRAGON RD. HARLINGEN, TX 78552		
8 Principal occupation / Job title (See Instructions) HOME MAKER		9 Employer (See Instructions) N/A
Date 8-25-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID O'BRIEN	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 22689 CRAGON RD. HARLINGEN, TX 78552		
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) REVEILLE TRUCKING
Date 9-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON & REBECCA MAGDALENA	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1805 LITTLE CREEK HARLINGEN, TX 78550		
Principal occupation / Job title (See Instructions) BANKER / HOME MAKER		Employer (See Instructions) FIRST COMMUNITY BANK
Date 9-23-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MINERVA & KENNY SIMPSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 15701 PERKINS RD. HARLINGEN, TX 78552		
Principal occupation / Job title (See Instructions) MORTGAGE LOANS / RETIRED		Employer (See Instructions) FAIRWAY INDEPENDENT MORTGAGE CORP.

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: 3

2 FILER NAME

Oscar Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

9-23-2021

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

Robert B. Dunkin

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

6233 E. EL CAMINO REAL HARLINGEN TX 78550

8 Principal occupation / Job title (See Instructions)

H. KITCHARD

9 Employer (See Instructions)

N/A

Date

9-23-21

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

SERRY & JESSIE WARD

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

5109 EL JARDIN HARLINGEN TX 78550

Principal occupation / Job title (See Instructions)

Golf Course Maintenance Supervisor

Employer (See Instructions)

HARLINGEN COUNTY CLUB

Date

10-14-21

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

L. Wesley H. & Michele Vanderlus

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

15538 State Hwy 107 HARLINGEN TX 78550

Principal occupation / Job title (See Instructions)

FARMER / Home maker

Employer (See Instructions)

SELF EMPLOYED

Date

11-12-21

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

DIAL M. DUNKIN

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

113 N. Nueces Park Ln. HARLINGEN TX 78550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 3

2 FILER NAME

Dominic C. Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

12-18-21

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

Jose Luis Gonzalez

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

18592 PRIMERA RD HARLINGEN, TX 78550

8 Principal occupation / Job title (See Instructions)

Home maker

9 Employer (See Instructions)

N/A

Date

12-19-21

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

Diamond Slat Industries LLC

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

P.O. Box 477
28880 N. PARKER RD. SANTA ROSA, TX 78593

Principal occupation / Job title (See Instructions)

PAVING, ASPHALT CONCRETE

Employer (See Instructions)

ALICIA PEREZ

Date

1-1

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

[Faint handwritten name]

Amount of contribution (\$)

[Faint handwritten amount]

Contributor address; City; State; Zip Code

[Faint handwritten address]

Principal occupation / Job title (See Instructions)

[Faint handwritten occupation]

Employer (See Instructions)

[Faint handwritten employer]

Date

1-1

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

[Faint handwritten name]

Amount of contribution (\$)

[Faint handwritten amount]

Contributor address; City; State; Zip Code

[Faint handwritten address]

Principal occupation / Job title (See Instructions)

[Faint handwritten occupation]

Employer (See Instructions)

[Faint handwritten employer]

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: <u>1</u>	
2 FILER NAME <i>OSCAR C. GUERRA</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-13-21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SOUTH TEXAS LIGHTING SERVICES</i>	8 Amount of Contribution \$ <i>346.36</i>	9 In-kind contribution description <i>BANNER</i>
7 Contributor address; City; State; Zip Code <i>P.O. BOX 531745 HOUSTON, TX 78553</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>PRINTING COMPANY</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

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 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: <u>2</u>	2 FILER NAME <u>OSCAR C. GUERRA</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>7-12-21</u> <u>9-21-21</u>	5 Payee name <u>HEB</u>
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6 Amount (\$) <u>286.66</u>	7 Payee address; <u>613 S. EXPRESSWAY 83 HARLINGEN TX 78550</u>	City; <u>HARLINGEN</u>	State; <u>TX</u>	Zip Code <u>78550</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/BEVERAGE Expense</u>	(b) Description <u>Food ERIS WINE/BEER</u>
	(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
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Date <u>7-12-21</u>	Payee name <u>RENTAL WORLD</u>
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Amount (\$) <u>400.53</u>	Payee address; <u>1014 W. TYLER AVE. HARLINGEN TX 78550</u>	City; <u>HARLINGEN</u>	State; <u>TX</u>	Zip Code <u>78550</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event expense</u>	Description <u>Tables + Chairs</u>
	<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
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Date <u>8-26-21</u>	Payee name <u>FD GRAPHICS</u>
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Amount (\$) <u>409 W. JACKSON</u>	Payee address; <u>409 W. JACKSON HARLINGEN TX 78593</u>	City; <u>HARLINGEN</u>	State; <u>TX</u>	Zip Code <u>78593</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>T-shirts</u>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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 E: <i>1</i>
2 FILER NAME <i>DEAN GUERRA</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>3,000.00</i>
5 Date of loan <i>7-15-21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DEAN GUERRA</i>	9 Loan Amount (\$) <i>3000.00</i>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date <i>on demand</i>
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See instructions)		Employer (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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>OSCAR C GUERRA</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-20-21 11-10-21 12-01-21</i>	5 Payee name <i>ALLEGRA</i>
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6 Amount (\$) <i>2,549.29</i>	7 Payee address; <i>1801 S. 77 SUNSHINE STRIP</i>	City; <i>HARLINGEN</i>	State; <i>TX</i>	Zip Code <i>78550</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <i>SIGNS</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-29-21</i>	Payee name <i>FAST SIGNS</i>
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Amount (\$) <i>199.59</i>	Payee address; <i>1611 S. 77 SUNSHINE SUNSHINE</i>	City; <i>HARLINGEN</i>	State; <i>TX</i>	Zip Code <i>78550</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <i>SIGNS</i>
	(c) <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 sought	Office held
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Date <i>11-17-21</i>	Payee name <i>Cameron County Republican Party</i>
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Amount (\$) <i>1,250.00</i>	Payee address; <i>765 E. 7th</i>	City; <i>Brownsville</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Filing Fee</i>
	(c) <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 sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED