

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: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Rene		Guerra	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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	FIRST	MI
	NICKNAME	LAST	SUFFIX
Maria L.		Guerra	
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	<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
	07	31	2013
THROUGH		Month	Day
		12	31
		2013	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03 / 04 / 2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Criminal District Attorney		Criminal District Attorney
GO TO PAGE 2			

OFFICE USE ONLY

Date Received
Rene Guerra
3:54 P.M.

RECD JAN 15 2014

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

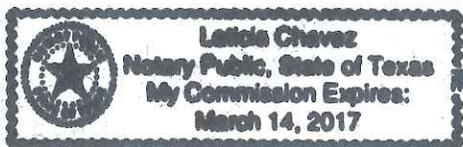
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Rene Guerra	15 ACCOUNT # (Ethics Commission Filers)
------------------------------------	---

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	
	<input type="checkbox"/> GENERAL	N/A	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		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	\$ 87,126.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 87,126.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 42,725.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,725.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 98,460.08
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 15th day of January, 20 14, 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: 12	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08-22-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selvino Padilla	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2001 W. Nolana Ave. McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Businessman/Owner		10 Employer (See Instructions) N/A	
Date 08-28-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando M. Guerra	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 714 Jade St. Edinburg, Tx. 78541		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Owner		Employer (See Instructions) N/A	
Date 08-01-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Zazueta	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4217 Ben Hogan Ave. McAllen, Tx. 78503		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 09-03-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelvin Leal	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 445 S. 12th. Street Donna, Tx. 78537		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Tractor Service/Owner		Employer (See Instructions) N/A	
Date 08-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rex and Lois Widle	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 3330 McAllen, Tx. 78502		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 08-30-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	7 Amount of contribution (\$) \$10,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 612 W. Nolana, Building 300, Suite 340 McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Health Services		10 Employer (See Instructions) N/A	
Date 10-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin and Nancy Z. Madera	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 218 W. Ruisenor Ave. Pharr, Tx. 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 10-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank S. and Kathleen M. Plummer	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8609 N. Ware Rd. McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate/Owner		Employer (See Instructions) N/A	
Date 10-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. and M.A. Mendoza	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2314 Isaiah Edinburg, Tx. 78542		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 10-24-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose M. Flores	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 310 Mission, Tx. 78573		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Rancher/County Commissioner		Employer (See Instructions) N/A	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 11-01-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo L. Salinas	7 Amount of contribution (\$) \$3,761.50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2011 N. Conway Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney/Owner		10 Employer (See Instructions) N/A	
Date 10-10-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose M. Flores	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Boc 310 Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Rancher/County Commissioner		Employer (See Instructions) N/A	
Date 11-05-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogelio Garza	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4405 N. McColl Rd. McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Owner		Employer (See Instructions) N/A	
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Juan A. Aguilera	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 807 N. Cage, Ste, A Pharr, Tx. 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Medical Dortor/Owner		Employer (See Instructions) N/A	
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Vicki Roy	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 22299 Hand Rd. Harlingen, Tx. 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Health Services/Owners		Employer (See Instructions) N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 08-08-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin Orpatricia Espinosa	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1201 Red River Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) N/A	
Date 08-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred G. and Margarita Huerta Perez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6027 N. FM 88 Weslaco, Tx. 78596		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank R. and Maribel Hausenfluck, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1680 Pharr, Tx. 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 11-08-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto J. Yzaguirre	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6521 N. 10th. St., Ste. A McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Owner		Employer (See Instructions) N/A	
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel or Elizaberh Reyes	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9812 Las Palmas McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 11-07-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pablo G. Pena		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 625 S. Airport Dr. Weslaco, Tx. 78596			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions) N/A		
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenise Diaz		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1709 Doherty Mission, Tx. 78572			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul A. Martinez, M.D.		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1120 S. Closner Blvd. Edinburg, Tx. 78539			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Medical Doctor/Owner			Employer (See Instructions) N/A		
Date 11-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Ramos		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 209 E. Nyssa McAllen, Tx. 78501			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A		
Date 11-07-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Pat Townsend, Sr.		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1603 Vintage Ln. Mission, Tx. 78572			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 11-11-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo Montalvo	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 900 N. Main McAllen, Tx. 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney/Owner		10 Employer (See Instructions) N/A	
Date 11-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas L. Krampitz	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3420 Potomac Ave. Dallas, Tx. 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Owner		Employer (See Instructions) N/A	
Date 11-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose M. Flores	Amount of contribution (\$) \$6,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 310 Mission, Tx. 78573		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Rancher/County Commissioner		Employer (See Instructions) N/A	
Date 11-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene O. Oliveira	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 Calle Jacaranda Brownsville, Tx. 78520		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney/Owner		Employer (See Instructions) N/A	
Date 10-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enedelia Gonzalez	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 224 N. Francisco Ave. Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 11-04-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard or Elvira Villarreal	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 121 S. Old Alamo Rd. Edinburg, Tx. 78542		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions) N/A		
Date 11-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcocer Garcia	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1333 E. Jasmine Ave. McAllen, Tx. 78501		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Businessman/Owner			Employer (See Instructions) N/A		
Date 12-01-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan F. Mata	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 324 Hidden Valley Drive Weslaco, Tx. 78596		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A		
Date 12-10-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank and Donna J. Traver	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 100 W. Moore Rd. Pharr, Tx. 78577		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A		
Date 12-10-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noe L. Perez	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 302 E. Mahl Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 12-12-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aniceto Izaquirre	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 500 Solar Dr. Mission, Tx. 78574		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions) N/A		
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Che Montalvo	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 900 N. Main St. McAllen, Tx. 78501		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A		
Date 11-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aura Salazar	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2401 Sendero Dr. Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A		
Date 11-22-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry D. Key	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 334 Hidden Vly. Sr. Weslaco, Tx. 78596		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) N/A		
Date 11-22-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Galligan, Key & Lozano, L.L.P.	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code P.O. Drawer 1247 Weslaco, Tx. 78599		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorneys			Employer (See Instructions) Same		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 12-11-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John David and Annette Franz	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 400 N. McColl Rd., Ste. B McAllen, Tx. 78501		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) N/A		
Date 12-05-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deren Li	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3000 Greenridge Dr. Houston, Tx. 77057		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A		
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L. and Deanna Guerra	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3521 Plaza Del Lago Dr. Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) N/A		
Date 12-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bell	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 653 Penitas, Tx. 78576		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 12-02-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllen Gold & Silver Exchange	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1512 North 10th. Strret McAllen, Tx, 78501		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 12-12-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Garcia	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 222 W. University Dr. Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Attorney/County Judge			10 Employer (See Instructions) N/A		
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose X. Villescas	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 222 W. University Dr. Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 12-08-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacinto Garza	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 27304 South Bass Blvd. Harlingen, Tx. 78552		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
			N/A		
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerardo Arriaga	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 7417 N. 10th. St. McAllen, Tx. 78504		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) N/A		
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madai Guerra	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5006 W. Chapin Rd. Edinburg, Tx. 78541		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
			N/A		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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 12-12-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERO International, LLP	6 Contributor address; City; State; Zip Code 300 S. 8th. Street McAllen, Tx. 78501	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Architects			10 Employer (See Instructions) Same	
Date 12-06-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue Brandon Fielder Collins & Mott LLP	Contributor address; City; State; Zip Code 400 N. McColl, Suite A McAllen, Tx. 78501	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorneys			Employer (See Instructions) Same	
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agustin Hernandez, Jr.	Contributor address; City; State; Zip Code 213 W. Expressway 83 Pharr, Tx. 78577	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions) N/A	
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo Montalvo	Contributor address; City; State; Zip Code 900 N. Main McAllen, Tx. 78501	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Owner			Employer (See Instructions) N/A	
Date 12-10-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L & G Investments, LLP	Contributor address; City; State; Zip Code 2100 W. Expressway 83 Mercedes, Tx. 78570	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Finance			Employer (See Instructions) same	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

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 12-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) El Salinas Ranch	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 E. 9th. St. Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Livestock		10 Employer (See Instructions) N/A	
Date 12-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rufino Garza	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3779 Bentsen Palm Dr. Mission, Tx. 78574		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) N/A	
Date 12-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trinidad Pina	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8524 E. Rogers Rd. Edinburg, Tx. 78542		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 12-18-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilberto and Yolanda Ortiz	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1604 Ivy Lane Edinburg, Tx. 78539		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Agustin Hernandez	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 W. Expressway 83 Pharr, Tx. 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 7		2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09-03-13		5 Payee name Beto's Printing			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 307 McAllen St., Donna, Tx. 78537			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Big and small Signs		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rene Guerra		Office sought District Attorney	Office held District Attorney
Date 09-09-13		Payee name Beto's Printing			
Amount (\$) 3,362.48		Payee address; City; State; Zip Code 307 McAllen St., Donna, Tx. 78537			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		Office sought	Office held
Date 09-23-13		Payee name LUPE			
Amount (\$) \$125.00		Payee address; City; State; Zip Code P.O. Box 188, San Juan, Tx. 78589			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		Office sought	Office held
Date 09-24-13		Payee name Beto's Printing			
Amount (\$) \$3,599.00		Payee address; City; State; Zip Code 307 McAllen St., Donna, Tx. 78537			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		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)

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 10-24-13	5 Payee name Palmview Chamber of Commerce	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 400 W. Veterans Blvd. Palmview, Tx. 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rene Guerra	Office sought District Attorney
		Office held District Attorney
Date 10-28-13	Payee name L.U.P.E.	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 188 San Juan, Tx. 78589	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 10-29-13	Payee name La UNI Print	
Amount (\$) 1,428.90	Payee address; City; State; Zip Code 119 S. 13th. Ave. Edinburg, Tx. 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisisng expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought
		Office held
Date 10-29-13	Payee name McDonald's Signs	
Amount (\$) 1,450.00	Payee address; City; State; Zip Code 1207 S. Alamo Rd., Alamo, Tx. 78516	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	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)

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 11-20-13	5 Payee name La UNI Print	
6 Amount (\$) 2,165.00	7 Payee address; City; State; Zip Code 119 S. 13th. Ave. Edinburg, Tx. 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rene Guerra	Office sought Distict Attorney
		Office held District Attorney
Date 11-25-13	Payee name Edinburg FFA Booster Club	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 797, La Blanca ,Tx. 78558	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 11-25-13	Payee name Hidalgo County Democratic Women	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 2543, McAllen, Tx. 78502	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contibution expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 11-26-13	Payee name Texas Border Business	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 614 S. 12th. St., McAllen, Tx. 78501	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	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)

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 10-10-13	5 Payee name VECO Printing Inc.	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 3202 W. Expressway 83, Weslaco, Tx. 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adertising expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rene Guerra	Office sought District Attorney
		Office held Diatrict Attorney
Date 10-10-13	Payee name Mingo Rodriguez	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 510 N. Closner Blvd., Edinburg, Tx. 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage/Contract labor	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 10-14-13	Payee name La UNI Sports	
Amount (\$) 324.75	Payee address; City; State; Zip Code 119 S. 13th. Ave. Edinburg, Tx. 78539	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 10-15-13	Payee name Embassy Suites Hotel	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1800 S. 2nd. St., McAllen, Tx. 78503	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 10-31-13		5 Payee name The Monitor			
6 Amount (\$) \$ 1,648.54		7 Payee address; City; State; Zip Code 1400 E. Nolana Ave., McAllen, Tx. 78504			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising/expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Rene Guerra		Office sought District Attorney	
				Office held District Attorney	
Date 11-07-13		Payee name Embassy Suites Hotel			
Amount (\$) \$6,523.00		Payee address; City; State; Zip Code 1800 2nd. St., McAllen, Tx. 78503			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		Office sought Office held	
Date 11-14-13		Payee name Hidalgo County Democratic Party			
Amount (\$) \$1,250.00		Payee address; City; State; Zip Code 3307 N. McColl Rd. McAllen, Tx. 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees/expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		Office sought Office held	
Date 11-15-13		Payee name Beto's Printing			
Amount (\$) \$2,050.00		Payee address; City; State; Zip Code 307 McAllen St., Donna, Tx. 78537			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name (same as above)		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)

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 11-27-13	5 Payee name The Monitor	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 1400 E. Nolana Loop McAllen, Tx. 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rene Guerra	Office sought District Attorney
		Office held District Attorney
Date 12-06-13	Payee name Beto's Printing	
Amount (\$) \$3,399.00	Payee address; City; State; Zip Code 307 McAllen St. Donna, Tx. 78537	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 12-11-13	Payee name AIM Media Texas	
Amount (\$) \$449.96	Payee address; City; State; Zip Code 1400 E. Nolana Loop McAllen, Tx. 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	Office sought Office held
Date 12-13-13	Payee name S.T.P.A., Inc.	
Amount (\$) \$500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (same as above)	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)

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 12-13-13	5 Payee name Beto's Printing
--------------------	---------------------------------

6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 307 McAllen St. Donna, Tx. 78537
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rene Guerra	Office sought District Attorney	Office held District Attorney
---	--	------------------------------------	----------------------------------

Date 11-19-13	Payee name Beto's Printing
------------------	-------------------------------

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 307 McAllen St. Donna, Tx. 78537
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) (same as above)	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

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

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

4 Date 10-24-11	5 Name of person from whom amount is received Edward Jones	8 Amount (\$) \$24,713.00
	6 Address of person from whom amount is received; City; State; Zip Code 2524 W. Trenton Rd. Edinburg, Tx. 78539	
	7 Purpose for which amount is received Purchased 98 shares of stock in EOG Resources Inc.	

Date 10-24-11	Name of person from whom amount is received Edward Jones	Amount (\$) \$18,713.00
	Address of person from whom amount is received; City; State; Zip Code 2524 W. Trenton Rd. Edinburg, Tx. 78539	
	Purpose for which amount is received Purchased 31 shares of Johnson Controls Inc.	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED