

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

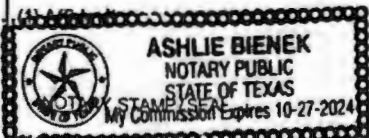
**FORM C/OH
COVER SHEET PG 2**

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)	\$ <u>\$1,760.-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>\$1,485.-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>\$4,735.07</u>
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	\$ <u>-(1,490.70)</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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Patricia Guebara this the 7th day of October

20 24 to certify which, witness my hand and seal of office.
Ashlie Bienek Ashlie Bienek Case Manager
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Patricia Guebara</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,485.-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 550.-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,601.70
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 3,133.37
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 <i>Patricia Guebara</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>9/7/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Luis Gene Vogelsang</i>	7 Amount of contribution (\$) <i>\$ 50.-</i>
6 Contributor address; City; State; Zip Code <i>3435 Anheuser Ct Richmond TX 77469</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Marty Gled</i>	Amount of contribution (\$) <i>\$ 40.-</i>
Contributor address; City; State; Zip Code <i>602 Pinyon Court Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/9/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tricia Thompson</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>6106 Cross Creek Harbor Ln Fulshear TX 77441</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>9/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Guadalupe Uresti</i>	Amount of contribution (\$) <i>\$ 100.-</i>
Contributor address; City; State; Zip Code <i>2700 Cambridge Ct Rosenberg TX 77471</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Patricia Guebara* 3 Filer ID (Ethics Commission Filers)

4 Date <i>9/8/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kathy Johnson</i>	7 Amount of contribution (\$) <i>\$80.-</i>
6 Contributor address; City; State; Zip Code <i>1000 Brazos St Rosenberg TX 77471</i>		

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

Date <i>9/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ruben G Guebara Sr</i>	Amount of contribution (\$) <i>\$20.-</i>
Contributor address; City; State; Zip Code <i>811 Vera Cruz Dr Rosenberg TX 77421</i>		

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

Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles French III</i>	Amount of contribution (\$) <i>\$200.-</i>
Contributor address; City; State; Zip Code <i>7110 Alderney Dr Houston TX 77055</i>		

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

Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark E Lane</i>	Amount of contribution (\$) <i>\$200.-</i>
Contributor address; City; State; Zip Code <i>419 Grand Fir Ln Richmond TX 77469</i>		

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

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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
2 FILER NAME <i>Patricia Guebara</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/26/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Danny & Carol Biane</i>	7 Amount of contribution (\$) <i>\$100.-</i>
6 Contributor address, City, State, Zip Code <i>3830 Saddebag way Richmond TX 77469</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mike Beard</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address, City, State, Zip Code <i>PO Box 575 Needville TX 77461</i>		
Principal occupation / Job title (See Instructions) <i>Constable</i>		Employer (See Instructions) <i>Fort Bend County</i>
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Marigje Krenck</i>	Amount of contribution (\$) <i>\$25.-</i>
Contributor address, City, State, Zip Code <i>2823 Cone Flower Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Aileen Milton</i>	Amount of contribution (\$) <i>\$10.-</i>
Contributor address, City, State, Zip Code <i>3503 Anchor Cv Richmond TX 77469</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
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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
2 FILER NAME <i>Patricia Guebara</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/8/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <i>Linda Lemos</i>	7 Amount of contribution (\$) <i>\$50.-</i>
6 Contributor address; City; State; Zip Code <i>2411 Band Rd Rosenberg TX 77471</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <i>Jeffrey Brunner</i>	Amount of contribution (\$) <i>\$50.-</i>
Contributor address; City; State; Zip Code <i>15407 County Rd 274 East Bernard TX 77435</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>self-employed</i>
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <i>Sakki Joseph</i>	Amount of contribution (\$) <i>\$50.-</i>
Contributor address; City; State; Zip Code <i>830 Deer Hollow Dr Sugarland TX 77479</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF: _____) <i>Justin Schiro</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>2118 Meadow Ash Ct Richmond TX 77407</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cyndia Rodriguez</i>	7 Amount of contribution (\$) <i>\$75.-</i>
<i>9/26/24</i>	6 Contributor address; City; State; Zip Code <i>2205 Greenwood Rosenberg TX 77471</i>	
8 Principal occupation / Job title (See Instructions) <i>Event Coordinator</i>		9 Employer (See Instructions) <i>self employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sweetgrass Republicans</i>	Amount of contribution (\$) <i>\$135.-</i>
<i>9/19/24</i>	Contributor address; City; State; Zip Code <i>Richmond, TX 77471</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <i>Patricia Guebara</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9/12/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Usama Shahid</i>	8 Amount of Contribution \$ <i>\$520.-</i>	9 In-kind contribution description <i>Signs</i>
7 Contributor address: City: State: Zip Code <i>22202 Nowe Hill Ln Richmond TX 77469</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>self employed</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/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 <i>9/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Famous Signs</i>	Amount of Contribution \$ <i>\$30.-</i>	In-kind contribution description <i>Signs</i>
Contributor address: City: State: Zip Code <i>6701 Harwin Dr. Houston TX 77036 Suite 22-B</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>self-employed</i>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 6(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Printing 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.	2 FILER NAME <i>Patricia Guebara</i>	3 Filer ID: (Ethics Commission Filers)
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4 Date <i>9/6/24</i>	5 Payee name <i>Patricia Guebara</i>
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6 Amount (\$) <i>980.-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <i>5319 Custer Cr. Rosenberg TX 77471</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Fundraiser</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Patricia Guebara</i>	Office sought <i>Justice of the Peace Pet 4</i>	Office held <i>N/A</i>
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Date <i>9/7/24</i>	Payee name <i>Patricia Guebara</i>
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Amount (\$) <i>281.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>5319 Custer Cr Rosenberg TX 77471</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Parade Float</i>
	<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 <i>Patricia Guebara</i>	Office sought <i>Justice of the Peace Pet 4</i>	Office held <i>NA</i>
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Date <i>9/29/24</i>	Payee name <i>Lonestar Saloon</i>
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Amount (\$) <i>\$290.29</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>102 5th St Richmond TX 77469</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Fundraiser</i>
	<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

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/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expense	Printing 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:	2 FILER NAME <i>Patricia Guebara</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/16/24</i>	5 Payee name <i>Fort Bend County Fair</i>
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6 Amount (\$) <i>\$50.-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>4310 TK-36</i>	City: <i>Rosenberg</i>	State: <i>TX</i>	Zip Code <i>77471</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Parade</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City:	State:	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City:	State:	Zip Code
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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 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

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:		2 FILER NAME <i>Patricia Guebara</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/9/24</i>		5 Business name <i>Allied Signs</i>			
6 Amount (\$) <i>\$1894.38</i>		7 Business address: <i>6820 Harwin Br.</i>		City: <i>Houston</i>	State: Zip Code <i>TX 77036</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Signs</i>		
	<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	
Date <i>10/2/24</i>		Business name <i>Allied Signs</i>			
Amount (\$) <i>\$811.88</i>		Business address: <i>6820 Harwin Br</i>		City: <i>Houston</i>	State: Zip Code <i>TX 77036</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Signs</i>		
	<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	
Date <i>10/5/24</i>		Business name <i>Shikey Donuts</i>			
Amount (\$) <i>\$37.91</i>		Business address: <i>4519 Reading Rd.</i>		City: <i>Rosenberg</i>	State: Zip Code <i>TX 77471</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>		Description <i>Breakwalk</i>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

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
Candidates/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 H.	2 FILER NAME <i>Patricia Guebara</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/15/24</i>	5 Business name <i>Tractor Supply</i>
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6 Amount (\$) <i>\$ 389.20</i>	7 Business address: <i>27127 Southwest Fwy</i> City: <i>Rosemead</i> State: <i>TX</i> Zip Code: <i>77471</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>T-post</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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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 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