

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers) <input style="width:100%;" type="text"/>	<b>2 Total pages filed:</b> <input style="width:100%; text-align: center;" type="text" value="4"/>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <input type="text" value="Mr."/> FIRST: <input style="width:150%;" type="text" value="Jose"/> MI: <input style="width:50%;" type="text" value="E."/> NICKNAME: <input style="width:100%;" type="text" value="Eddie"/> LAST: <input style="width:150%;" type="text" value="Guerra"/> SUFFIX: <input style="width:50%;" type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received                      RECEIVED JUL 14 2014 11:10am [Signature]                      Date Hand-Delivered or Postmarked                      Receipt # _____ Amount _____                      Date Processed _____                      Date Imaged _____                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input style="width:100%;" type="text" value="P.O. Box 418, Linn, TX 78563"/>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <input style="width:50%;" type="text" value="956"/> PHONE NUMBER: <input style="width:150%;" type="text" value="330-0387"/> EXTENSION: <input style="width:50%;" type="text"/>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <input type="text" value="Mr."/> FIRST: <input style="width:150%;" type="text" value="Aaron"/> MI: <input style="width:50%;" type="text" value="I."/> NICKNAME: _____ LAST: <input style="width:150%;" type="text" value="Vela"/> SUFFIX: <input style="width:50%;" type="text"/>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <input style="width:100%;" type="text" value="200 E. Cano"/>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <input style="width:50%;" type="text" value="956"/> PHONE NUMBER: <input style="width:150%;" type="text" value="381-4440"/> EXTENSION: <input style="width:50%;" type="text"/>		
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <input style="width:30px;" type="text" value="01"/> / <input style="width:30px;" type="text" value="01"/> / <input style="width:60px;" type="text" value="2014"/> THROUGH <input style="width:30px;" type="text" value="06"/> / <input style="width:30px;" type="text" value="30"/> / <input style="width:60px;" type="text" value="2014"/>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <input style="width:30px;" type="text" value="11"/> / <input style="width:30px;" type="text" value="4"/> / <input style="width:60px;" type="text" value="2014"/>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <input style="width:100%;" type="text" value="Hidalgo County Sheriff"/>	<b>13 OFFICE SOUGHT (if known)</b> <input style="width:100%;" type="text" value="Hidalgo County Sheriff"/>	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <input type="text" value="1"/>		<b>2</b> FILER NAME <input type="text" value="Jose E. 'Eddie' Guerra"/>		<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>	
<b>4</b> Date <input type="text" value="05/13/2014"/>		<b>5</b> Payee name <input type="text" value="Hidalgo County Democratic Party"/>			
<b>6</b> Amount (\$) <input type="text" value="250.00"/>		<b>7</b> Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="fees"/>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <input type="text"/>		Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text" value="05/19/2014"/>		Payee name <input type="text" value="Randy Rodriguez"/>			
Amount (\$) <input type="text" value="200.00"/>		Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <input type="text" value="consulting/contract labor"/>		Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <input type="text"/>		Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text"/>		Payee name <input type="text"/>			
Amount (\$) <input type="text"/>		Payee address; City; State; Zip Code <input type="text"/>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <input type="text"/>		Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <input type="text"/>		Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text"/>		Payee name <input type="text"/>			
Amount (\$) <input type="text"/>		Payee address; City; State; Zip Code <input type="text"/>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <input type="text"/>		Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <input type="text"/>		Office sought <input type="text"/>	Office held <input type="text"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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

*Jose "Eddie" Guerra*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# )

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  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  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  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  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)

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