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: **9**

3 CANDIDATE / OFFICEHOLDER NAME		
MS / MRS / MR	FIRST Emmanuel	MI V
NICKNAME	LAST Guerrero	SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED 04/25/25
City Sec. Office
AFM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. 68 Pasadena, TX 77501-0068

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 517- 4410

Date Hand-delivered or Date Postmarked

Receipt #	Amount $

6 CAMPAIGN TREASURER NAME		
MS / MRS / MR	FIRST Luis	MI
NICKNAME	LAST Lucio	SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Houston, TX 775008

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 686 - 5438

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 04 / Day 03 / Year 2025 THROUGH Month 04 / Day 20 / Year 2025

11 ELECTION

ELECTION DATE
Month 05 / Day 06 / Year 2025

ELECTION TYPE
☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
Pasadena City Council, District C

13 OFFICE SOUGHT (if known)
Pasadena City Council, District C

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME	Emmanuel Guerrero	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)	$ 10,000
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,334.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 33,045.78
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.

Emmanuel Guerrero
_____
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 _____Emmanuel Guerrero_____, and my date of birth is ███████████.

My address is _____1039 Willow Oaks_____, _____Pasadena_____, ___TX____, __77506_____, ____USA_____.
      (street)   (city)   (state)   (zip code)   (country)

Executed in _____Harris_____ County, State of ____TX_____ , on the _25_____ day of ____April_____, 20__25____.
                                               (month)   (year)

Emmanuel Guerrero
_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Emmanuel Guerrero	

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,000
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1,927.31
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE E: LOANS	$
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,334.05
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2024

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	**3** Filer ID (Ethics Commission Filers)
Emmanuel Guerrero	

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
04/03/25	Lina Sabouni	$500
	6 Contributor address; City; State; Zip Code	
	Missouri City, TX 77459	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Architect	AUTOARCH Architects LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/07/25	Lee Schwartz	$1,500
	Contributor address; City; State; Zip Code	
	Houston, TX 77025	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Methodist Hospital

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/07/25	Jaime Herrero	$100
	Contributor address; City; State; Zip Code	
	Houston, TX 77061	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lawyer	IDEA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/10/25	Comcast PAC	$250
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Emmanuel Guerrero

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
04/11/25	HOME PAC **6** Contributor address; City; State; Zip Code 9511 W Sam Houston Pkwy Houston, TX 77064	$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/17/25	Saul Valentin Contributor address; City; State; Zip Code Houston, TX 77098	$1,000

Principal occupation / Job title (See Instructions)
Principal

Employer (See Instructions)
Collaborate

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/20/25	Holly Maria Flynn Vilaseca Contributor address; City; State; Zip Code Houston, TX 77077	$100

Principal occupation / Job title (See Instructions)
Director

Employer (See Instructions)
Johnson Controls

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04/22/25	Ed Gonzalez Contributor address; City; State; Zip Code Houston, TX 77270	$250

Principal occupation / Job title (See Instructions)
Government Official

Employer (See Instructions)
Harris County Sheriff's Office

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 3

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Emmanuel Guerrero	

4 Date	**5** Full name of contributor ☒ out-of-state PAC (ID#: 00068703)	**7** Amount of contribution ($)
04/22/25	Leadership For Education Equity - Texas PAC	$5,000
	6 Contributor address; City; State; Zip Code	
	23 Broadway, 13th Floor New York, NY 1004	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
04/23/25	Cory Bond	$100
	Contributor address; City; State; Zip Code	
	Houston, TX 77057	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Systems Admin	The Lab Consulting

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
04/23/25	Armando Walle	$500
	Contributor address; City; State; Zip Code	
	Houston, TX 77039	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
State Representative	Texas House of Representatives

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
04/23/25	Latino Victory Fund	$450
	Contributor address; City; State; Zip Code	
	P.O. Box 34104 Washington, DC 20043	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Emmanuel Guerrero	3 Filer ID (Ethics Commission Filers)

4 Date 04/10/25	5 Payee name Two Four Consulting			
6 Amount ($) 880	**7 Payee address;** 1013 W Ellaine Ave Pasadena, TX 77506	City;	State;	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

Date 4/11/25	Payee name TGM Printing			
Amount ($) 1,376.98	Payee address; 13910 Murphy Rd. Staford, TX 77477	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

Date 04/17/25	Payee name USPS Post Office			
Amount ($) $146	Payee address; 1199 Pasadena Blvd, Pasadena, TX 77501	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Expense	Description Stamps
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Emmanuel Guerrero	3 Filer ID (Ethics Commission Filers)

4 Date 4/21/25	5 Payee name Two Four Consulting			
6 Amount ($) $880	7 Payee address; 1013 W Ellaine Ave Pasadena, TX 77506	City;	State;	Zip Code

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

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Date 04/25/25	Payee name ACT Blue			
Amount ($) $36.07	Payee address; 366 Summer Street, Sommervielle, MA 02144	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

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Date 04/23/25	Payee name Amegy Bank			
Amount ($) 15	Payee address; 1717 West Loop South, Houston, TX 77027	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description domestic wire fee
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME Emmanuel Guerrero	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 1,927.31

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
4/23/25	Adrian Garcia Campaign	$1,927.31	Direct mail
	7 Contributor address; City; State; Zip Code		
	PO Box 56386, Houston TX 77256	☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	**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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code	☐ 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)

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