

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:** 15

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR. FIRST: JOSE MI: E.
NICKNAME LAST SUFFIX
EDDIE GUERRA

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: MR. FIRST: AARON MI: 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
3 / 30 / 2008 6 / 30 / 2008

11 ELECTION
 ELECTION DATE: Month Day Year ELECTION TYPE
4 / 8 / 2008 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: _____
 Address / PO Box; Apt. / Suite #; City; State; Zip Code: _____
 additional pages

OFFICE USE ONLY
 Date Received: _____
 Date Hand-delivered or Date Postmarked: _____
 Receipt # _____ Amount: _____
 Date Processed: _____
 Date Imaged: _____
 RECD JUL 15 2008
Blank Entry

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

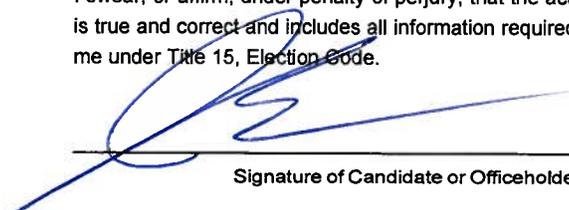
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL	COMMITTEE NAME
<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	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,356.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 7460.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9122.80
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 15th day of July, 2008, 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: 4	
2 FILER NAME JOSE E. GUERRA		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/11/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONEL GARZA JR	7 Amount of contribution (\$) 500.00	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 4/11/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME	Amount of contribution (\$) 500.00	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 4/11/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael M. GUERRA	Amount of contribution (\$) 506.00	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 4/11/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS GARZA	Amount of contribution (\$) 1000.00	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.24.08

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

LINEBARGER, ET AL.

7 Amount of contribution (\$)

500.00

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

4.24.08

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

Michael McConthy

Amount of contribution (\$)

1500.00

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

4.24.08

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

SAUL ORTEGA

Amount of contribution (\$)

1500.00

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

4.24.2008

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

DAVID ROGERS

Amount of contribution (\$)

1500.00

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

4.24.2008

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

R. P. SANCHEZ

Amount of contribution (\$)

100.00

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-24-2008

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

GLORIA BARRETT

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

5-23-08

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

RUBEN GUERRA

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

5-23-08

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

HIDALGO COUNTY SHERIFF RESERVE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-18-08

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

EMILIO ZARATE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

3000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-18-08

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

LEONEL GARZA

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 FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6-18-08

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

VALLEY METRO

7 Amount of contribution (\$)

500.00

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

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

Amount of contribution (\$)

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

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

Amount of contribution (\$)

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

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

Amount of contribution (\$)

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

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

Amount of contribution (\$)

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: 8
2 FILER NAME JOSE E. GUERRA		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/31/08	5 Payee name Action Car Rental	7 Amount (\$) 172.98
6 Payee address; City; State; Zip Code McAllen Tx		
8 Purpose of payment (See instructions regarding type of information required.) Car rental (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 3/31/08	Payee name 3. POTRILLOS	Amount (\$) 42.10
Payee address; City; State; Zip Code EDINBURG, TX		
Purpose of payment (See instructions regarding type of information required.) MEETING 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 3/31/08	Payee name PCC 9137	Amount (\$) 68.94
Payee address; City; State; Zip Code EDINBURG, TX		
Purpose of payment (See instructions regarding type of information required.) 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 4/2/08	Payee name POCKET COMMUNICATIONS	Amount (\$) 42.98
Payee address; City; State; Zip Code SAN ANTONIO TX		
Purpose of payment (See instructions regarding type of information required.) Telephone Expense (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:

8

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/2/08

5 Payee name

HEB GAS / CAR WASH #172

7 Amount (\$)

74.00

6 Payee address; City; State; Zip Code

EDINBURG, TX 78539

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

FUEL

(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

4/3/08

Payee name

ACTION CAR RENTAL, LLC

Amount (\$)

60.39

Payee address; City; State; Zip Code

McAllen, TX

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

CAR RENTAL

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/3/08

Payee name

ACTION CAR RENTAL, LLC

Amount (\$)

60.39

Payee address; City; State; Zip Code

McAllen, TX

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

CAR RENTAL

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/3/08

Payee name

ACTION CAR RENTAL

Amount (\$)

60.39

Payee address; City; State; Zip Code

McAllen, TX

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

CAR RENTAL

(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: **8**

2 FILER NAME **JOSE E. GUERRA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4/3/08	5 Payee name LUBY'S CAFE	7 Amount (\$) 26.59
6 Payee address; City; State; Zip Code EDINBURG, TX		

8 Purpose of payment (See instructions regarding type of information required.) Meeting <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
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Date 4/4/08	Payee name DIAMOND 1542 SHAMROCK	Amount (\$) 47.38
Payee address; City; State; Zip Code EDINBURG, TX		

Purpose of payment (See instructions regarding type of information required.) FUEL <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
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Date 4/4/08	Payee name DIAMOND 1542 SHAMROCK	Amount (\$) 76.69
Payee address; City; State; Zip Code EDINBURG, TX		

Purpose of payment (See instructions regarding type of information required.) FUEL <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
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Date 4/4/08	Payee name DIAMOND 1542 SHAMROCK	Amount (\$) 41.67
Payee address; City; State; Zip Code EDINBURG, TX		

Purpose of payment (See instructions regarding type of information required.) FUEL <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
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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: **8**

2 FILER NAME
JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/4/08

5 Payee name
DIAMOND 1542 SHAMROCK 17

6 Payee address; City; State; Zip Code

EDINBURG, TX

7 Amount (\$)

49.12

8 Purpose of payment (See instructions regarding type of information required.)
Fuel
(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
4/11/08

Payee name
EXXON MOBIL
Payee address; City; State; Zip Code

HIDALGO TX

Amount (\$)

69.41

Purpose of payment (See instructions regarding type of information required.)
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
4/13/08

Payee name
EXXON MOBIL
Payee address; City; State; Zip Code

Amount (\$)

54.11

Purpose of payment (See instructions regarding type of information required.)
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
4/13/08

Payee name
BUFFALO WINGS & RINGS
Payee address; City; State; Zip Code

EDINBURG TX

Amount (\$)

43.72

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

8

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/17/08

5 Payee name

CORNERSTONE GRILL

6 Payee address; City; State; Zip Code

EDINBURG TX

7 Amount (\$)

37.49

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

MEETING 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

4/27/08

Payee name

FLYING J.

Payee address; City; State; Zip Code

EDINBURG TX

Amount (\$)

67.65

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

MEETING 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 (\$)

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

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:

8

2 FILER NAME

JOSE E. GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/2008

5 Payee name

YOLANDA VEGA

6 Payee address; City; State; Zip Code

7 Amount (\$)

1000.00

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

Political Consulting
(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

3/31/2008

Payee name

E.J. RODRIGUEZ

Payee address; City; State; Zip Code

Amount (\$)

500.00

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

4/11/2008

Payee name

CARLOS RAMOS

Payee address; City; State; Zip Code

Amount (\$)

2000.00

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

4/11/2008

Payee name

VIFCO

Payee address; City; State; Zip Code

Amount (\$)

242.75

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

MEETING EXPENSE
(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:

8

2 FILER NAME

JOSE E. RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/23/2008

5 Payee name

E. J. RODRIGUEZ

6 Payee address; City; State; Zip Code

7 Amount (\$)

500.00

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

Political Consulting
(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

4/23/2008

Payee name

YOLANDA VEGA

Payee address; City; State; Zip Code

Amount (\$)

1000.00

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

4/23/2008

Payee name

BEA CANTU

Payee address; City; State; Zip Code

Amount (\$)

700.00

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 (\$)

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

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: 8
2 FILER NAME JOSE E. GUERRA		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/4/08	5 Payee name BANK OF AMERICA 6 Payee address; City; State; Zip Code	7 Amount (\$) 121.57
8 Purpose of payment (See instructions regarding type of information required.) finance/interest charges (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 5/5/08	Payee name BANK OF AMERICA Payee address; City; State; Zip Code	Amount (\$) 98.53
Purpose of payment (See instructions regarding type of information required.) FINANCE / Interest Charges (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/5/08	Payee name BANK OF AMERICA Payee address; City; State; Zip Code	Amount (\$) 60.35
Purpose of payment (See instructions regarding type of information required.) FINANCE / interest charges (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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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

6/30/2008

5 Payee name

BANK OF AMERICA

6 Payee address; City; State; Zip Code

**P.O. Box 15721
WILMINGTON, DE 19886-5721**

8 Amount (\$)

127.00

7 Purpose of expenditure (See instructions regarding type of information required.)

credit card payment for expenditures previously reported
(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

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