Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 27

OFFICE USE ONLY

Date Received: 2008 JAN 5 PM 12

Date Hand-delivered or Date Postmarked

Receipt #: Amount:

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: Jose MI: G.

NICKNAME: Eddie LAST: Guerra SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ 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: (956) PHONE NUMBER: 330-0387 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Aaron MI: I.

NICKNAME: LAST: Vela SUFFIX:

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: (956) PHONE NUMBER: 381-4440 EXTENSION:

9 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 9/11/2007 THROUGH Month Day Year: 12/31/2007

11 ELECTION

ELECTION DATE Month Day Year: 3/4/2008

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ 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

•• 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: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code:

☐ additional pages

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)

•• 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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 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)	$ 28,950.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
4.	**TOTAL POLITICAL EXPENDITURES**	$ 25,605.40

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,874.60

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

SHEILA K. GARCIA
Notary Public, State of Texas
My Commission Expires
10-10-2009

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jose E. Guerra, this the 15th day of January, 2008, 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
Sheila K. Garcia	Sheila K. Garcia	Notary Public

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-10-07	French C. Ellison or Martha F. Ellison 4300 North Cage St. Pharr, TX 78577	$1000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-15-07	Jones, Galligan, Key + Lozano, Attorneys at Law L.L.P. P.O. Drawer 1247 Weslaco, TX 78599	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-14-07	F.N. or G.S. Runnels P.O. Box 3264 McAllen, TX 78502-3264	$200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-6-07	Arcadio R. "Felo" Guerra P.O. Box 44 Linn, TX 78563	$750.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-6-07	Dr. Phillip Hunke, Karen S. Hunke 505 E. Newport Ln. McAllen, TX 78501	$700.00	

(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 foradditional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 11

2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-28-07	Arturo E. Guerra, Jr Barbara J. Guerra 2704 S. 2nd St. Edinburg, TX 78539	$2,000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-2-07	Aaron I. Vela, Attorney at Law P.O. Box 3368 Edinburg, TX 78540	$1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-17-07	Border Health PAC 300 Lindberg McAllen, TX 78501-3790	$5,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-24-07	James A. McAllen Francis W. McAllen McAllen Ranch - HC-1, Box 10 Linn, TX 78563	$1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-4-07	Emilio Zarate Leonor Zarate 1914 Renee Edinburg, TX 78539	$100.00	

(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

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2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-12-07	Fred Cappadona, Jr. Drawer 1699 Pharr, TX 78577	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-15-07	Aida Ramirez 2101 Diaz McAllen, TX 78503	$2,000.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-25-07	Cardenas, Whitis + Stephen, L.L.P. 106 S. Bicentennial McAllen, TX 78501-7050	$250.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-25-07	Law Office of Carlos Macias 4610 S. Closner Edinburg, TX 78539	$150.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-26-07	Law Offices of Roberto D. Guerra, P.C. 801 Nolana, Suite 320 McAllen, TX 78504	$1,000.00	(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

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1 Total pages Schedule A: 11

2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-3-07	French C. Ellison Martha F. Ellison 4300 North Cage St. Pharr, TX 78577	$2,500.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
10-25-07	Sylvia Cardenas 5504 N. 1st Street McAllen, TX 78504	$250.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
10-24-07	Robert W. Whitis Linda L. Whitis 512 E. Uphall Ave. McAllen, TX 78503	$250.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
10-25-07	Ruben R. or Dardanella G. Cardenas 1712 Larkspur McAllen, TX 78501	$500.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
10-25-07	Jose G. or Marla Guerra 1005 Fortress St. Edinburg, TX 78539	$200.00	(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

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1 Total pages Schedule A: 11

2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-25-07	Arturo or Yolanda Y. Chapa 1400 Shasta McAllen, TX 78504	$100.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-25-07	Oscar R. Cardenas Dora C. Cardenas 6917 N. 1st Street McAllen, TX 78504	$250.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-25-07	Baldomero Vela, Jr. Connie G. Vela 1308 S. Peking McAllen, TX 78501	$500.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-8-07	Valley Metro Security, L.L.C. P.O. Box 743 Pharr, TX 78577	$500.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-8-07	Donald G. or Rebecca G. Strong 3310 S. Expwy 281 Edinburg, TX 78539	$100.00	(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

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1 Total pages Schedule A: 11

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-07	Mr. or Mrs. Ciro M. Guerra 5408 N. 6th Street McAllen, TX 78504	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-5-07	Dee Dee or David Adame 2409 El Encino Dr. Palmhurst, TX 78573	$250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-7-07	Pablo Vela, Jr. 1709 Point West Edinburg, TX 78539	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-4-07	R.B. Carter 6002 Edgewater Corpus Christi, TX 78412	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-13-07	Law Office of Victor M. Cantera, P.C. 1 Paseo Del Prado, Bldg. 103B Edinburg, TX 78539	$250.00	

(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

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2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12-4-07	Dr. L. A. Carter 309 Cape May Corpus Christi, TX 78412	$100.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Joel Rivera P.O. Box 1055 Weslaco, TX 78599	$250.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Edwin E. Forshage, III Herminia Forshage 25631 S. Laguna Seca Rd. Edinburg, TX 78541	$50.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Leopoldo Serna, Jr. Barbara S. Serna 3053 FM 755 Encino, TX 78353-6047	$50.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Jose M. Guerra Rebecca E. Guerra P.O. Box 4424 McAllen, TX 78502-4424	$80.00	(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

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1 Total pages Schedule A: 11

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-17-07	Federico Fred Garza, Jr. 100 N. Closner Edinburg, TX 78539	$20.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	John W. Sigrist P.O. Box 1330 Mercedes, TX 78570	$500.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-16-07	Raul C. Lozano 310 E. Dallas Ave. McAllen, TX 78501-8951	$200.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Larry Alvin Martin Charlotte J. Martin 1704 Pebble Mission, TX 78574-2197	$100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Stephen Manwell 5004 N. 4th St. McAllen, TX 78504	$100.00	(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

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2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-17-07	John David de la Garza 316 Hollywood Dr. Edinburg, TX 78539	$100.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Crispin Quintanilla, III 1900 Highland Ave. McAllen, TX 78501	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Juan C. Carillo 610 E. Expressway 83 Pharr TX 78577-4528	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Rolando Garza P.O. Box 761 Elsa, TX 78543-0761	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Ruth Garza 424 Yucca McAllen, TX 78504	$500.00	(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

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2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-17-07	Kenneth M. Tyrrell 5555 Broadstone-820SA Sugarland, TX 77479	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Luis M. or Carmen Yzaguirre P.O. Box 65 Lind, TX 78563	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Ranch of the 4LS Ltd. 100 S. Valle St. Rio Grande City, TX 78582	$500.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-17-07	Bill or Sheila Wilson 22480 FM 490 Edinburg, TX 78541	$550.00	(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-17-07	Rick Villarreal 2116 W. University Dr. Edinburg, TX 78539	$500.00	(If travel outside of Texas, complete Schedule T)

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

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If contributor is out-of-state PAC, please see instruction guide foradditional 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: 11

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12-6-07	Cullen Looney P.O. Box 118 Edinburg, TX 78539	$200.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-26-07	Clay Sports Promotions 3100 Leslie St. Edinburg, TX 78539	3,000.00

8 Purpose of payment (See instructions regarding type of information required.): fundraiser Expense
(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 / Payee address; City; State; Zip Code	Amount ($)
11-26-07	Koko's Uptown Cafe + Catering 6100 N. 10th Street McAllen, TX 78504	2,541.93

Purpose of payment (See instructions regarding type of information required.): meals for fundraiser
(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 / Payee address; City; State; Zip Code	Amount ($)
12-6-07	Yolanda Dega P.O. Box 6752 McAllen, TX 78502	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-13-07	Allied Advertising Agency San Antonio, TX	527.00

Purpose of payment (See instructions regarding type of information required.)
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-11-07	Speed Print 706 N. McColl Rd. McAllen, TX 78501	102.84

8 Purpose of payment (See instructions regarding type of information required.): fundraising expense
(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 / Payee address; City; State; Zip Code	Amount ($)
10-11-07	Political Access P.O. Box 6752 McAllen, TX 78502	750.00

Purpose of payment (See instructions regarding type of information required.): Consulting fees
(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 / Payee address; City; State; Zip Code	Amount ($)
10-16-07	Allure Marketing + Public Relations Firm 2000 S. McColl Rd., Ste. B, PMB #165 McAllen, TX 78501	350.00

Purpose of payment (See instructions regarding type of information required.): Consulting fees
(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 / Payee address; City; State; Zip Code	Amount ($)
10-16-07	Allure Marketing + Public Relations Firm 200 S. McColl Rd., Ste B, PMB #165 McAllen, TX 78501	1,229.72

Purpose of payment (See instructions regarding type of information required.): Consulting fees
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-26-07	Echo Hotel Conference Center 1903 South Closner Blvd. Edinburg, TX 78539	1,202.08

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

(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 / Payee address; City; State; Zip Code	Amount ($)
11-6-07	Yolanda Vega P.O. Box 6752 McAllen, TX 78502	750.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
11-7-07	Phoenix Design Services A Division of The Chase Mackenzie Group P.O. Box San Juan, TX 78589	210.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-26-07	Del Prado Inc. P.O. Box 9600 McAllen, TX 78502	372.54

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

(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-11-07	Office Depot #519 McAllen, TX 78504	32.46

8 Purpose of payment (See instructions regarding type of information required.): Office Supplies
(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 / Payee address; City; State; Zip Code	Amount ($)
10-11-07	Trevino's Restaurant Edinburg, TX 78539	43.93

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-11-07	Echo Hotel & Conference Edinburg, TX	33.71

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-11-07	Koko's Uptown Cafe McAllen, TX	29.77

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-11-07	Luby's Cafe #0152 Mission, TX	83.58

8 Purpose of payment (See instructions regarding type of information required.): meeting
(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 / Payee address; City; State; Zip Code	Amount ($)
10-11-07	IHOP #1902 McAllen, TX	28.49

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-11-07	3 Potrillos Edinburg, TX	111.40

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-11-07	Applebee's Nor McAllen, TX	30.38

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-11-07	Echo Hotel + Conference Edinburg, TX 78539	100.00

8 Purpose of payment (See instructions regarding type of information required.): deposit for fundraiser
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Allied Advertising Agency San Antonio, TX	2,159.80

Purpose of payment (See instructions regarding type of information required.): Signs + 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Office Depot 519 McAllen, TX	92.00

Purpose of payment (See instructions regarding type of information required.): Supplies
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Blue Sky Cell McCell McAllen, TX	129.90

Purpose of payment (See instructions regarding type of information required.): Phone
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	3 Portillos Edinburg, TX	31.60

8 Purpose of payment (See instructions regarding type of information required.): meeting
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	The Old Cattle Barron Edinburg, TX	60.46

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Bea Taco Ole Edinburg, TX	25.69

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-12-07	McAllen Sports McAllen, TX	207.84

Purpose of payment (See instructions regarding type of information required.): T-Shirts
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	The Monitor McAllen, TX	1,348.13

8 Purpose of payment (See instructions regarding type of information required.): Advertising
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Rudy's #0206 923 Pharr, TX	108.02

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Diamond 1527 Shamrock 917 Premont, TX	48.03

Purpose of payment (See instructions regarding type of information required.): Fuel/travel expense
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Exxon Mobil San Antonio, TX	57.10

Purpose of payment (See instructions regarding type of information required.): Fuel/travel expense
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	Allied Advertising Age San Antonio, TX	243.28

8 Purpose of payment (See instructions regarding type of information required.): Political Signs
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Allied Advertising Age San Antonio, TX	2,562.02

Purpose of payment (See instructions regarding type of information required.): political signs
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	The Home Depot 0516 McAllen, TX	68.73

Purpose of payment (See instructions regarding type of information required.): Supplies for signage
(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Koko's Uptown Cafe McAllen, TX	28.67

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	Diamond 1542 Shamrock 17 Edinburg, TX	34.27

8 Purpose of payment (See instructions regarding type of information required.): Fuel / travel expense

(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Buffalo Wings + Ring Edinburg, TX	16.28

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Allied Advertising Age San Antonio, TX	349.50

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

(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Rudy's 0206 @ 23 Pharr, TX	25.87

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	Los Cazadores BBQ McAllen, TX	37.05

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

(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 / Payee address; City; State; Zip Code	Amount ($)
11-12-07	Pocket Communications San Antonio, TX	43.31

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

(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 / Payee address; City; State; Zip Code	Amount ($)
11-6-07	L.S.M.C.I.C P.O. Box 81 Linn TX 78563	500.00

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 / Payee address; City; State; Zip Code	Amount ($)
11-6-07	St. Joseph Turkey fest Edinburg, TX	$500.00

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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-20-07	Wal-Mart Edinburg, TX	209.51

8 Purpose of payment (See instructions regarding type of information required.): Supplies
(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 / Payee address; City; State; Zip Code	Amount ($)
11-17-07	Space Jump Rentals 813 W. Ferguson Pharr, TX 78577	248.98

Purpose of payment (See instructions regarding type of information required.): fundraiser
(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 / Payee address; City; State; Zip Code	Amount ($)
12-6-07	Hidalgo County Edinburg, TX	1,000.00

Purpose of payment (See instructions regarding type of information required.): filing fees
(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 / Payee address; City; State; Zip Code	Amount ($)
10-5-07	Intuit Software	126.63

Purpose of payment (See instructions regarding type of information required.): office supplies
(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: 13

2 FILER NAME: Jose E. Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-07	Bank of America P.O. Box 15721 Wilmington, DE 19886	50.90

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

(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 / 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)

•• Complete if direct expenditure to benefit C/OH ••
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)

•• Complete if direct expenditure to benefit C/OH ••
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)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
9/23/07	YOLANDA VEGA 1824 GLORIA ANN DR. EDINBURG, TX 78539 7 Purpose of expenditure (See instructions regarding type of information required.) Consultant (If travel outside of Texas, complete Schedule T)	3000.00 ☒ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23/07	Bank of America P.O. BOX 15721 Wilmington, DE 19886 Purpose of expenditure (See instructions regarding type of information required.) min. credit card fee (If travel outside of Texas, complete Schedule T)	15.00 ☒ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED