

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: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: _____ FIRST: Emmanuel MI: V NICKNAME: _____ LAST: Guerrero SUFFIX: _____ | OFFICE USE ONLY Date Received 2024 JUL 12 PM 3:51 CITY SECRETARY 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 P.O. 68 Pasadena, TX 77501-0068 <input type="checkbox"/> Change of Address | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 517-4410 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: _____ FIRST: Luis MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ Lucio | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. 68 Pasadena, TX 77501-0068 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (281) 686 - 5438 | | |
| 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 checked="" 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 Month Day Year 01 / 16 / 2024 THROUGH 07 / 15 / 2024 | | |
| 11 ELECTION | ELECTION DATE: Month Day Year ELECTION TYPE: 05 / 06 / 2023 <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) Pasadena City Council, District C | 13 OFFICE SOUGHT (if known) | |
| 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. | | |
| <input type="checkbox"/> Additional Pages | 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 | | | |

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|---|---|
| 19 FILER NAME Emmanuel Guerrero | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,000 |
| 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 | \$ 1,000 |
| 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: |
| 2 FILER NAME Emmanuel Guerrero | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/21/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Reynolds <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 | 7 Amount of contribution (\$) \$1,000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) CIVITAS |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> 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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 | 2 FILER NAME Emmanuel Guerrero | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/22/24 | 5 Payee name Molly Cook Campaign | |
| 6 Amount (\$) \$1,000 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description Candidate contribution |
| | (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 Molly Cook | Office sought State Senator SD 15 |
| | | Office held State Senator SD 15 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | 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