

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>JOSE</b> MI: <b>E</b> NICKNAME: <b>EDDIE</b> LAST: <b>GUERRA</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <i>[Signature]</i> Date Hand-delivered or Postmarked: <i>[Signature]</i> Receipt #:      Amount: Date Processed: Date Imaged:	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>P.O. Box 418, LIND TX 78563</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(936) 330-0387</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>ARON</b> MI: <b>I</b> NICKNAME:      LAST: <b>VELA</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>200 E. CANO EDINBURG, TX 78539</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(936) 381-4440</b>		
<b>9 REPORT TYPE</b>	<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 (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 01 / 2012      4 / 19 / 2012</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>5 / 29 / 2012</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>HIDALGO COUNTY CONSTABLE PCT 4</b>	<b>13 OFFICE SOUGHT (if known)</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>JOSE E. GUERRA</b>	15 ACCOUNT # (Ethics Commission Filers)
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16 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.

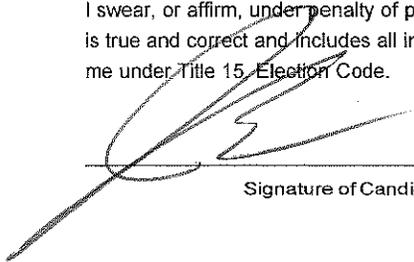
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,891.28
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,173.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,203.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

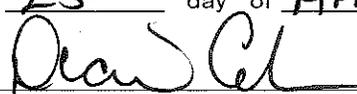
18 AFFIDAVIT

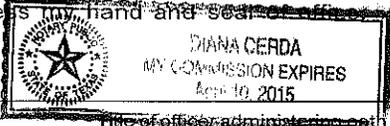
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOSE E. GUERRA, this the 25<sup>th</sup> day of APRIL, 20 12, to certify which, witness my hand and seal of office.

 DIANA CERDA  
Signature of officer administering oath Printed name of officer administering oath



DIANA CERDA  
MY COMMISSION EXPIRES  
April 10, 2015

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="font-size: 2em; margin-left: 200px;">4</span>	
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/13/2012</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES L. BARRETT</b>	7 Amount of contribution (\$) <b>4000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2941 NW 14 SD EDMONO OK 73034</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/24/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CLARE GUTIERREZ</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6020 E. WISCONSIN RD EDINBURG, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRENCH ELLISON</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>21784 FM 490 EDINBURG TX 78541</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARTURO E. GUERRA</b>	Amount of contribution (\$) <b>2000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2704 S. 2ND ST. EDINBURG, TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NOE TREVINO</b>	Amount of contribution (\$) <b>600.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>701 N. 27 1/2 McAllen TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/20/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROY QUINTANILHA</b> 6 Contributor address; City; State; Zip Code <b>3508 PALENQUE MCALLEN TX 78504</b>	7 Amount of contribution (\$) <b>250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANCISCO J. GUERRERO</b> Contributor address; City; State; Zip Code <b>12513 BAIL BOND DR EDINBURG, TX 78541</b>	Amount of contribution (\$) <b>2500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD W. RUPPERT</b> Contributor address; City; State; Zip Code <b>3803 HOBBS DR. EDINBURG, TX 78539</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARAN YODER</b> Contributor address; City; State; Zip Code <b>P.O. Box 3097 MCALLEN, TX 78502</b>	Amount of contribution (\$) <b>5000.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/22/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARCOS MARTINEZ</b> Contributor address; City; State; Zip Code <b>P.O. Box 1522 EDINBURG, TX 78540</b>	Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/11/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ALICE G. K. K. EAST</b>	7 Amount of contribution (\$) <b>1000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 56 LINN, TX 78563</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BALDOMERO VELA, SR.</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>512 E. NEWPORT LANE MCALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BALDOMERO VELA, JR.</b>	Amount of contribution (\$) <b>350.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1308 S. PEKINS MCALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BILL ROBERTSON</b>	Amount of contribution (\$) <b>300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>401 CHULA VISTA MCALLEN, TX 78501</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>FRED CAPPADONA</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1699 PHARR, TX 78577</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float: right; font-size: 2em;">4</span>	
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/11/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUAN M. TAPIA</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2318 YELLOW ROSE EDINBURG TX 78539</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ATLAS &amp; HALL LLP</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. DRAWER 3725 MEALLEN, TX 78502</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES A. McALLEN, JR</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1139 EDINBURG TX 78540</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAVID A. ALLEX</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 531180 HARLINGEN, TX 78553</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/21/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOEL RIVERA</b>	Amount of contribution (\$) <b>191.28</b>	In-kind contribution description (if applicable) <b>RENTAL OF EQUIPMENT 3/19 - 3/22/12</b>
Contributor address; City; State; Zip Code <b>555 E. NILE 10 N. ROAD WESLACO TX 78596</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7</b>		2 FILER NAME <b>Jose E. Guerra</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/3/2012</b>		5 Payee name <b>Moonlight Cafe</b>			
6 Amount (\$) <b>66.26</b>		7 Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/7/2012</b>		Payee name <b>M.P.A. Digital, LLC</b>			
Amount (\$) <b>1500.00</b>		Payee address; City; State; Zip Code <b>McAllen, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/8/2012</b>		Payee name <b>RGV Promos</b>			
Amount (\$) <b>493.82</b>		Payee address; City; State; Zip Code <b>mission, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/13/2012</b>		Payee name <b>Lowe's</b>			
Amount (\$) <b>411.18</b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7</b>		2 FILER NAME <b>Jose E. Guerra</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/13/2012</b>		5 Payee name <b>Moonlight Cafe</b>			
6 Amount (\$) <b>20<sup>49</sup></b>		7 Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/14/2012</b>		Payee name <b>SAL'S Vinyl GrafX</b>			
Amount (\$) <b>3450<sup>00</sup></b>		Payee address; City; State; Zip Code <b>Pharm, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/14/2012</b>		Payee name <b>McCoy's</b>			
Amount (\$) <b>230<sup>04</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/15/2012</b>		Payee name <b>PCC</b>			
Amount (\$) <b>17<sup>18</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>TRAVEL Expense (Excl)</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7</b>		2 FILER NAME <b>Jose E. Guerra</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/25/2012</b>		5 Payee name <b>PCC</b>			
6 Amount (\$) <b>56<sup>39</sup></b>		7 Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Travel Expense (Fuel)</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/25/2012</b>		Payee name <b>Lowe's</b>			
Amount (\$) <b>166<sup>03</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/26/2012</b>		Payee name <b>Hidalgo / Starr County AIM Club</b>			
Amount (\$) <b>50<sup>00</sup></b>		Payee address; City; State; Zip Code <b>mAllen, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/26/2012</b>		Payee name <b>EHS Red &amp; Blue Sarsennette</b>			
Amount (\$) <b>300<sup>00</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <p style="text-align:center; font-size: 2em;">7</p>	<b>2</b> FILER NAME <p style="text-align:center; font-size: 1.5em;">Jose E. Guerra</p>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center; font-size: 1.5em;">3/27/2012</p>	<b>5</b> Payee name <p style="text-align:center; font-size: 1.5em;">Yoli Jasso</p>	
<b>6</b> Amount (\$) <p style="text-align:center; font-size: 1.5em;">30<sup>00</sup></p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center; font-size: 1.5em;">Edinburg, TX</p>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Food Expense</p>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <p style="text-align:center; font-size: 1.5em;">3/27/2012</p>	<b>Payee name</b> <p style="text-align:center; font-size: 1.5em;">Xpress Printing</p>	
<b>Amount (\$)</b> <p style="text-align:center; font-size: 1.5em;">1078<sup>21</sup></p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center; font-size: 1.5em;">Edinburg, TX</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Advertising Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <p style="text-align:center; font-size: 1.5em;">3/29/2012</p>	<b>Payee name</b> <p style="text-align:center; font-size: 1.5em;">Sal's Vinyl Graftx</p>	
<b>Amount (\$)</b> <p style="text-align:center; font-size: 1.5em;">1245<sup>00</sup></p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center; font-size: 1.5em;">Pharr, TX</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Advertising Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <p style="text-align:center; font-size: 1.5em;">3/30/2012</p>	<b>Payee name</b> <p style="text-align:center; font-size: 1.5em;">Tejas Equipment Rental</p>	
<b>Amount (\$)</b> <p style="text-align:center; font-size: 1.5em;">132<sup>06</sup></p>	<b>Payee address; City; State; Zip Code</b> <p style="text-align:center; font-size: 1.5em;">Edinburg, TX</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.5em;">Rental Expense</p>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7</b>		2 FILER NAME <b>Jose E. Guerra</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/3/2012</b>		5 Payee name <b>Luby's</b>			
6 Amount (\$) <b>17<sup>32</sup></b>		7 Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/4/2012</b>		Payee name <b>Anita's Cafe</b>			
Amount (\$) <b>51<sup>50</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Expense</b>		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/4/2012</b>		Payee name <b>Joli Jasso</b>			
Amount (\$) <b>125<sup>00</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>4/4/2012</b>		Payee name <b>Edinburg Little League</b>			
Amount (\$) <b>350<sup>00</sup></b>		Payee address; City; State; Zip Code <b>Edinburg, TX</b>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 7	<b>2</b> FILER NAME Jose E. Guerra	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 7/13/2012	<b>5</b> Payee name ECISD Superintendent's Scholarship	
<b>6</b> Amount (\$) 500 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code Edinburg, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 7/13/2012	<b>Payee name</b> Dee Herrera	
<b>Amount (\$)</b> 100 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> McAllen, TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> Advertising Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 4/13/2012	<b>Payee name</b> Retama Manor	
<b>Amount (\$)</b> 50 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> Edinburg, TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> Food Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 4/13/2012	<b>Payee name</b> Gilbert Saenz	
<b>Amount (\$)</b> 1000 <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> Edinburg, TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>7</b>	<b>2</b> FILER NAME <i>Jose E. Guerra</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4/17/2012</i>	<b>5</b> Payee name <i>Xpress Printing</i>	
<b>6</b> Amount (\$) <i>635<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>Edinburg, TX</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> <i>4/17/2012</i>	<b>Payee name</b> <i>Edinburg North Swim Team</i>	
<b>Amount (\$)</b> <i>250<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>Edinburg, TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> <i>4/18/2012</i>	<b>Payee name</b> <i>Corbett Saenz</i>	
<b>Amount (\$)</b> <i>216<sup>00</sup></i>	<b>Payee address; City; State; Zip Code</b> <i>Edinburg, TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held	
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name      Office sought      Office held	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>JOEL RIVERA</b>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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