



**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

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

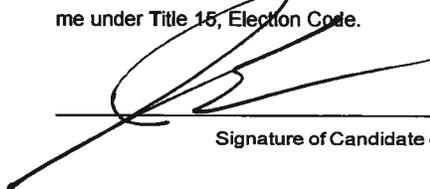
**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* 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. \*\*

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 8,750 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,659 <sup>15</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,709 <sup>55</sup>
<b>OUTSTANDING LOAN TOTALS</b>	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 31<sup>st</sup> day of march, 20 08, to certify which, witness my hand and seal of office.

Diana Cerda  
Signature of officer administering oath

Diana Cerda  
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/25/08</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMAR GARZA</b>	7 Amount of contribution (\$) <b>300.00</b>	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 <b>3/25/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EMILIO ZARATE</b>	Amount of contribution (\$) <b>100.00</b>	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 <b>3/25/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RUBEN CARDENAS</b>	Amount of contribution (\$) <b>500.00</b>	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 <b>3/25/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSE E. CMAPA, JR.</b>	Amount of contribution (\$) <b>500.00</b>	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 <b>3/25/08</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NOLA GARDNER</b>	Amount of contribution (\$) <b>250.00</b>	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: <u>4</u>	
2 FILER NAME <u>JOSE E. GUERRA</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/25/08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RONNIE SMITH</u>	7 Amount of contribution (\$) <u>300.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/25/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARI CARMEN McDERMOTT</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID E. ALLEX</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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)	
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)	

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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  
**3/14/08**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JAMES CLOUD**  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **100.00**  
(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  
**3/14/08**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JESSE TREVIÑO**  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **100.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/14/08**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**MRS. LUIS FLORES, JR.**  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **1000.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/14/08**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**REED, McCLAIN & GUERRERO, LLP**  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **2000.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/14/08**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**HOCKEMIA LAW FIRM**  
Contributor address; City; State; Zip Code

Amount of contribution (\$) **2000.00**  
(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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# 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

**3/14/08**

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

**ESCOBEDO, TIPPIT, & CARDENAS, LLP**

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

**1000.00**

(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

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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**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

**3/12/08**

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

**3/14/08**

Payee name

**YOLANDA VEGA**

Payee address; City; State; Zip Code

Amount (\$)

**750.00**

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

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

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

Date

**3/26/08**

Payee name

**VIFCO**

Payee address; City; State; Zip Code

Amount (\$)

**520.53**

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

**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: **2/28/08**  
5 Payee name: **PCC 9137 Q17**  
6 Payee address; City; State; Zip Code

7 Amount (\$)  
**7238**

8 Purpose of payment (See instructions regarding type of information required.)  
**FUEL / Auto**  
(If travel outside of Texas, complete Schedule T)

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

Date: **2/28/08**  
Payee name: **TOWN CRIER**  
Payee address; City; State; Zip Code  
**McAllen, Tx**

Amount (\$)  
**500.00**

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

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

Date: **2/28/08**  
Payee name: **THE MONITOR**  
Payee address; City; State; Zip Code  
**McAllen, Tx**

Amount (\$)  
**1348.26**

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

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

Date: **2/29/08**  
Payee name: **LOGANS**  
Payee address; City; State; Zip Code  
**McAllen, Tx**

Amount (\$)  
**50.04**

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

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>8</b>
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/29/08</b>	5 Payee name <b>DIAMOND 1542 SHAMROCK 17</b>	7 Amount (\$) <b>60.00</b>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <b>FUEL/AUTO</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>3/2/08</b>	Payee name <b>POCKET COMMUNICATIONS</b>	Amount (\$) <b>43.36</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>PHONE</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>3/3/08</b>	Payee name <b>SAMSClub #8250</b>	Amount (\$) <b>85.96</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>SUPPLIES</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <b>3/4/08</b>	Payee name <b>DIAMOND 1519 SHAMROCK 17</b>	Amount (\$) <b>64.91</b>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>FUEL/AUTO</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> 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: **8**

2 FILER NAME  
**JOSE E. GUERRA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/5/08**

5 Payee name  
**McAllen Sports**

7 Amount (\$)  
**740.43**

6 Payee address; City; State; Zip Code

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  
**3/6/08**

Payee name  
**ALLIED ADVERTISING AGE**

Amount (\$)  
**750.00**

Payee address; City; State; Zip Code

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  
**3/7/08**

Payee name  
**PCC 2156 Q17**

Amount (\$)  
**74.55**

Payee address; City; State; Zip Code

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  
**3/9/08**

Payee name  
**BUFFALO WINGS & RINGS**

Amount (\$)  
**32.07**

Payee address; City; State; Zip Code

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: <b>8</b>
2 FILER NAME <b>JOSE E. GUERRA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/9/08</b>	5 Payee name <b>THE HOME DEPOT</b> 6 Payee address; City; State; Zip Code	7 Amount (\$) <b>31.63</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>SUPPLIES</b> (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 <b>3/10/08</b>	Payee name <b>DIAMOND 1542 SHAMROG 17</b> Payee address; City; State; Zip Code	Amount (\$) <b>62.64</b>
Purpose of payment (See instructions regarding type of information required.) <b>FUEL</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/11/08</b>	Payee name <b>3 POTRILLOS - EDINBURG</b> Payee address; City; State; Zip Code <b>EDINBURG, TX</b>	Amount (\$) <b>73.28</b>
Purpose of payment (See instructions regarding type of information required.) <b>MEETING</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <b>3/12/08</b>	Payee name <b>KOKOS UPTOWN CAFE</b> Payee address; City; State; Zip Code <b>MCAllen</b>	Amount (\$) <b>30.85</b>
Purpose of payment (See instructions regarding type of information required.) <b>MEETING</b> (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: **8**

2 FILER NAME  
**JOSE E. GUERRA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/13/08**

5 Payee name  
**THE MONITOR**

7 Amount (\$)  
**1100.00**

6 Payee address; City; State; Zip Code  
**MCALLEN TX**

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  
**3/13/08**

Payee name  
**THE MONITOR**

Amount (\$)  
**10,000.00**

Payee address; City; State; Zip Code  
**MCALLEN TX**

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  
**3/13/08**

Payee name  
**ALLIED ADVERTISING AGE**

Amount (\$)  
**600.10**

Payee address; City; State; Zip Code

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  
**3/13/08**

Payee name  
**DIAMOND 1542 SHAMROCK**

Amount (\$)  
**68.60**

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
**FUEL / AUTO**  
(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**

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1 Total pages Schedule F: **8**

2 FILER NAME  
**JOSE E. GUERRA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/13/08**

5 Payee name  
**ALLIED ADVERTISING AGE**

6 Payee address; City; State; Zip Code

7 Amount (\$)  
**626.70**

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  
**3/18/08**

Payee name  
**S.TRIPES 2240 Q17**

Payee address; City; State; Zip Code

Amount (\$)  
**74.40**

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

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

Date  
**3/18/08**

Payee name  
**PCC 9137 Q17**

Payee address; City; State; Zip Code

Amount (\$)  
**69.78**

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

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

Date  
**3/26/08**

Payee name  
**BUFFALO WINGS & RINGS**

Payee address; City; State; Zip Code

Amount (\$)  
**99.75**

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

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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1 Total pages Schedule F: **8**

2 FILER NAME  
**JOSE E. GUERRA**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/27/08**

5 Payee name  
**THE SOCIAL CLUB**

7 Amount (\$)

6 Payee address; City; State; Zip Code

**43.68**

8 Purpose of payment (See instructions regarding type of information required.)  
**MEETINGS**  
(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  
**3/27/08**

Payee name  
**DIAMOND 1542 SHAMROCK 17**  
Payee address; City; State; Zip Code

Amount (\$)

**49.63**

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

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

Date  
**3/28/08**

Payee name  
**CHEVRON 0307289**  
Payee address; City; State; Zip Code

Amount (\$)

**60.01**

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

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

Date  
**3/28/08**

Payee name  
**VALERO 1542**  
Payee address; City; State; Zip Code

Amount (\$)

**75.61**

Purpose of payment (See instructions regarding type of information required.)  
**FUEL/AUTO**  
(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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