

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOSE E. NICKNAME LAST SUFFIX EDDIE GUERRA	OFFICE USE ONLY <hr/> Date Received <i>McMurry</i> 2008 FEB 25 AM 10:29 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 418 LINN TX 78563		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-0387		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. AARON I. NICKNAME LAST SUFFIX VELA		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 E. CANO EDINBURG, TX 78539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 381-4440		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 04 / 2008 THROUGH 02 / 25 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HIDALGO COUNTY CONSTABLE PCT 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

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

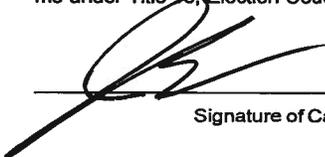
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,856.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,373.04</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,719.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



DIANA CERDA
MY COMMISSION EXPIRES
April 10, 2011

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 25th day of February, 20 08, to certify which, witness my hand and seal of office.

Diana Cerda
Signature of officer administering oath

Diana Cerda
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: <u>1</u>	
2 FILER NAME <u>JOSE E. GUERRA</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/8/2008</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOSE L. GUERRA</u>	7 Amount of contribution (\$) <u>206.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 222 LINN, TX 78563</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/8/2008</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID E. ALLEX</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3118 CLIFFORD ST. HARLINGEN TEXAS 78550</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/8/2008</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DORA GARZA</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1423 S. 15TH ST. EDINBURG, TX 78539</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/19/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GERARDO L. GUERRA</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 256, LINN TX 78563</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/19/2008</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>REED, McLAUGHLIN & GUERRERO, LLP</u>	Amount of contribution (\$) <u>2000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 9702 McAllen, TX 78502-9702</u>		(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: **4**

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/4/2008

5 Payee name

SOS FOUNDATION

6 Payee address; City; State; Zip Code

EDINBURG TX

7 Amount (\$)

200.00

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

2/7/2008

Payee name

YOLANDA VEGA

Payee address; City; State; Zip Code

**P.O. Box 6752
MS ALLEN, TX 78502**

Amount (\$)

750.00

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

POLITICAL CONSULTING
(If travel outside of Texas, complete Schedule T)

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

Date

2/21/2008

Payee name

COPY IT

Payee address; City; State; Zip Code

Amount (\$)

499.00

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

OFFICE SUPPLIES / COPIES / ADVERTISING
(If travel outside of Texas, complete Schedule T)

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

Date

2/21/2008

Payee name

UPPER VALLEY MAIL SERVICES

Payee address; City; State; Zip Code

Amount (\$)

625.00

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME JOSE E. GUERRA		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/21/2008	5 Payee name YOLANDA VEGA	7 Amount (\$) 750.00
6 Payee address; City; State; Zip Code P.O. Box 6752 McAllen, TX 78504		
8 Purpose of payment (See instructions regarding type of information required.) POLITICAL CONSULTING <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/8/08	Payee name BUFFALO WINGS & RING	Amount (\$) 23.56
Payee address; City; State; Zip Code EDINBURG, TX		
Purpose of payment (See instructions regarding type of information required.) MEETINGS <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/13/2008	Payee name DIAMOND SHAMROCK	Amount (\$) 65.77
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) AUTO EXPENSE/TRAVEL <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/13/2008	Payee name PCC 9137	Amount (\$) 59.57
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME
JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/4/2008

5 Payee name
POCKET COMMUNICATIONS
6 Payee address; City; State; Zip Code

7 Amount (\$)
43.36

8 Purpose of payment (See instructions regarding type of information required.)
Telephone
(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
2/6/2008

5 Payee name
3 POTRILLOS - EDINBURG
6 Payee address; City; State; Zip Code
EDINBURG, TX

Amount (\$)
19.75

Purpose of payment (See instructions regarding type of information required.)
Meeting
(If travel outside of Texas, complete Schedule T)

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

Date
2/13/2008

5 Payee name
THE MONITOR
6 Payee address; City; State; Zip Code
MCALLEN, TX

Amount (\$)
916.99

Purpose of payment (See instructions regarding type of information required.)
Advertising
(If travel outside of Texas, complete Schedule T)

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

Date
2/14/2008

5 Payee name
TOWN CRIER
6 Payee address; City; State; Zip Code
MCALLEN, TX

Amount (\$)
329.50

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME
JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/15/2008

5 Payee name
PCC 9137
6 Payee address; City; State; Zip Code

7 Amount (\$)
62.64

8 Purpose of payment (See instructions regarding type of information required.)
Automobile / TRAVEL
(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
2/19/2008

Payee name
THE MONITOR
Payee address; City; State; Zip Code

Amount (\$)
1760.00

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING
(If travel outside of Texas, complete Schedule T)

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

Date
2/20/2008

Payee name
PCC 9137
Payee address; City; State; Zip Code

Amount (\$)
67.90

Purpose of payment (See instructions regarding type of information required.)
Automobile / Fuel
(If travel outside of Texas, complete Schedule T)

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

Date
2/23/2008

Payee name
THE MONITOR
Payee address; City; State; Zip Code

Amount (\$)
200.00

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED