



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Emmanuel Guerrero		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 988
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 519.96
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,526.46
<b>OUTSTANDING LOAN TOTALS</b>	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 [REDACTED].

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 15 day of July, 2025.  
(month) (year)

*Emmanuel Guerrero*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Emmanuel Guerrero		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 988
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 519.96
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 513.63

# 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.		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>Emmanuel Guerrero</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  06/05/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Torres ..... <b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77506	<b>7</b> Amount of contribution (\$)  \$29
<b>8</b> Principal occupation / Job title (See Instructions)  Owner		<b>9</b> Employer (See Instructions)  Bare Beauty Aesthetics
Date  06/06/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Grossman ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)  Police Officer		Employer (See Instructions)  Constable's Office Pct 3
Date  06/06/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadia Tajalli ..... Contributor address; City; State; Zip Code  houston, TX 77024-2725	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)  Accounting Mgr		Employer (See Instructions)  Catholic Charities
Date  06/06/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Bell ..... Contributor address; City; State; Zip Code  Houston, TX 77067	Amount of contribution (\$)  \$29
Principal occupation / Job title (See Instructions)  Network Administrator		Employer (See Instructions)  CEVA LOGISTICS
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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.		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>Emmanuel Guerrero</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>06/10/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Morales</b> <b>6</b> Contributor address; City; State; Zip Code <b>Pasadena, TX 77502</b>	<b>7</b> Amount of contribution (\$) <b>\$250</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Executive Vice President</b>		<b>9</b> Employer (See Instructions) <b>Guardstone</b>
Date <b>07/08/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sophia Alvarado</b> Contributor address; City; State; Zip Code <b>El Paso, TX 79935</b>	Amount of contribution (\$) <b>\$30</b>
Principal occupation / Job title (See Instructions) <b>Accounts Manager</b>		Employer (See Instructions) <b>Three Missions Construction</b>
Date <b>07/08/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fina Govea</b> Contributor address; City; State; Zip Code <b>Pasadena, TX 77503</b>	Amount of contribution (\$) <b>\$350</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>Self</b>
Date <b>07/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Javier &amp; Marabel Ybarra</b> Contributor address; City; State; Zip Code <b>Pasadena, TX 77506</b>	Amount of contribution (\$) <b>\$100</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Emmanuel Guerrero	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name ACT Blue	
<b>6</b> Amount (\$) 19.69	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street, Sommerville, MA 02144	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) fees	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 05/12/25	Payee name Johnny Fusilier Campaign	
Amount (\$) \$500	Payee address; City; State; Zip Code 4002 PARAGUAY CIR PASADENA, TX77504	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation Made by Candidate	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 Johnny Fusilier	Office sought      Office held Pasadena City Council, District G
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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 sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## SCHEDULE K

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 K: 1
2 FILER NAME Emmanuel Guerrero		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	AMEGY	
05/27/25	6 Address of person from whom amount is received; City; State; Zip Code	\$106.45
	1801 Main St, Houston, TX 77002	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
	INTEREST	
Date	Name of person from whom amount is received	Amount (\$)
	LEADERSHIP FOR EDUCATION EQUITY - TEXAS PAC	
06/03/25	Address of person from whom amount is received; City; State; Zip Code	\$407.18
	23 Broadway, 13th Floor New York, NY 1004	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
	REFUND	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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