

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">RENE</p> NICKNAME LAST SUFFIX <p style="text-align: center;">GUERRA</p>	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <i>Handwritten: 003 JAN 10 PM 3:38, Maria Guerra</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">1211 McKee Dr., Edinburg, Texas 78539</p> <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 383-3485		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">MARIA</p> NICKNAME LAST SUFFIX <p style="text-align: center;">GUERRA</p>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">1211 McKee Dr., Edinburg, Texas 78539</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 383-3485		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2012 12 / 31 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center;">Criminal District Attorney</p>	13 OFFICE SOUGHT (if known) <p style="text-align: center;">Criminal District Attorney</p>	

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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
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: 1	2 FILER NAME Rene Guerra	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09-18-12	5 Payee name Sheriff Lupe Trevino
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 105 E. Marigold Ave., McAllen, Texas 78501
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Donation	(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 10-23-12	Payee name Democratic Party
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1210 W. Expressway 83, Suite 7, Pharr, Texas 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 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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Date 12-10-12	Payee name Celinda Lugo
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Amount (\$) \$100.00	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) 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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Date 12-19-12	Payee name Laura Hinojosa
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Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 720272, McAllen, Texas 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED