

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Rene Guerra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05-02-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime J. Munoz	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box47, San Juan, Texas 78589		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) N/A	
Date 05-02-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Bell	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 653, Penitas, Texas 78576		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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:	2 FILER NAME Rene Guerra	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03-07-2013	5 Payee name Benefit For Erasmo Salinas
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6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code Edinburg, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) N/A
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04-09-2013	Payee name Rancho Viejo
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 1 Rancho Viejo Dr., Rancho Viejo, Texas 78575
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) B P Social Conference	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04-12-2013	Payee name Rotary Club-McAllen
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Amount (\$) \$125.00	Payee address; City; State; Zip Code McAllen, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03-19-2013	Payee name Edcoueh-Elsa Pony Association
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Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 2725, Elsa, Texas 78543
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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