

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

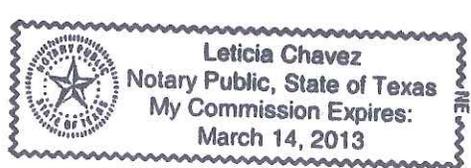
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME RENE GUERRA	15 ACCOUNT # (Ethics Commission Filers)
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16 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.		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	N/A
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 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 \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,464.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39,589.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 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.

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 12th. day of January, 2012, 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

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 07-11-11	5 Payee name Ponciano Cantu	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3011 Las Cruces Dr., Edinburg, Texas 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Bookkeeping/Preparation/Reports	(b) Description (If travel outside of Texas, complete Schedule T) N/A
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07-14-11	Payee name Advance Publishing Company	
Amount (\$) 230.00	Payee address; City; State; Zip Code 1101 N. Cage Blvd., Pharr, Texas 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) New Year/Political Advertisement	Description (If travel outside of Texas, complete Schedule T) N/A
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09-06-11	Payee name Rudy's B-B-Q Resturant	
Amount (\$) 284.16	Payee address; City; State; Zip Code 209 W. Nolana Loop, Pharr, Texas 78577	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) HIDTA Meeting	Description (If travel outside of Texas, complete Schedule T) N/A
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09-13-11	Payee name Cha Cha 5-K Cancer Run	
Amount (\$) 100.00	Payee address; City; State; Zip Code Edinburg, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation/Medical Expenses	Description (If travel outside of Texas, complete Schedule T) N/A
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F:	2 FILER NAME RENE GUERRA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09-19-11	5 Payee name Ponciano Cantu
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 3011 Las Cruces Dr., Edinburg, Texas 78539
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Bookkeeping/Preparation/Reports	(b) Description (If travel outside of Texas, complete Schedule T) N/A
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-24-11	Payee name Edward Jones
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Amount (\$) 30,000.00	Payee address; City; State; Zip Code 201 Progress Parkway, Maryland Heights, MO 63043-3042
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Money Market Investment	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-01-11	Payee name Edinburg High School Class of 1981
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Amount (\$) 50.00	Payee address; City; State; Zip Code Edinburg, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-01-11	Payee name Hidalgo County Texas Democratic Women
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Amount (\$) 250.00	Payee address; City; State; Zip Code Edinburg, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising/Donation	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
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Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F:	2 FILER NAME RENE GUERRA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-14-11	5 Payee name ENHS Girls' Basketball Booster Club
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6 Amount (\$) 50.00	7 Payee address: City: State: Zip Code 301 N. Closner Blvd., Edinburg, Texas 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fund Raiser	(b) Description (If travel outside of Texas, complete Schedule T) N/A
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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