



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** RENE GUERRA **16 ACCOUNT # (Ethics Commission Filers)**

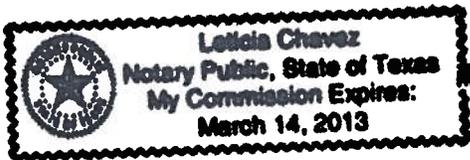
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 17,850.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 34,241.86
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47,781.36
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**19 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.

*René 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, 2010, 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 FILER NAME <p style="text-align: center;">Rene Guerra</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02-23-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Michael J. McCormick 6 Contributor address; City; State; Zip Code P.O. Box 937, Lockhart, Tx. 78644	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Housewife		10 Employer (See Instructions)	
Date 02-23-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Rosenthal Contributor address; City; State; Zip Code 6601 Vaught Ranch Rd., Austin, Tx. 78730	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02-23-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idalia P. Canales Contributor address; City; State; Zip Code Rt. 12, Box 1550, Edinburg, Tx. 78542	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank S. & Kathleen M. Plummer Contributor address; City; State; Zip Code 8609 N. Ware Rd., McAllen, Tx. 78504	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Ortega Contributor address; City; State; Zip Code 1220 Castille Court, Edinburg, Tx. 78539	Amount of contribution (\$) \$1,250.00	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 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 02-26-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. or Mrs. Michael V. McCarthy 6 Contributor address; City; State; Zip Code P.O. Box 542, Edinburg, Tx. 78540	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David O. Rogers, Jr. Contributor address; City; State; Zip Code P.O. Box 1077, Edinburg, Tx. 78540	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)	
Date 02-26-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis Koeneke & Ramirez Contributor address; City; State; Zip Code 1101 Chicago Ave., McAllen, Tx. 78501	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorneys At Law		Employer (See Instructions)	
Date 03-01-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek M. Harkrider Contributor address; City; State; Zip Code P.O. Box 3849, Edinburg, Tx. 78540	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions)	
Date 03-01-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Ed and San Juanita Holmes Contributor address; City; State; Zip Code P.O. Box 170, Weslaco, Tx. 78599	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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 Rene Guerra		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03-03-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eugenio J. and Martha Z. Garcia 6 Contributor address; City; State; Zip Code 3109 Violet Ave., McAllen, Tx. 78504	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03-03-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos I. or Irma L. Garza Contributor address; City; State; Zip Code 501 Chula Vista St., McAllen, Tx. 78501	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-01-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augusto A. Castrillo Contributor address; City; State; Zip Code 1300 S. Bryen Rd., Mission, Tx. 78572	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-04-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria E. Cantu Contributor address; City; State; Zip Code 3501 San Clemente, Mission, Tx. 78572	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-11-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe R. and Angie Vasquez Contributor address; City; State; Zip Code P.O. Box 114, Edinburg, Tx. 78540	Amount of contribution (\$) \$1,000.00	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:
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission filers)
4 Date 02-22-10	5 Payee name Edinburg Chamber of Commerce 6 Payee address; City; State; Zip Code P.O. Box 85, Edinburg, Tx. 78540	7 Amount (\$) \$35.00
8 Purpose of payment (See instructions regarding type of information required.) Parade Ride (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 02-22-10	Payee name Rodriguez Screen Prining & Embroidery Payee address; City; State; Zip Code 2203 N. Raul Longoria Rd., San Juan, Tx. 78589	Amount (\$) \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Political Campaign Caps (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02-25-10	Payee name Texas Border Business Payee address; City; State; Zip Code 614 S. 12th. St., McAllen, Tx. 78501	Amount (\$) \$1,188.00
Purpose of payment (See instructions regarding type of information required.) 1 Quarter Page Political Advertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02-25-10	Payee name The Monitor Payee address; City; State; Zip Code 1400 E. Nolana Ave., McAllen, Tx. 78504	Amount (\$) 3,807.21
Purpose of payment (See instructions regarding type of information required.) Political Campaign Adertisement (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <p style="text-align: center;">Rene Guerra</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p>02-26-10</p>	5 Payee name <p>B M P Radio</p> <hr style="border-top: 1px dotted black;"/> <p>6 Payee address; City; State; Zip Code  1201 N. Jackson Rd., McAllen, Tx. 78501</p>	7 Amount (\$)  <p style="text-align: right;">\$587.00</p>
8 Purpose of payment (See instructions regarding type of information required.)  <p style="text-align: center;">Politial Campaign Radio Spots (If travel outside of Texas, complete Schedule T)</p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>03-09-10</p>	Payee name <p>Dick Wade</p> <hr style="border-top: 1px dotted black;"/> <p>Payee address; City; State; Zip Code  4315 Balboa Dr., Fort Worth, Tx. 76133</p>	Amount (\$)  <p style="text-align: right;">\$295.44</p>
Purpose of payment (See instructions regarding type of information required.)  <p style="text-align: center;">Campaign Travel Expenses (If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>03-22-10</p>	Payee name <p>Domingo Rodriguez</p> <hr style="border-top: 1px dotted black;"/> <p>Payee address; City; State; Zip Code  510 N. Closner Blvd., Edinburg, Tx. 78539</p>	Amount (\$)  <p style="text-align: right;">\$3,000.00</p>
Purpose of payment (See instructions regarding type of information required.)  <p style="text-align: center;">Warehousing and Distributing Political (If travel outside of Texas, complete Schedule T) Materials.</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p>03-22-10</p>	Payee name <p>Alberto Rodriguez</p> <hr style="border-top: 1px dotted black;"/> <p>Payee address; City; State; Zip Code  307 McAllen St., Donna, Tx. 78537</p>	Amount (\$)  <p style="text-align: right;">\$5,000.00</p>
Purpose of payment (See instructions regarding type of information required.)  <p style="text-align: center;">Duration of Political Campaign/ Re- imbursement of Gas &amp; Rental Equipment. (If travel outside of Texas, complete Schedule T)</p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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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 <p style="text-align: center;">Rene Guerra</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date <p style="text-align: center;">03-26-10</p>	5 Payee name <p style="text-align: center;">Hidalgo County Democratic Party</p>	7 Amount (\$) <p style="text-align: center;">\$250.00</p>
6 Payee address; City; State; Zip Code <p style="text-align: center;">305 (B) North Shary Rd., Mission, Tx. 78572</p>		
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Candidates for Political Office Meeting. <small>(If travel outside of Texas, complete Schedule T)</small></p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p style="text-align: center;">03-26-10</p>	Payee name <p style="text-align: center;">Eloy Pulido</p>	Amount (\$) <p style="text-align: center;">\$4,020.22</p>
Payee address; City; State; Zip Code <p style="text-align: center;">5112 E. Richardson Rd., Edinburg, Tx. 78541</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Reimbursement for Rental Autos on Election Night. <small>(If travel outside of Texas, complete Schedule T)</small></p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p style="text-align: center;">03-26-10</p>	Payee name <p style="text-align: center;">David Alaniz, Jr.</p>	Amount (\$) <p style="text-align: center;">\$100.00</p>
Payee address; City; State; Zip Code <p style="text-align: center;">P.O. Box 645, La Viia, Tx. 78562</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Campaign Worker <small>(If travel outside of Texas, complete Schedule T)</small></p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <p style="text-align: center;">03-26-10</p>	Payee name <p style="text-align: center;">Maria Alaniz</p>	Amount (\$) <p style="text-align: center;">\$300.00</p>
Payee address; City; State; Zip Code <p style="text-align: center;">P.O. Box 561, La Viia, Tx. 78562</p>		
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">Campaign Worker <small>(If travel outside of Texas, complete Schedule T)</small></p>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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 03-26-10	5 Payee name Margarita Rodriguez 6 Payee address; City; State; Zip Code P.O. Box 877, Edcouch, Tx. 78538	7 Amount (\$)  \$100.00
8 Purpose of payment (See instructions regarding type of information required.)  Campaign Worker (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 03-26-10	Payee name Extrumberto Cruz Payee address; City; State; Zip Code P.O. Box 301, Edcouch, Tx. 78538	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.)  Campaign Worker (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03-26-10	Payee name Chrisela Vega Payee address; City; State; Zip Code P.O. Box 784, Elsa, Tx. 78543	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.)  Campaign Worker (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03-26-10	Payee name Rodrigo Rodriguez Payee address; City; State; Zip Code P.O. Box 877, Edcouch, Tx. 78538	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.)  Campaign Worker (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME Rene Guerra		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 03-26-10	<b>5</b> Payee name Yolanda Garza <b>6</b> Payee address; City; State; Zip Code P.O. Box 301, Edcouch, Tx. 78539	<b>7</b> Amount (\$) \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Worker (If travel outside of Texas, complete Schedule T)		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03-26-10	Payee name Estela Cruz Payee address; City; State; Zip Code P.O. Box 301, Edcouch, Tx. 78538	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Campaign Worker (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03-26-10	Payee name Shine Global Payee address; City; State; Zip Code 225 Midland Ave., Monctclair, NJ 07042	Amount (\$) \$5,000.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 04-06-10	Payee name Guerra's Tortillas, Inc. Payee address; City; State; Zip Code 923 E. Schunior Sr., Edinburg, Tx. 78539	Amount (\$) \$450.00
Purpose of payment (See instructions regarding type of information required.) Food Catered on Election Nighth. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

# 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	7 Amount (\$)
05-20-10	Dee Dee Reyes-Trevino Payee address; City; State; Zip Code Edinburg, Texas	\$200.00

8 Purpose of payment (See instructions regarding type of information required.)  Donation for Cancer Medical Tretments (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
05-20-10	Veronica Gonzalez, Campaign Payee address; City; State; Zip Code 1716 E. Griffin Parkway, Mission, Tx. 78577	\$1,000.00

Purpose of payment (See instructions regarding type of information required.)  Style Show Fundraiser (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
05-20-10	Saul Mata Payee address; City; State; Zip Code Edinburg, Texas	\$200.00

Purpose of payment (See instructions regarding type of information required.)  Campaign Advertisement (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
05-20-10	Ponciano Cantu Payee address; City; State; Zip Code 3011 Las Cruces Dr., Edinburg, Tx. 78539	\$2,000.00

Purpose of payment (See instructions regarding type of information required.)  Preparation of Campaign Bookkeeping and State Election Reports. (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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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 05-21-10	5 Payee name Melinda Vasquez 6 Payee address; City; State; Zip Code 1005 E. Schunior St., Edinburg, Tx. 78539	7 Amount (\$) \$582.24
8 Purpose of payment (See instructions regarding type of information required.) Prepared Food for Campaign Election Night. (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 05-26-10	Payee name Bill White for Texas c/o DC Payee address; City; State; Zip Code 5400 N. Cynthia, McAllen, Tx. 78504	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Political Campaign Fundraiser. (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 06-15-10	Payee name Francisco Lumbreras Payee address; City; State; Zip Code Edinburg, Texas 78539	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Cancer Drive Fundraiser. (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**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Soicitation/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 G:	2 FILER NAME <b>RENE GUERRA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02-20-10 thru 06-30-10	5 Payee name Stripes Convenience Stores
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6 Amount (\$) \$801.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Several Locations in Hidalgo County, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in District.	(b) Description (If travel outside of Texas, complete Schedule T) Gasoline, Oil..ect.
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Date 02-20-10 thru 06-30-10	Payee name Valero Corner Stores
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Amount (\$) \$110.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Several Locations in Hidalgo County, Texas
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District.	Description (If travel outside of Texas, complete Schedule T) Gasoline, Oil..ect.
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Date 02-22-10 thru 06-30-10	Payee name J.C. Restaurant
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Amount (\$) \$104.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 400 S. Closner Blvd., Edinburg, Tx. 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared lunches, dinners and/or supper.
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Date 02-22-10 thru 06-30-10	Payee name Vaqueros Restaurant
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Amount (\$) \$77.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 700 S. Closner Blvd., Edinburg, Tx. 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Prepared linches, dinners and/or supper.
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <b>RENE GUERRA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02-24-10 thru 06-30-10	5 Payee name Kentucky Fried Chicken
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6 Amount (\$) \$71.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Several Locations in Hidalgo County, Texas.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense.	(b) Description (If travel outside of Texas, complete Schedule T) Prepared lunches.
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Date 02-26-10 thru 06-30-10	Payee name Los Cazadors BBQ
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Amount (\$) \$71.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 901 N. Main St., McAllen, Tx. 78504
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared food plates.
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Date 03-01-10 thru 06-30-10	Payee name Costa Messa Restaurant
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Amount (\$) \$70.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1621 N. 11th. St., McAllen, Tx. 78503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared food plates.
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Date 03-01-10 thru 06-30-10	Payee name Tico's Mexican Cafe
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Amount (\$) \$62.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 321 N. Sugar Rd., Edinburg, Tx. 78539
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared food plates.
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME RENE GUERRA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 02-22-10 thru 06-30-10	<b>5</b> Payee name La Olla Mexican Restaurant
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<b>6</b> Amount (\$) \$61.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 424 E. University Dr., Edinburg, Tx. 78539
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense.	(b) Description (If travel outside of Texas, complete Schedule T) Prepared lunch plates.
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Date 02-22-10 thru 06-30-10	Payee name Whataburger Restaurants
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Amount (\$) \$55.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Several Locations in Hidalgo County, Texas.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared lunch bags.
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Date 02-22-10 thru 06-30-10	Payee name Shell Oil Co.
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Amount (\$) \$39.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Several locations in Hidalgo County, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District.	Description (If travel outside of Texas, complete Schedule T) Gasoline, oil..ect.
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Date 02-22-10 thru 06-30-10	Payee name Los Comales Restaurant
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Amount (\$) \$39.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 151½ N. Texas Ave., Weslaco, Texas 78596
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense.	Description (If travel outside of Texas, complete Schedule T) Prepared lunch plates
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**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 G:		2 FILER NAME <b>RENE GUERRA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02-22-10</b> thru <b>06-30-10</b>		5 Payee name <b>Jason's Deli</b>			
6 Amount (\$) <b>\$39.30</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>4100 N. 2nd. St., McAllen, Tx. 78503</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Sandwich plates.</b>	
Date <b>02-22-10</b> thru <b>06-30-10</b>		Payee name <b>The Patio on Guerra</b>			
Amount (\$) <b>\$35.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>South 17th. Street, McAllen, Tx. 78504</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense.</b>		Description (If travel outside of Texas, complete Schedule T) <b></b>	
Date <b>02-22-10</b> thru <b>06-30-10</b>		Payee name <b>Red Robin Restaurant</b>			
Amount (\$) <b>\$27.76</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>409 S. Jackson Rd., Pharr, Tx. 78577</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense.</b>		Description (If travel outside of Texas, complete Schedule T) <b>Prepared lunch plates.</b>	
Date <b>02-22-10</b> thru <b>06-30-10</b>		Payee name <b>Luby's Cafeteria</b>			
Amount (\$) <b>\$22.59</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4901 N. 10th. St., McAllen, Tx. 78504</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense.</b>		Description (If travel outside of Texas, complete Schedule T) <b>Prepared lunch plate.</b>	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <b>RENE GUERRA</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>02-22-10</b> thru <b>06-30-10</b>	5 Payee name <b>Restaurant Colime</b>
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6 Amount (\$) <b>\$16.74</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1402 N. Closner Blvd., Edinburg, Tx. 78539</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Prepared plates.</b>
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Date <b>02-22-10</b> thru <b>06-30-10</b>	Payee name <b>Morado's Restaurant</b>
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Amount (\$) <b>\$10.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>113 S. 17th. St., McAllen, Tx. 78504</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expnsense.</b>	Description (If travel outside of Texas, complete Schedule T) <b>Beverages.</b>
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Date <b>02-22-10</b> thru <b>06-30-10</b>	Payee name <b>Taco Fiesta Restaurant</b>
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Amount (\$) <b>\$ 8.17</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2501 N. McCall Rd., Edinburg, Tx. 78539</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense.</b>	Description (If travel outside of Texas, complete Schedule T) <b>Beverages.</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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