

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) <input style="width: 100%;" type="text"/>	2 Total pages filed: <input style="width: 100%; text-align: center; font-size: 24px;" type="text" value="8"/>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input type="text" value="Mr."/> FIRST <input style="width: 150px;" type="text" value="Jose"/> MI <input type="text" value="E."/> NICKNAME LAST SUFFIX <input style="width: 100px;" type="text" value="Eddie"/> <input style="width: 150px;" type="text" value="Guerra"/> <input style="width: 50px;" type="text"/>	OFFICE USE ONLY Date Received REC JUL 15 2015 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <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"/>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956-) 330-0387		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="text" value="Mr."/> FIRST <input style="width: 150px;" type="text" value="Aaron"/> MI <input type="text" value="I."/> NICKNAME LAST SUFFIX <input style="width: 100px;" type="text"/> <input style="width: 150px;" type="text" value="Vela"/> <input style="width: 50px;" type="text"/>		
7 CAMPAIGN TREASURER ADDRESS (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, Edinburg, TX 78539"/>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 381-4440		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	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="2015"/> <input style="width: 30px;" type="text" value="06"/> / <input style="width: 30px;" type="text" value="30"/> / <input style="width: 60px;" type="text" value="2015"/>		
11 ELECTION	ELECTION DATE Month Day Year <input style="width: 30px;" type="text" value="03"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text" value="2016"/>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <input style="width: 100%;" type="text" value="Hidalgo County Sheriff"/>	13 OFFICE SOUGHT (if known) <input style="width: 100%;" type="text"/>	

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: <input style="width:50px" type="text" value="1"/>
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <input style="width:50px" type="text" value="05/12/2015"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input style="width:50px" type="text"/>) <input style="width:80px" type="text" value="Rene O. Oliveira"/>	7 Amount of contribution (\$) <input style="width:50px" type="text" value="1000.00"/>	8 In-kind contribution description (if applicable) <input style="width:80px" type="text"/>
6 Contributor address; City; State; Zip Code <input style="width:80px" type="text" value="105 Calle Jacaranda, Brownsville, TX 78520"/>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) <input style="width:80px" type="text"/>	10 Employer (See Instructions) <input style="width:80px" type="text"/>
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Date <input style="width:50px" type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input style="width:50px" type="text"/>) <input style="width:80px" type="text"/>	Amount of contribution (\$) <input style="width:50px" type="text"/>	In-kind contribution description (if applicable) <input style="width:80px" type="text"/>
Contributor address; City; State; Zip Code <input style="width:80px" type="text"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <input style="width:80px" type="text"/>	Employer (See Instructions) <input style="width:80px" type="text"/>
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Date <input style="width:50px" type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input style="width:50px" type="text"/>) <input style="width:80px" type="text"/>	Amount of contribution (\$) <input style="width:50px" type="text"/>	In-kind contribution description (if applicable) <input style="width:80px" type="text"/>
Contributor address; City; State; Zip Code <input style="width:80px" type="text"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <input style="width:80px" type="text"/>	Employer (See Instructions) <input style="width:80px" type="text"/>
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Date <input style="width:50px" type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input style="width:50px" type="text"/>) <input style="width:80px" type="text"/>	Amount of contribution (\$) <input style="width:50px" type="text"/>	In-kind contribution description (if applicable) <input style="width:80px" type="text"/>
Contributor address; City; State; Zip Code <input style="width:80px" type="text"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <input style="width:80px" type="text"/>	Employer (See Instructions) <input style="width:80px" type="text"/>
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Date <input style="width:50px" type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input style="width:50px" type="text"/>) <input style="width:80px" type="text"/>	Amount of contribution (\$) <input style="width:50px" type="text"/>	In-kind contribution description (if applicable) <input style="width:80px" type="text"/>
Contributor address; City; State; Zip Code <input style="width:80px" type="text"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) <input style="width:80px" type="text"/>	Employer (See Instructions) <input style="width:80px" type="text"/>
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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: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="01/05/2015"/>	5 Payee name <input type="text" value="Copy Plus"/>	
6 Amount (\$) <input type="text" value="21.87"/>	7 Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Printing Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY 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="01/05/2015"/>	Payee name <input type="text" value="Google"/>	
Amount (\$) <input type="text" value="50.00"/>	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" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="01/05/2015"/>	Payee name <input type="text" value="Copy Plus"/>	
Amount (\$) <input type="text" value="62.02"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Printing expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="02/02/2015"/>	Payee name <input type="text" value="Nationbuilder"/>	
Amount (\$) <input type="text" value="49.00"/>	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" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="03/02/2015"/>	5 Payee name <input type="text" value="Nationbuilder"/>	
6 Amount (\$) <input type="text" value="49.00"/>	7 Payee address; City; State; Zip Code <input type="text"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY 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="03/03/2015"/>	Payee name <input type="text" value="LSNB"/>	
Amount (\$) <input type="text" value="1.00"/>	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" value="Banking Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="02/24/2015"/>	Payee name <input type="text" value="The Rainbow Room"/>	
Amount (\$) <input type="text" value="100.00"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="gift/awards/memorial expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="03/30/2015"/>	Payee name <input type="text" value="Nationbuilder"/>	
Amount (\$) <input type="text" value="49.00"/>	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" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="04/03/2015"/>	5 Payee name <input type="text" value="Google"/>	
6 Amount (\$) <input type="text" value="50.00"/>	7 Payee address; City; State; Zip Code <input type="text"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY 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="04/03/2015"/>	Payee name <input type="text" value="LSNB"/>	
Amount (\$) <input type="text" value="1.00"/>	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" value="Banking Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="05/01/2015"/>	Payee name <input type="text" value="Facebook"/>	
Amount (\$) <input type="text" value="237.89"/>	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" value="advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY 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="04/29/2015"/>	Payee name <input type="text" value="Nationbuilder"/>	
Amount (\$) <input type="text" value="49.00"/>	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" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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4 Date <input type="text" value="04/27/2015"/>	5 Payee name <input type="text" value="Margarita Rodriguez"/>
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6 Amount (\$) <input type="text" value="100.00"/>	7 Payee address; City; State; Zip Code <input type="text"/>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="gift/awards/memorials expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="05/01/2015"/>	Payee name <input type="text" value="LSNB"/>
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Amount (\$) <input type="text" value="1.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Banking Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="05/04/2015"/>	Payee name <input type="text" value="Google"/>
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Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="05/26/2015"/>	Payee name <input type="text" value="Nationbuilder"/>
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Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Mr. Jose E. "Eddie" Guerra	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/06/2015	5 Payee name Prizilla De Leon
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) gift/award/memorials expense	(b) Description (If travel outside of Texas, complete Schedule T)	

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

Date 06/03/2015	Payee name LSNB
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Amount (\$) 1.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking 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 06/04/2015	Payee name Google
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Amount (\$) 50.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising	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 06/26/2015	Payee name Nationbuilder
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Amount (\$) 49.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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

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