

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 <i>Ms.</i> FIRST <i>Brianna</i> MI <i>C.</i> NICKNAME LAST SUFFIX <i>Guerrero</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 11644 Fort Worth, TX 76110</i>	RECEIVED MAY 14 2021 Board of Education	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 715-2191</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i> FIRST <i>Ana</i> MI <i>G.</i> NICKNAME LAST SUFFIX <i>Anita Guerrero</i>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3625 5th Avenue Fort Worth, TX 76110</i>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 966-3258</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder 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 THROUGH Month Day Year <i>02 / 12 / 2021 THROUGH 03 / 31 / 2021</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 01 / 2021</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>FWISD School Board Trustee District 8</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Brianna C. 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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>320.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>253.10</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>362.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>60.00</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.



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 Brianna C. Guerrero, and my date of birth is 12-08-1998.
My address is 3625 5th Avenue, FORT WORTH, TX, 76110, TARRANT, USA
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 1st day of May, 20 21.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Brianna C. 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	\$ 320.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 60.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17.10
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 236.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 3
2 FILER NAME Branna C. Guerrero		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Medrano	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code lesliemed04@gmail.com - F.W., Texas		
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions)
Date 3/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso Rodriguez	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code alonsoRodriguez99@gmail.com - F.W., Texas		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Campos	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code climposx3e@yahoo.com - F.W., Texas		
Principal occupation / Job title (See Instructions) Teacher Assistant		Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theresa Gillespie	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code tracygillespie@rocketmail.com - F.W., Texas		
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.

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: 3
2 FILER NAME B Nanna C. Guerrero		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Avila	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code avilaeliza50@yahoo.com - FW, Texas		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johanna Hernandez	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code Johannahernandez@gmail.com - FW Texas		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oralia Garcia	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code ogarcia1218@yahoo.com - FW, Texas		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 3/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariela Guerrero	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code mariela.guerrero72@yahoo.com - FW, Texas		
Principal occupation / Job title (See Instructions) Nurse		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: 3
2 FILER NAME Branna C. Guerrero		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansol Herrera	7 Amount of contribution (\$) 20.00
6 Contributor address; City; State; Zip Code tesseractyle@hotmail.com - FW, Texas		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlene Guerrero	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code guerronmarlene489@gmail.com - FW, Texas		
Principal occupation / Job title (See Instructions) Dental Assistant		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)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="font-size: 1.2em;">Brianna C. Guerrero</p>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 60,00
5 Date of loan <p style="font-size: 1.2em;">3-8-21</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Brianna C. Guerrero</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">60,00</p>
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em;">P.O. BOX 11644 FORT WORTH, TX 76110</p>	10 Interest rate <p style="text-align: center;">0</p>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">Student</p>		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Brianna C. Guerrero	3 Filer ID (Ethics Commission Filers)
4 Date 3-24-21	5 Payee name Donor Box	
6 Amount (\$) 15.04	7 Payee address; City; State; Zip Code www.donorbox.org	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description
	(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	Office sought Office held

Date 3-26-21	Payee name Donor Box	
Amount (\$) 2.06	Payee address; City; State; Zip Code www.donorbox.org	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 (\$)	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

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:	2 FILER NAME: Brianna C. Guerrero	3 Filer ID (Ethics Commission Filers)
4 Date: 3-19-21	5 Payee name: Gizel Arreola	
6 Amount (\$): 155.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: Gizelarreola@my.unt.edu	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Campaign Logo
	(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: 2-8-21	Payee name: United States Postal Service	
Amount (\$): 81.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 2600 8th Avenue Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Other / Fees	Description: P.O. BOX
	<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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

B Guerrero



Payment details

817-881-0275
Gizel Arreola@my.unt.edu



Gizel Arreola

"Campaign Logo"

- \$155


Social activity




Status

Complete

Payment method

 **Visa Debit**
Debit 9710

Transaction details

March 19, 2021, 12:43 PM ·  Friends

Paid to

@Gizel-Arreola

Type of transaction

Payments between friends

Transaction ID

2222021206020201770