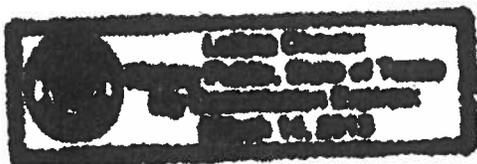


CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rene Guerra	15 ACCOUNT # (Ethics Commission files)										
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> SPECIFIC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center; padding: 2px;">N/A</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	N/A			COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
N/A											
	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)										
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:40%; padding: 2px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="padding: 2px; text-align: right;">\$ 13,600.00</td> </tr> <tr> <td style="padding: 2px;">3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="padding: 2px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">4. TOTAL POLITICAL EXPENDITURES</td> <td style="padding: 2px; text-align: right;">\$ 7,645.56</td> </tr> <tr> <td style="padding: 2px;">5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="padding: 2px; text-align: right;">\$</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,600.00	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	4. TOTAL POLITICAL EXPENDITURES	\$ 7,645.56	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$										
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,600.00										
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$										
4. TOTAL POLITICAL EXPENDITURES	\$ 7,645.56										
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$										

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 Rene Guerra, this the 29th. day of January, 20 10, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Leticia Chavez
 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:	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01-14-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto A. & Maria I. Morales 6 Contributor address; City; State; Zip Code 2316 S. 48th. Street, McAllen, Tx. 78502	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Self-Employed		10 Employer (See Instructions)	
Date 01-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan F. & Claudia P. Ochoa Contributor address; City; State; Zip Code 1006 S. 10th. Street, McAllen, Tx. 78501	Amount of contribution (\$) \$2,400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcelo A. Rodriguez Contributor address; City; State; Zip Code 1912 N. 13th. St., McAllen, Tx. 78501	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar R. Kissi & Maria J. Baldenebro Contributor address; City; State; Zip Code 3501 Geranium Ave., McAllen, Tx. 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-14-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugenio G. Galindo Contributor address; City; State; Zip Code 2601 Solera, Mission, Tx. 78572	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		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:	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01-14-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariano Salinas, M.D. PA 6 Contributor address; City; State; Zip Code 1720 Pecan Ave., McAllen, Tx. 78501	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Medical Doctor		10 Employer (See Instructions)	
Date 01-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvaro & Aracely Saenz Contributor address; City; State; Zip Code 1418 S. Dakota, Harlingen, Texas 78552	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-06-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esequiel & Jane G. Granado, Jr. Contributor address; City; State; Zip Code 1510 N. Jackson Rd., Edinburg, Tx. 78541	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-07-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John A. & Jeanell C. Edwards Contributor address; City; State; Zip Code 7018 N. 1st. Ln., McAllen, Tx. 78504	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-08-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. F. Mata Contributor address; City; State; Zip Code 324 Hidden Valley Dr., Weslaco, Tx. 78596	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		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:	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01-21-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto & Yolanda Ochoa 6 Contributor address; City; State; Zip Code 1424 Bluebonnet Ave., Edinburg, Tx. 78539	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofira R. Rangel Contributor address; City; State; Zip Code 903 S. 15th. Street, Edinburg, Tx. 78541	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adalberto Arguelles Contributor address; City; State; Zip Code 2108 Colorado Sr., Mission, Tx. 78572	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Garza Contributor address; City; State; Zip Code 3101 Santa Susana, Mission, Tx. 78572	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Garcia Contributor address; City; State; Zip Code 814 2nd. St., McAllen, Texas 78501	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		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:	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01-21-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Trevino	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1412 Grambling Ave., McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self-Employed		10 Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Benet	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7725 N. 5th. St., McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Guerra	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Lake James Subdivision, Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Guerra	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Lake James Subdivision, Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-21-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim McGurik	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1024 E. Susan Dr., Edinburg, Tx. 78539		(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 for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)
4 Date 01-14-10	5 Payee name VECO Printing Company 6 Payee address; City; State; Zip Code 3202 W. Expressway 83, Weslaco, Texas 78596	7 Amount (\$) \$938.00
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 01-14-10	Payee name Democratic Party Payee address; City; State; Zip Code 305 N. Shary Rd., Mission, Texas 78572	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Political Dinner (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 01-18-10	Payee name Promtional Concepts Payee address; City; State; Zip Code 3400 N. McColl Rd., Suite 21, McAllen, Texas 78501	Amount (\$) \$866.00
Purpose of payment (See instructions regarding type of information required.) 100/4' X 4' 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 01-20-10	Payee name The Monitor Payee address; City; State; Zip Code 1400 E. Nolana Av.e, McAllen, Texas 78504	Amount (\$) 2,491.56
Purpose of payment (See instructions regarding type of information required.) Policital Advertisement (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:
2 FILER NAME <p style="text-align: center;">Rene Guerra</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="text-align: center;">01-02-10</p>	5 Payee name <p style="text-align: center;">Promotional Concepts</p>	7 Amount (\$) <p style="text-align: center;">\$3,100.00</p>
6 Payee address; City; State; Zip Code <p style="text-align: center;">3400 N. McColl Rd., Suite 21, McAllen, Tx. 78501</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Campaign Signs (If travel outside of Texas, complete Schedule T)</p>		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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