

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:

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR. JOSE E.
NICKNAME LAST SUFFIX

EDDIE GUERRA

OFFICE USE ONLY

Date Received

Date Hand Delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 418 Linn, TX. 78563

change of address

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

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 THROUGH Month Day Year

7 / 1 / 2010 THROUGH 12 / 31 / 2010

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
3 / - / 2012 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Hidalgo County
Constable Pct 4

13 OFFICE SOUGHT (if known)

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

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 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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)

\$ 11,070.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3971.42

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,509.25

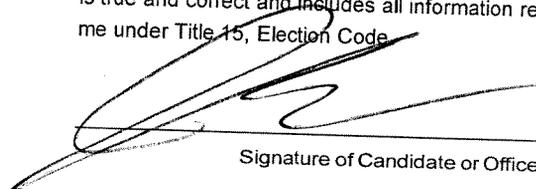
OUTSTANDING LOAN TOTALS

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

\$ - 0 -

19 AFFIDAVIT

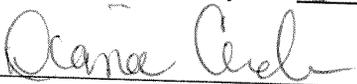
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



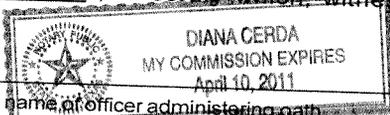
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose E. Guerra, this the 13th day of January, 20 11, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/30/2010

5 Full name of contributor out-of-state PAC (ID# _____)

ARTURO E. GUERRA, JR.

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/18/2010

Full name of contributor out-of-state PAC (ID# _____)

ROY QUINTANILHA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/2010

Full name of contributor out-of-state PAC (ID# _____)

FRANCISCO J. GUERRERO

Contributor address; City; State; Zip Code

Amount of contribution (\$)

750⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2010

Full name of contributor out-of-state PAC (ID# _____)

BALDOMERO VELA, JR.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2010

Full name of contributor out-of-state PAC (ID# _____)

FRENCH C. ELLISON

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(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

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1 Total pages Schedule A:

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2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/1/2010

5 Full name of contributor out-of-state PAC (ID# _____)

ARMANDO GARZA

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/2010

Full name of contributor out-of-state PAC (ID# _____)

JUSTIN CAPPADONA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2010

Full name of contributor out-of-state PAC (ID# _____)

RICARDO MARTINEZ

Contributor address; City; State; Zip Code

Amount of contribution (\$)

870⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/2010

Full name of contributor out-of-state PAC (ID# _____)

KENNETH L. BAKER

Contributor address; City; State; Zip Code

Amount of contribution (\$)

40⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2010

Full name of contributor out-of-state PAC (ID# _____)

FRED CAPPADONA, JR

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/30/2010

5 Full name of contributor

out-of-state PAC (ID# _____)

RICARDO MARTINEZ

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

6000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/2010

Full name of contributor

out-of-state PAC (ID# _____)

JOHN W. SIGRIST

Contributor address; City; State; Zip Code

Amount of contribution (\$)

25000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2010

Full name of contributor

out-of-state PAC (ID# _____)

DARIO VIDAL GUERRA JR

Contributor address; City; State; Zip Code

Amount of contribution (\$)

60000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2010

Full name of contributor

out-of-state PAC (ID# _____)

JOSE M. GUERRA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/7/2010

Full name of contributor

out-of-state PAC (ID# _____)

JAMES L. BARRETT

Contributor address; City; State; Zip Code

Amount of contribution (\$)

20000

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

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2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/2/2010

5 Full name of contributor

out-of-state PAC (ID# _____)

LARRY N. BARRI

7 Amount of contribution (\$)

200⁰⁰

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

11/14/2010

Full name of contributor

out-of-state PAC (ID# _____)

JOHN DAVID DE LA GARZA

Amount of contribution (\$)

250⁰⁰

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

11/11/2010

Full name of contributor

out-of-state PAC (ID# _____)

JOSE L. GUERRA

Amount of contribution (\$)

500⁰⁰

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

11/14/2010

Full name of contributor

out-of-state PAC (ID# _____)

LUIS M. YZAGUIRRE

Amount of contribution (\$)

250⁰⁰

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

12/13/2010

Full name of contributor

out-of-state PAC (ID# _____)

ATLAS & HALL, LLP

Amount of contribution (\$)

500⁰⁰

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)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

5

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/30/2010

5 Full name of contributor

out-of-state PAC (ID# _____)

Roberto D. GUERRA

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

842.36

(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)

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: <u>1</u>	2 FILER NAME <u>JOSE E. GUERRA</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <u>10-30-2010</u>	5 Payee name <u>CLAYS UNLIMITED</u>
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6 Amount (\$) <u>\$3300.00</u>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>FUNDRAISER EXPENDITURE</u>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>12-30-2010</u>	Payee name <u>JOSE E. GUERRA</u>
Amount (\$) <u>580.28</u>	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>FUNDRAISER EXPENDITURE</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>SEPT 2010</u>	Payee name <u>JOSE E. GUERRA</u>
Amount (\$) <u>\$36.74</u>	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>FOOD/BEVERAGE EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>MEETINGS</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>OCT. 2010</u>	Payee name <u>JOSE E. GUERRA</u>
Amount (\$) <u>\$54.40</u>	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>FOOD/BEVERAGE EXPENSE</u>	Description (If travel outside of Texas, complete Schedule T) <u>MEETINGS</u>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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