

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Edward

NICKNAME

LAST

SUFFIX

Guerrero

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

PO Box 104

Del Rio. TX. 78841

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

313-3474

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Edward

NICKNAME

LAST

SUFFIX

Guerrero

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

409 W Bowie St.

Del Rio.

TX.

78840

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

313-3474

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

Day

Year

1

15

26

THROUGH

Month

Day

Year

04

02

26

11 ELECTION

ELECTION DATE

Month

Day

Year

05

02

26

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Board Trustee PL 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

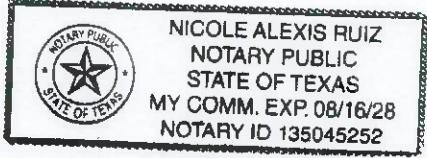
15 C/OH NAME Edward Guerrero		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 465.00
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	\$

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.

Edward Guerrero
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Edward Guerrero this the 02 day of April, 2026, to certify which, witness my hand and seal of office.

Nicole Alexis Ruiz Signature of officer administering oath
Nicole Alexis Ruiz Printed name of officer administering oath
Notary 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

Edward Guerrero

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 465.00
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	\$

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 Edward Guerrero	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2026	5 Payee name 3D SIGNS	
6 Amount (\$) 465.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 7986 1st st. <small>Check if individual's residence address.</small>	City; Somerset. State; TX. Zip Code 78069
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Signs
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>Check if individual's residence address.</small>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>Check if individual's residence address.</small>	City; State; Zip Code
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>Check if individual's residence address.</small>	City; State; Zip Code
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Form

Reset Page