

# 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: <b>MR</b> FIRST: <b>R. DAVID</b> MI: NICKNAME: <b>Guerrero</b> LAST:      SUFFIX:	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 1647 Alice TX 78333</b>	Date Received AT <b>2:43</b> FILED <b>8</b> O'CLOCK <b>P</b> M  <b>JAN 15 2026</b> JC Perez III, Co. Clk. Jim Wells Co., Texas By: <b>[Signature]</b> Deputy Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>562-1328</b> EXTENSION:	Receipt #      Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mrs</b> FIRST: <b>Nelda</b> MI: NICKNAME: <b>Benavides</b> LAST:      SUFFIX:	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>908 Waco Alice, TX 78332</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (    )      PHONE NUMBER:      EXTENSION:		
9 REPORT TYPE	<input checked="" 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 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 <b>11 / 20 / 25</b> THROUGH <b>1 / 15 / 26</b>		
11 ELECTION	ELECTION DATE: Month      Day      Year <b>3 / 3 / 26</b>	ELECTION TYPE: <input checked="" 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) <b>District Clerk</b>	13 OFFICE SOUGHT (if known) <b>District Clerk</b>	
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	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>R. DAVID GUERRERO</i>	<b>20 Filer ID (Ethics Commission Filers)</b>
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,850.00</i>
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	\$ <i>1,668.30</i>
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 <i>R. David Guerrero</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abel Guerrero</i>	7 Amount of contribution (\$) <i>400.00</i>
	6 Contributor address; City; State; Zip Code <i>620 W Westchester TX 75052</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/1/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe A Flores Attorney</i>	Amount of contribution (\$) <i>750.00</i>
	Contributor address; City; State; Zip Code <i>500 N Shoreline Corpus Christi TX 78401</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/1/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Cavada</i>	Amount of contribution (\$) <i>200.00</i>
	Contributor address; City; State; Zip Code <i>PO Box 2182 Orange Grove TX 78372</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/2/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MC Galindo</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2013 Helen Alice TX 78332</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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 <i>1/5/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>West Miller</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>8235 Douglas Dallas TX 75225</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/5/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yvonne Tourelles</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>601 E Main Alice TX 78332</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/6/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dustin Hines Law</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City; State; Zip Code <i>12509 Mixson Austin TX 78732</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/7/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joel Resendez</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>4395 N Hwy Alice TX 78332</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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 <i>1/7/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Lerma</i>	7 Amount of contribution (\$)  <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>8000 Rosenberry Austin TX 78747</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/9/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arnold Trejo</i>	Amount of contribution (\$)  <i>100.00</i>
Contributor address; City; State; Zip Code <i>1006 CR 116 Alice TX 78332</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/14/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cristina R Soliz Law</i>	Amount of contribution (\$)  <i>500.00</i>
Contributor address; City; State; Zip Code <i>720 E Second Alice TX 78332</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)

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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                        | 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 F1:	2 FILER NAME <i>R. David Guerrero</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/2/25</i>	5 Payee name <i>Jim Wells County Democratic Party</i>	
6 Amount (\$) <i>750.00</i>	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fee</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
Date <i>12/31/25</i>	Payee name <i>The Print Shop</i>	
Amount (\$) <i>686.30</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>3906 Jackson Rd Edinburg TX 78539</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing 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>1/14/26</i>	Payee name <i>The Print Shop</i>	
Amount (\$) <i>232.00</i>	Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>3906 Jackson Rd Edinburg TX 78539</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

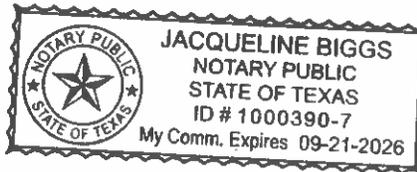
15 C/OH NAME <u>R. David Guerrero</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>      </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,850<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>      </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,668.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>      </u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>      </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.

*R. David Guerrero*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by R. David Guerrero this the 15 day of January 2024, to certify which, witness my hand and seal of office.

*Jacqueline Biggs* Jacqueline Biggs Notary Public  
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)