



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Jose E. Guerra 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

•• This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>- 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,050<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,234<sup>55</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,942<sup>93</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

19 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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose E. Guerra, this the 13<sup>th</sup> day of February, 2008, to certify which, witness my hand and seal of office.

[Signature] Diana Cerda  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:  
1

2 FILER NAME Jose E Guerra 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/2/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert H. CRAVE</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>1/2/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DANIEL D. VELA</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/30/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MAURO RUIZ</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/20/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DV GUERRA JR</u>	Amount of contribution (\$) <u>5000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/20/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DR ALBERTO H. Gutierrez, Jr.</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/18/08

Rick Salazar

6 Payee address; City; State; Zip Code

606. W. Canton Rd  
EDINBURG TX 78539

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising / Promotion  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/22/08

CARLOS RAMOS

Payee address; City; State; Zip Code

2214 ANNETTE  
EDINBURG, TX 78541

200.00

Purpose of payment (See instructions regarding type of information required.)

Advertising / Promotion  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/23/08

GEORGE LARIOS

Payee address; City; State; Zip Code

LA VILLA, TX

1000.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING / PROMOTION  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/2/08

EDINBURG PARKS & RECREATION

Payee address; City; State; Zip Code

EDINBURG, TX 78539

50.00

Purpose of payment (See instructions regarding type of information required.)

ADVERTISING / PROMOTION  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>Jose E. Guerra</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/14/08</b>	5 Payee name <b>COPYZONE LTD</b> 6 Payee address; City; State; Zip Code <b>McAllen Tx 78504</b>	7 Amount (\$) <b>41.57</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/14/08</b>	Payee name <b>THE MONITOR</b> Payee address; City; State; Zip Code <b>McAllen, Tx 78501</b>	Amount (\$) <b>800.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>ADVERTISING / PROMOTION</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>1/14/08</b>	Payee name <b>POCKET COMMUNICATIONS</b> Payee address; City; State; Zip Code <b>SAN ANTONIO, TX</b>	Amount (\$) <b>42.98</b>
Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONE EXPENSE</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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