

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:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: Mr. FIRST: Rene MI: LAST: Guerra SUFFIX: NICKNAME: APT / SUITE #: CITY: STATE: ZIP CODE: APT / SUITE #: CITY: STATE: ZIP CODE: APT / SUITE #: CITY: STATE: ZIP CODE:

OFFICE USE ONLY

Date Received: *2010 JAN 5 PM 3:48*

Date Hand-delivered or Date Postmarked: *2010 JAN 5 PM 3:48*

Receipt # Amount: *2010 JAN 5 PM 3:48*

Date Processed: *2010 JAN 5 PM 3:48*

Date Imaged: *2010 JAN 5 PM 3:48*

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

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

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: Mrs. FIRST: Maria MI: L. LAST: Guerra SUFFIX: NICKNAME: APT / SUITE #: CITY: STATE: ZIP CODE: APT / SUITE #: CITY: STATE: ZIP CODE: APT / SUITE #: CITY: STATE: ZIP CODE:

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

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 / 09 THROUGH Month Day Year: 12 / 31 / 2009

11 ELECTION
 ELECTION DATE: Month Day Year: 03 / 02 / 2010
 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rene Guerra	15 ACCOUNT # (Ethics Commission files)
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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. --							
<table border="1" style="width:100%"> <tr> <td style="width:20%"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td> COMMITTEE NAME <p style="text-align:center">N/A</p> </td> </tr> <tr> <td colspan="2"> COMMITTEE ADDRESS </td> </tr> <tr> <td colspan="2"> COMMITTEE CAMPAIGN TREASURER NAME </td> </tr> <tr> <td colspan="2"> COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align:center">N/A</p>	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <p style="text-align:center">N/A</p>							
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.)
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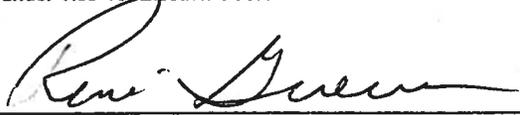
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 21,350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 6,233.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,233.44
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



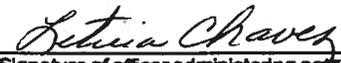
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said RENE GUERRA, this the 15th 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 10-06-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank and Elida Moreno	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 5593, McAllen, Texas 78502		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self-Employed		10 Employer (See Instructions)	
Date 10-08-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Wallace	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 120 Rio Grande Dr., Mission, Texas 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)	
Date 11-05-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith A. Cantu	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1707 Hibiscus Ave., McAllen, Texas 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 10-29-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Montalvo III	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2, Weslaco, Texas 78599		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 11-21-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Valdez	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2220 Heather Ave., Edinburg, Texas 78541		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		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 12-02-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Esparza 6 Contributor address; City; State; Zip Code 1233 Roberta Lynne, El Paso, Texas 79936	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) District Attorney		10 Employer (See Instructions)	
Date 12-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisela G. Marin Contributor address; City; State; Zip Code 419 Rio Grande Dr., Mission, Texas 78572	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 12-01-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza Badiozzamani Contributor address; City; State; Zip Code 2820 Royal Palm Circle, McAllen, Tx. 78501	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 12-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Garza Contributor address; City; State; Zip Code 27304 S. Bass Blvd., Harlingen, Tx. 78552	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 12-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norberto Salinas Contributor address; City; State; Zip Code 2009 N. Conway, Mission, Texas 78572	Amount of contribution (\$) 2,000.00	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

3 ACCOUNT # (Ethics Commission filers)

4 Date
12-16-09

5 Full name of contributor out-of-state PAC (ID#: _____)
Louis H. Jones, Jr.

7 Amount of contribution (\$)
\$2,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
3100 W. Alabama St., Houston, Texas 77098

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Self-Employed

10 Employer (See Instructions)

Date
12-16-09

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

Amount of contribution (\$)
1,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2100 Expressway 83, Mercedes, Tx. 78570

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Self-Employed

Employer (See Instructions)

Date
12-16-09

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

Amount of contribution (\$)
1,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1308 Encanto Blvd., Mission, Texas 78574

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date
12-16-09

Full name of contributor out-of-state PAC (ID#: _____)
Pablo Garza, Jr.

Amount of contribution (\$)
1,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2100 W. Expressway 83, Mercedes, Tx. 78570

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Self-Employed

Employer (See Instructions)

Date
12-16-09

Full name of contributor out-of-state PAC (ID#: _____)
Jose Ramirez, Jr.

Amount of contribution (\$)
1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7 Miles W. of Mission, P.O.Box 68,
Penitas, Texas 78576

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12-16-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Garcia	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 419 Rio Grande, Mission, Texas 78572		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self-Employed		10 Employer (See Instructions)	
Date 12-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio C. and Maria V. Cerda	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1602 Solar Dr., Mission, Texas 78574		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)	
Date 11-20-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Reyes	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 Kerry Lane, McAllen, Texas 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 12-16-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aniceto Izaguirre	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 Solar Dr., Mission, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-Employed		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 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
10-16-09

5 Payee name
MacDonald Signs & Advertising

7 Amount (\$)
\$1,629.81

6 Payee address; City; State; Zip Code
P.O. Box 486, Alamo, Texas 78516

8 Purpose of payment (See instructions regarding type of information required.)
1,070 Political Bumper 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
10-28-09

Payee name
Texas Demacratic Women

Amount (\$)
\$50.00

Payee address; City; State; Zip Code
McAllen, Texas 78501

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

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

Date
12-28-09

Payee name
Hidalgo County Democratic Party

Amount (\$)
\$1,250.00

Payee address; City; State; Zip Code
Mission, Texas

Purpose of payment (See instructions regarding type of information required.)
Application For A Place On The
Democratic Party General Primary Ballot
(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

Amount (\$)

Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME Rene Guerra 3 ACCOUNT # (Ethics Commission filers)

4 Date 11-10-09	5 Payee name Promotional Concepts 6 Payee address; City; State; Zip Code 3400 N. McColl Rd., Suite 21, McAllen, Texas 78501 7 Purpose of expenditure (See instructions regarding type of information required.) T-Shirts (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$184.38 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 11-15-09	Payee name Concern Citizens of Hidalgo Payee address; City; State; Zip Code Hidalgo County, Texas Purpose of expenditure (See instructions regarding type of information required.) Goft Tournament Fees (If travel outside of Texas, complete Schedule T)	Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 11-30-09	Payee name Promotional Concepts Payee address; City; State; Zip Code 3400 N. McColl Rd., Suite 21, McAllen, Texas 78501 Purpose of expenditure (See instructions regarding type of information required.) T-Shirts (If travel outside of Texas, complete Schedule T)	Amount (\$) \$221.25 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 12-07-09	Payee name Promotional Concepts Payee address; City; State; Zip Code 3400 N. McColl Rd., Suite 21, McAllen, Texas 78501 Purpose of expenditure (See instructions regarding type of information required.) 300 4' X 4' Signs (If travel outside of Texas, complete Schedule T)	Amount (\$) \$2,598.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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