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: 2

OFFICE USE ONLY

Date Received: 2009 JAN 12 AM 10:26

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. | FIRST: Rene | MI:
NICKNAME | LAST: Guerra | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1211 McKee Dr., Edinburg, Texas 78539

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER | EXTENSION: (956) 383-3485

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. | FIRST: Maria | MI: L.
NICKNAME | LAST: Guerra | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1211 McKee Dr., Edinburg, Texas 78539

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION: (956) 383-3485

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: 07 / 01 / 2008 THROUGH Month Day Year: 12 / 31 / 2008

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): Criminal District Attorney
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: N/A

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

☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Rene 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 CONTRIBUTION TOTALS / EXPENDITURE TOTALS / CONTRIBUTION BALANCE / OUTSTANDING LOAN 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)	$ -0-
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
4.	**TOTAL POLITICAL EXPENDITURES**	$ -0-
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,161.11
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

Leticia Chavez
Notary Public, State of Texas
My Commission Expires:
March 14, 2009

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.

Rene Guerra
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rene Guerra, this the 07th. day of January, 20 09, to certify which, witness my hand and seal of office.

Leticia Chavez
Signature of officer administering oath

Leticia Chavez
Printed name of officer administering oath

Title of officer administering oath

Revised 06/27/2008

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:

OFFICE USE ONLY

Date Received

2009 JUL 15 PM 4:

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Rene | MI:
NICKNAME | LAST: Guerra | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1211 McKee Dr., Edinburg, Texas 78539 | APT / SUITE #: | CITY: | STATE: | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 383-3485 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Maria | MI: L.
NICKNAME | LAST: Guerra | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1211 McKee Dr., Edinburg, Texas 78539 | APT / SUITE # | CITY | STATE | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 383-3485 | 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: 01 / 01 / 2009 THROUGH 06 / 30 / 2009

11 ELECTION

ELECTION DATE Month / Day / Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Criminal District Attorney

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: N/A

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

☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Rene 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. --

☐ additional pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

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)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ $1,200.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ $2,967.68
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

Leticia Chavez
Notary Public, State of Texas
My Commission Expires:
March 14, 2013

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.

Rene Guerra
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rene Guerra, this the 15th. day of July, 20 09, to certify which, witness my hand and seal of office.

Leticia Chavez
Signature of officer administering oath

Leticia Chavez
Printed name of officer administering oath

Title of officer administering oath

Revised 06/27/2008

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:

2 FILER NAME: Rene Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05-25-09	Hidalgo County Democratic Party 305A N.Sharyroad, Mission Texas 78572	$1,200.00

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 ($)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: Fifteen (15)

OFFICE USE ONLY

Date Received 2008 JUN 2 AM 11:16

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: RENE | MI:
NICKNAME: | LAST: GUERRA | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1211 MCKEE DR., EDINBURG, TEXAS 78539

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (956) 383-3485

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS. | FIRST: MARIA | MI: L.
NICKNAME: | LAST: GUERRA | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 1211 MCKEE DR., EDINBURG, TEXAS 78539

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (956) 383-3485

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day aftar 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: 01 / 01 / 2008 THROUGH Month Day Year: 06 / 30 / 2008

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): CRIMINAL DISTRICT ATTORNEY

13 OFFICE SOUGHT (if known):

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without tha 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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: RENE 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. ••

☐ additional pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	N/A
☐ 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	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 85,850.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 80,450.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,151.59
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

Leticia Chavez
Notary Public, State of Texas
My Commission Expires:
March 14, 2009

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.

Rene Guerra
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RENE GUERRA, this the 25th. day of June, 2008, to certify which, witness my hand and seal of office.

Leticia Chavez — Leticia Chavez
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: Twelve (12)

2 FILER NAME: RENE GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-07-08	Joe E. Garcia 4401 N. McColl Rd., McAllen,Tx.78504	$1,500.00	

9 Principal occupation / Job title (See Instructions): Attorney

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-07-08	Maria (Mary) Garcia 705 Water Lilly Ave.,McAllen, Tx. 78504	$1,000.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-13-08	Augusto A. Castrillon Martha L. Pelaez 2805 Santa Esperanza,Mission,Tx.78572	$2,500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-22-08	Bertha Medina, M.D. Melecio Medina, Jr. 1300 S. 1½ St., McAllen, Tx. 78503	$1,000.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-21-08	Byron J. Lewis 348 Enfield St., Edinburg, Tx. 78539	$500.00	

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:

2 FILER NAME: RENE GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-22-08	Juan Chuy Hinojosa 612 W. Nolana, McAllen, Tx. 78504	$1,000.00	

9 Principal occupation / Job title (See Instructions): Attorney

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-26-08	Mr. or Mrs. Michael V. McCarthy P.O. Box 542, Edinburg, Tx. 78540	$2,500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-26-08	Saul Ortega 1220 Castille Court,Edinburg,Tx.78539	$2,500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-26-08	Herb R. Scurlock III Nancy L. Scurlock 3714 S. Expressway 281,Edinburg,Tx.78539	$1,500.00	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-27-08	J. Humberto Rodriguez 700 W. Chapin, Edinburg, Tx. 78540	$2,000.00	

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:

2 FILER NAME: RENE 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)
02-27-08	Adalberto Esquivel 1501 N. Bryan, Mission, Tx. 78572	$1,000.00	

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)
02-27-08	Rene O.Oliveira P.O. Box 953, Brownsville,Tx. 78520	$1,500.00	

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)
02-27-08	Carrie B. Welch Tillmin G. Welch P.O. Box 291, Edinburg, Tx. 78540	$1,500.00	

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)
02-27-08	A-Mingo Bail Bonds Domingo Rodriguez P.O. Box 882, Edinburg, Tx. 78540	$500.00	

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)
02-37-08	Nick Palacios Frances Palcios 1813 E. Russell Rd.,Edinburg,Tx. 78539	$1,500.00	

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.

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:

2 FILER NAME: RENE GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-27-08	Jaime A. Gonzalez, Jr. 3511 Plazas Del Lago,Edinburg,Tx. 78539	$2,500.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-27-08	Arturo E. Guerra, Jr. Barbara J. Guerra 2704 S. 2nd.St., Edinburg, Tx. 78539	$2,000.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-27-08	Javier E. Cortinas, MD Diana Cortinas, MD 1400 Northgate Ln., McAllen, Tx. 78504	$2,000.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-27-08	Pablo Garza, Jr. 2100 W. Expressway 83, Mercedes,Tx.78570	$1,500.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-19-08	Lewis, Monroe & Pena 208 W. Cano St., Edinburg, Tx. 78539	$1,000.00	

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.

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:

2 FILER NAME: RENE 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)
02-20-08	Roberto Jackson, Jr. P.O. Box 5000-203.Mission, Tx. 78573	$1,000.00	

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)
02-21-08	Lone Star Rehab 504 N. 10th., McAllen, Tx. 78501	$1,500.00	

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)
02-22-08	Yzaguirre & Chapa 6521 N. 10th. St., McAllen, Tx. 78504	$1,500.00	

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)
02-22-08	Fidel Cortez 148 E. Bus. 83, Alamo, Tx. 78516	$1,000.00	

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)
02-27-08	Vickasan NOTE: Person or Persons and address ... unknown...Monies will be held in Trust.. until proper identification has been established.	$500.00	

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:

2 FILER NAME: RENE 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)
02-27-08	Oscar Alvarez 201 S. 10th. St., McAllen, Tx. 78501	$1,000.00	

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)
02-27-08	Augustin Martinez McAllen, Tx. 78501	$500.00	

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)
02-27-08	Keno Vasquez 3525 W. Freddy Gonzalez, Edinburg,Tx.785	$1,250.00	

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)
02-27-08	Ezequiel Reyna, Jr. 702 W. Expressway 83,Weslaco,Tx.78596	$1,500.00	

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)
02-27-08	David O. Rogers, Jr. P.O. Box 1077,Edinburg, Tx. 78540	$5,000.00	

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.

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:

2 FILER NAME: RENE 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)
02-07-08	Garcia & Villarreal 4401 N. McColl Rd., McAllen, Tx. 78504	$2,500.00	

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)
02-15-08	Gonzalez Palacios 1317 E. Quebec Ave., McAllen, Tx.78503	$1,500.00	

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)
02-22-08	McAllen Spine & Neck Clinic 2025 Tartan Trl.,Highland Village, Tx. 75077	$1,000.00	

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)
02-26-08	Perdue Brandon Fielder Collins & Mott In Association with John David Franz 400 N. McColl, McAllen, Tx. 78501	$1,500.00	

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)
02-26-08	Garcia & Villarreal 4401 N. McColl Rd., McAllen, Tx. 78504	$1,500.00	

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.

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:

2 FILER NAME: RENE 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)
02-27-08	L & G Investments 2100 W. Expressway 83, Mercedes,Tx. 78570	$1,000.00	

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)
02-27-08	Ricardo R. Godinez 520 Pecan, McAllen, Tx. 78501	$1,000.00	

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)
03-03-08	DK III Hornback Enterprises 702 W. Expressway 83, Weslaco, Tx. 78596	$2,000.00	

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)
02-07-08	Mamie Farias 1308 E. Cynthia, McAllen, Tx. 78501	$300.00	

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)
02-26-08	Toribio Palacios/Hope E. Palacios 1805 E. Russell Rd., Edinburg,Tx. 78541	$2,500.00	

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:

2 FILER NAME: RENE 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)
02-27-08	Benjamin and Nora A. Trevino 213 Campo Verde Cir.,San Juan,Tx.78589	$1,500.00	

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)
03-21-08	Maragarito Trujillo, Jr. 2100 E. Siverbell Dr.,Palmhurst,Tx.78574	$1,500.00	

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)
02-27-08	Ricardo A. Lara 2502 Dove Avd., Mission, Tx. 78574	$1,500.00	

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)
02-29-08	David Torres/David's Bail Bonds 3901 W.Schunior St.,Edinburg,Tx. 78539	$1,000.00	

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)
02-12-08	Sheldon Weisfeld 855 E. Harrison, Brownsville, Tx. 78520	$1,500.00	

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.

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:

2 FILER NAME: RENE 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)
02-25-08	Law Offices of Garcia Quintanilla & Palacios 5526 N. 10th. St., McAllen, Tx. 78504	$1,500.00	

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)
02-25-08	Law Offices of Garcia Quintanilla & Palacios 5526 N. 10th. St., McAllen, Tx. 78504	$1,500.00	

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)
02-27-08	International Bank of Commerce/Committee Improvement and Betterment of the Country McAllen, Texas	$2,500.00	

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)
03-10-08	Roel R. Trevino 1401 W. Polk, Pharr, Tx. 78577	$2,500.00	

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)
02-15-08	Santos Maldonado, Jr. 209 E. University Dr., Edinburg, Tx.78539	$2,500.00	

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.

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:

2 FILER NAME: RENE 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)
02-15-08	Law Office of Manuel Guerra, III 320 West Pecan Blvd.,McAllen, Tx. 78501	$1,000.00	

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)
02-26-08	Law Office of Eddy Trevino 4418 S. McColl Rd., Edinburg, Tx. 78539	$1,500.00	

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)
02-27-08	Alberto and Alma Trevino 819 North I Road, Pharr, Tx. 78577	$2,500.00	

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)
03-15-08	Law Office of Noe L. Perez 106 S. 12th. Ave., Edinburg, Tx. 78539	$1,000.00	

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)
04-28-08	Law Office of Richard A. Cantu P.O. Box 6149, McAllen, Tx. 78502	$1,500.00	

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.

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:

2 FILER NAME: RENE 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)
05-05-08	Xavier and Cynthia G. Ornelas 2620 Blue Ridge, Edinburg, Tx. 78539	$300.00	

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)

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)

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)

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)

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.

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: One (1)

2 FILER NAME: RENE GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03-24-08	First National Bank 100 W. Cano St., Edinburg, Texas 78539	$80,450.04

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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:

OFFICE USE ONLY

Date Received: 2007 JAN 10 PM 4:

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: Rene | MI: A | NICKNAME | LAST: Guerra | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1211 Mckee Edinburg, Tx, 78539

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 318-2300 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: Maria | MI: C. | NICKNAME | LAST: Guerra | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: SAme

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (956) - 383 - 3485

9 REPORT TYPE

- ☑ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7/1/06 THROUGH Month Day Year: 1/15/07

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Criminal District Attorney

13 OFFICE SOUGHT (if known): N/A

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	16 ACCOUNT # (Ethics Commission filers)
Rene Guerra	

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

☐ additional pages

COMMITTEE NAME

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)	$ 0

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 22,999.53

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 576.00/xx

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 67,369.13

19 AFFIDAVIT

Leticia Chavez
Notary Public, State of Texas
My Commission Expires:
March 14, 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.

Rene Guerra
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rene Guerra, this the 16th day of January, 20 07, to certify which, witness my hand and seal of office.

Leticia Chavez — Leticia Chavez
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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:

2 FILER NAME

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 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)
	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)
	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)
	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)
	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.

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
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.

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/14/06	First National Bank - Edinburg P.O. Box 810, Edinburg, Tx. 78539	9,957.53

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

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 ($)
11/7/06	First National Bank - Edinburg P.O. Box 810, Edinburg, Tx 78539	#13,000.00

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

•• 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.)

•• 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.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)

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

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

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

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

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

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

Date	Business name Business address; City; State; Zip Code	Amount ($)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

_____
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

_____
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

_____
Signature of Officeholder

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: 5

OFFICE USE ONLY

Date Received: 2006 FEB 8 PM 4:17

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: RENE | MI

NICKNAME | LAST: GUERRA | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1211 McKee, | APT / SUITE #: | CITY: Edinburg, | STATE: Texas | ZIP CODE: 78539

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 383-3485 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Maria | MI: L.

NICKNAME | LAST: Guerra | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1211 McKee, | APT / SUITE #: | CITY: Edinburg, | STATE: Texas | ZIP CODE: 78539

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 383-3485 | 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: 01 / 01 / 2006 THROUGH 01 / 26 / 2006

11 ELECTION

ELECTION DATE: Month / Day / Year: 03 / 07 / 2006

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Criminal District Attorney

13 OFFICE SOUGHT (if known): Criminal District Attorney

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

N/A

☐ additional pages

•• 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
Rene Guerra	

17 NOTICE FROM POLITICAL COMMITTEE(S)

N/A

☐ 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. ••

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

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	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,550.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,889.33

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 26,063.47

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

Leticia Chavez
Notary Public, State of Texas
My Commission Expires:
March 14, 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.

Rene Guerra
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rene Guerra, this the 6th. day of February, 20 06, to certify which, witness my hand and seal of office.

Leticia Chavez
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

2 FILER NAME: Rene Guerra

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01-13-06	Brent Cavazos 106 S. 12th St., Edinburg, Texas 78539	$ 200.00	

9 Principal occupation / Job title (See Instructions): Attorney

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01-13-06	Noe Perez 106 S. 12th. St., Edinburg, Texas 78539	$ 500.00	

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01-13-06	Oscar Alvarez 201 S. 10th. St., McAllen, Texas 78501	$ 1,000.00	

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01-13-06	Robert Salinas 2101 Woods Ave., Donna, Texas 78537	$ 600.00	

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01-13-06	Santos Maldonado, Jr. 209 E. University Dr., Edinburg, Tx. 78539	$ 1,000.00	

Principal occupation / Job title (See Instructions): Attorney

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

2 FILER NAME: Rene 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)
01-25-06	Joe V. La Mantia, Jr. 115 Houstin, McAllen, Texas 78501	$ 3,000.00	

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

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)
01-25-06	Fidel Garza 5221 W. McColl Rd., McAllen, Texas 78504	$ 250.00	

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)
01-25-06	Garcia and Villarreal, P.C. 4401 N. McColl Rd., McAllen, Texas 78501	$ 2,000.00	

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

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)

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)

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: 1

2 FILER NAME: Rene Guerra

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01-19-06	Guadalupe Sauceda P.O. Box 199, Donna, Texas 78537	$ 200.00

8 Purpose of payment (See instructions regarding type of information required.): Bar-B-Q Plates

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 ($)
01-19-06	Edinburg North High School-F.F.A. N. Hwy. 281, Edinburg, Texas 78539	$ 140.00

Purpose of payment (See instructions regarding type of information required.): Beef Syndicate Member

•• 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 ($)
01-23-06	McCoy's Building Supplies 910 U.S. Expressway 83, Weslaco, Texas 78596	$ 759.10

Purpose of payment (See instructions regarding type of information required.): Lumber for Political Signs.

•• 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 ($)
01-24-06	VECO Printing, Inc. 3202 W. Expressway 83, Weslaco, Texas 78596	790.23

Purpose of payment (See instructions regarding type of information required.): Political Cards and Signs.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

HIDALGO COUNTY

ELECTIONS DEPARTMENT

YVONNE RAMON
ELECTIONS ADMINISTRATOR

REQUEST FORM

DATE: 6-16-09

I, Albert Garcia, am requesting **Candidates Contribution Report,**

1. Candidate: Rene Guerra (view)

2. Candidate: _____

Information Requested:

# of Copies _____ ($.10 cents per copy)

Albert Garcia
Signature

_____
Approved by

_____
Date Approved

Contact Information:

Name: Albert Garcia

Phone: 607- 4510

Elections Department has up to ten (10) business days to fulfill requests.

P.O. Box 659 · Edinburg, Texas 78540 · (956) 318-2570 · Fax (956) 318-2569 · Fax (956) 393-2039 · 1-888-653-8683 · TDD (956) 381-6829

HIDALGO COUNTY
ELECTIONS DEPARTMENT

YVONNE RAMON
ELECTIONS ADMINISTRATOR

COPY

REQUEST FORM

DATE: 4/23/09

I, Yvonne Coder, am requesting **Candidates Contribution Report,**

1. Candidate: Rene Guerra - Please see attached document for instructions.
2. Candidate: _____

Information Requested:

# of Copies _____ ($.10 cents per copy)

Contact Information:

Name: Yvonne Coder

Phone: 866-540-8818

_____
Signature

_____
Approved by

_____
Date Approved

Elections Department has up to ten (10) business days to fulfill requests.

P.O. Box 659 · Edinburg, Texas 78540 · (956) 318-2570 · Fax (956) 318-2569 · Fax (956) 393-2039 · 1-888-653-8683 · TDD (956) 381-6829