

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME **Mr. Jose E. "Eddie" 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.

| | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------|----------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | <input type="text"/> |
| | COMMITTEE ADDRESS | <input type="text"/> |
| | COMMITTEE CAMPAIGN TREASURER NAME | <input type="text"/> |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | <input type="text"/> |

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ **-0-**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **136,340.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ **-0-**

4. TOTAL POLITICAL EXPENDITURES \$ **34,912.25**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ **95,471.73**

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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Jose E. "Eddie" Guerra**, this the **15th** day of **January**, 20 **16**, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Diana Cerda
Printed name of officer administering oath

Notary Public
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: **28**

2 FILER NAME

Mr. Jose E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/12/2015

5 Full name of contributor

Rene A. Anzaldua

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/12/2015

Full name of contributor

Noe L. Perez

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2015

Full name of contributor

Orbit Broadband LLC

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/2015

Full name of contributor

Joe Lamantia, III

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2015

Full name of contributor

Ricardo Escalera

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/18/2015

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

Morgan Lamantia

7 Amount of contribution (\$)

1,000.00

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

08/18/2015

Full name of contributor out-of-state PAC (ID#:

Lauren Lamantia

Amount of contribution (\$)

1,000.00

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

08/19/2015

Full name of contributor out-of-state PAC (ID#:

Raymond Longoria

Amount of contribution (\$)

500.00

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

09/11/2015

Full name of contributor out-of-state PAC (ID#:

Verturo Interest LLC

Amount of contribution (\$)

2500.00

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

08/16/2015

Full name of contributor out-of-state PAC (ID#:

Garcia & Martinez, LLP

Amount of contribution (\$)

1000.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/08/2015

5 Full name of contributor

Miguel Chanin

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/10/2015

Full name of contributor

Jose Antonio Solis

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2015

Full name of contributor

David Torres

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2015

Full name of contributor

Mauro Barreiro

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2015

Full name of contributor

Linebarger, Goggan, Blair & Sampson, LLP

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 28

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/03/2015

5 Full name of contributor

Alice G.K.K. East

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/21/2015

Full name of contributor

Jaime A. Gonzalez

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/04/2015

Full name of contributor

Ricardo Gonzalez

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/08/2015

Full name of contributor

David Pinole

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/2015

Full name of contributor

Alfredo Regalado

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **28**

2 FILER NAME

Mr. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/08/2015

5 Full name of contributor

Santa Cruz Properties

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/11/2015

Full name of contributor

Bradford A. Wyatt

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/2015

Full name of contributor

Oscar Cancino

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/2015

Full name of contributor

Oscar Cancino

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: **28**

2 FILER NAME

Mr. Jose E. "Eddie" Guerra

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/17/2015

5 Full name of contributor

Ernest Aliseda

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/18/2015

Full name of contributor

Barrera, Sanchez & Associates

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2018

Full name of contributor

Jose Rene Cantu

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2015

Full name of contributor

Terri Canales

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2015

Full name of contributor

Sergio Munoz, Jr.

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: **28**

2 FILER NAME
MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/18/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Marroquin Law Firm

7 Amount of contribution (\$) **500.00**

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
09/18/2015

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Rafael J. Rafols
Contributor address; City; State; Zip Code

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/2015

Full name of contributor out-of-state PAC (ID#: _____)
Jones, Galligan, Key & Lozano
Contributor address; City; State; Zip Code

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/17/2015

Full name of contributor out-of-state PAC (ID#: _____)
Goero International LLC
Contributor address; City; State; Zip Code

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Union Air Conditioning
Contributor address; City; State; Zip Code

Amount of contribution (\$) **600.00**

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

Mr. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/15/2015

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

HDR, Inc. PAC

7 Amount of contribution (\$)

1000.00

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

09/18/2015

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

Saul Ortega

Amount of contribution (\$)

1000.00

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

09/18/2015

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

Carrie / Tillmin Welch

Amount of contribution (\$)

1500.00

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

09/18/2015

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

Salinas-Flores

Amount of contribution (\$)

2000.00

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

09/18/2015

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

Eliud Antonio Villareal Nelson

Amount of contribution (\$)

2500.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: 28 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------|----------------------------------------|
| 2 FILER NAME Mr. JOSE E. "EDDIE" GUERRA | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------------------|----------------------------------------|

| | | | |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 4 Date 09/17/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Guerra III | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) <div style="border:1px solid black; height:20px;"></div> |
| 6 Contributor address; City; State; Zip Code <div style="border:1px solid black; height:20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
| <div style="border:1px solid black; height:15px;"></div> | <div style="border:1px solid black; height:15px;"></div> |

| | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Date 09/16/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rio Valley Pipe, LLC | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) <div style="border:1px solid black; height:20px;"></div> |
| Contributor address; City; State; Zip Code <div style="border:1px solid black; height:20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| <div style="border:1px solid black; height:15px;"></div> | <div style="border:1px solid black; height:15px;"></div> |

| | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Date 09/15/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogelio Garza | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) <div style="border:1px solid black; height:20px;"></div> |
| Contributor address; City; State; Zip Code <div style="border:1px solid black; height:20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| <div style="border:1px solid black; height:15px;"></div> | <div style="border:1px solid black; height:15px;"></div> |

| | | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Date 09/15/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Discount Tags, LLC | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) <div style="border:1px solid black; height:20px;"></div> |
| Contributor address; City; State; Zip Code <div style="border:1px solid black; height:20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| <div style="border:1px solid black; height:15px;"></div> | <div style="border:1px solid black; height:15px;"></div> |

| | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Date 09/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael E. Flanagan | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) <div style="border:1px solid black; height:20px;"></div> |
| Contributor address; City; State; Zip Code <div style="border:1px solid black; height:20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|----------------------------------------------------------|----------------------------------------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| <div style="border:1px solid black; height:15px;"></div> | <div style="border:1px solid black; height:15px;"></div> |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **28**

2 FILER NAME

Mr. Jose E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/15/2015

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

Garcia, Quintanilla & Palacios

7 Amount of contribution (\$)

1000.00

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

09/15/2015

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

Dale Kasofsky

Amount of contribution (\$)

1000.00

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

09/16/2015

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

Catherine Gonzalez

Amount of contribution (\$)

1000.00

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

09/04/2015

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

Atlas, Hall & Rodriguez

Amount of contribution (\$)

1000.00

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

09/16/2015

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

Lisa & Thomas Jendrusch

Amount of contribution (\$)

500.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **28**

2 FILER NAME
Mr. Jose E. "EDDIE" Guerra

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/16/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Felipe Garcia

7 Amount of contribution (\$)
500.00

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
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Perdue Brandon Fielder Collins & Mott, LLP

Amount of contribution (\$)
500.00

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
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Blake & Cynthia Brandt

Amount of contribution (\$)
250.00

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
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
William D. Wilson

Amount of contribution (\$)
500.00

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
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Express International Trade Services

Amount of contribution (\$)
1000.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME
MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/22/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Border Health PAC

7 Amount of contribution (\$) **5000.00**

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
09/19/2015

Full name of contributor out-of-state PAC (ID#: _____)
VSDA Services, LLC

Amount of contribution (\$) **2500.00**

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
09/17/2015

Full name of contributor out-of-state PAC (ID#: _____)
Oscar Lee Longoria Jr

Amount of contribution (\$) **500.00**

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
09/15/2015

Full name of contributor out-of-state PAC (ID#: _____)
Roberto J. Yzaguirre

Amount of contribution (\$) **500.00**

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
09/18/2015

Full name of contributor out-of-state PAC (ID#: _____)
Rene A. Ramirez

Amount of contribution (\$) **500.00**

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 28

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/18/2015

5 Full name of contributor

David Escalera

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/15/2015

Full name of contributor

Collins Family Living Trust

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2015

Full name of contributor

Hernandez Funerals LLC

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2015

Full name of contributor

Carlos E. Ortegon

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2015

Full name of contributor

Burns Brothers LTD

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/17/2015

5 Full name of contributor

Daniel M. Hernandez

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/19/2015

Full name of contributor

Omar Garza

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2015

Full name of contributor

Severo Alejandro Palacios

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: **28**

2 FILER NAME
MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/19/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Jose M. Martinez

7 Amount of contribution (\$)
125.00

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
09/19/2015

Full name of contributor out-of-state PAC (ID#: _____)
David Guerra

Amount of contribution (\$)
125.00

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
09/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
Robert Reyna/New Era Fire Protection

Amount of contribution (\$)
500.00

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
09/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
Hornback Construction, LLC

Amount of contribution (\$)
500.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/15/2015

5 Full name of contributor

out-of-state PAC (ID#)

L. Keith Fox

7 Amount of contribution (\$)

1500.00

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

09/22/2015

Full name of contributor

out-of-state PAC (ID#)

Jesus Cortez

Amount of contribution (\$)

1000.00

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

09/23/2015

Full name of contributor

out-of-state PAC (ID#)

Jose A. Ramirez

Amount of contribution (\$)

1000.00

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

09/22/2015

Full name of contributor

out-of-state PAC (ID#)

Samuel Miguel Herevia

Amount of contribution (\$)

1000.00

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

09/17/2015

Full name of contributor

out-of-state PAC (ID#)

Zitro Electric LLC

Amount of contribution (\$)

500.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **28**

2 FILER NAME **MR. JOSE E. "EDDIE" GUERRA** 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| 4 Date 09/21/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desperado Harley Davidson | 7 Amount of contribution (\$) 500.00 | 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 09/18/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam R. Sparks | Amount of contribution (\$) 500.00 | 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 09/21/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.C. Cuellar Jr. | Amount of contribution (\$) 500.00 | 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 09/18/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime J. Munoz | Amount of contribution (\$) 500.00 | 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 09/24/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evon H. Harbison | Amount of contribution (\$) 500.00 | 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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/22/2015

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

Miguel Alonzo Herevia

7 Amount of contribution (\$)

500.00

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

09/28/2015

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

Law Offices of Ezequiel Reyna Jr.

Amount of contribution (\$)

1000.00

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

09/18/2015

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

Reyna Family Development, LTD

Amount of contribution (\$)

500.00

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

09/01/2015

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

Strike

Amount of contribution (\$)

1000.00

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

[Blank]

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

[Blank]

Amount of contribution (\$)

[Blank]

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | |
|-----------------------------------------------------------|-------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: 28 |
|-----------------------------------------------------------|-------------------------------------|

| | |
|---------------------------------------------------|----------------------------------------|
| 2 FILER NAME MR. JOSE E. "EDDIE" GUERRA | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------------------|----------------------------------------|

| | | | |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| 4 Date 09/30/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Federal Wellness Center | 7 Amount of contribution (\$) 1500.00 | 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 09/18/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAST Sheet Metal LLC | Amount of contribution (\$) 1000.00 | 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 09/26/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred T. Denham | Amount of contribution (\$) 500.00 | 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 10/14/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palacios, Garza & Thompson, PC | Amount of contribution (\$) 1000.00 | 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 09/22/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cullne R. Looney | Amount of contribution (\$) 1000.00 | 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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/22/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Armando A. Martinez

7 Amount of contribution (\$)
500.00

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
09/25/2015

Full name of contributor out-of-state PAC (ID#: _____)
Neal F. Runnels

Amount of contribution (\$)
500.00

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
09/22/2015

Full name of contributor out-of-state PAC (ID#: _____)
Forrest N. Runnels

Amount of contribution (\$)
500.00

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
09/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
Alan Yoder

Amount of contribution (\$)
20000.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/2015

5 Full name of contributor

Michael A. Lopez

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

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

11/19/2015

Full name of contributor

Enrique Guerra III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

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

11/19/2015

Full name of contributor

Jaime J. Munoz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

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

11/19/2015

Full name of contributor

Marin Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

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

11/17/2015

Full name of contributor

Arcadio R. Guerra

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/2015

5 Full name of contributor

Jose L. Guerra

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

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

11/19/2015

Full name of contributor

GM Produce Sales, LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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

11/19/2015

Full name of contributor

Brenda Denise Zuniga

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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

11/19/2015

Full name of contributor

Cappadona Family Limited Partnership

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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

11/19/2015

Full name of contributor

Rene A. Ramirez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/18/2015

5 Full name of contributor

Roy H. Quintanilha

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

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

11/19/2015

Full name of contributor

Manuel Cantu

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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

11/16/2015

Full name of contributor

CTC Distributing

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

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

11/19/2015

Full name of contributor

Raul Balderas, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

740.00

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

11/18/2015

Full name of contributor

Miguel Chanin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
11/17/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Linebarger, Goggin, Blair & Sampson, LLP

7 Amount of contribution (\$) **1000.00**

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
11/17/2015

Full name of contributor out-of-state PAC (ID#: _____)
Memorial Funeral Home
Contributor address; City; State; Zip Code

Amount of contribution (\$) **1000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/19/2015

Full name of contributor out-of-state PAC (ID#: _____)
George Gomez
Contributor address; City; State; Zip Code

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(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#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

Mr. Jose E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/15/2015

5 Full name of contributor

Sandra Garza

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1000.00

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

11/14/2015

Full name of contributor

Carlos A. Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2500.00

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

11/18/2015

Full name of contributor

Guerra Bros. Successors, LTD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

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

11/13/2015

Full name of contributor

Alice G.K.K. East

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2500.00

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

11/23/2015

Full name of contributor

Russell Solis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME
MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12/06/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Paul Moxley

7 Amount of contribution (\$) **500.00**

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
11/12/2015

Full name of contributor out-of-state PAC (ID#: _____)
French Ellison

Amount of contribution (\$) **2500.00**

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
11/17/2015

Full name of contributor out-of-state PAC (ID#: _____)
Lester Dyke

Amount of contribution (\$) **100.00**

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
11/16/2015

Full name of contributor out-of-state PAC (ID#: _____)
A. Ford Sasser III

Amount of contribution (\$) **100.00**

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
12/07/2015

Full name of contributor out-of-state PAC (ID#: _____)
Jason Leal

Amount of contribution (\$) **250.00**

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28**

2 FILER NAME

MR. JOSE E. "EDDIE" GUERRA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/18/2015

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

Rolando Garza

7 Amount of contribution (\$)

500.00

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

11/17/2015

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

Larry Skloss

Amount of contribution (\$)

100.00

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

11/16/2015

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

Charlie Garcia

Amount of contribution (\$)

500.00

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

09/03/2015

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

Steve Lewis

Amount of contribution (\$)

1500.00

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

08/19/2015

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

Frank Matz

Amount of contribution (\$)

1000.00

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **28**

2 FILER NAME **MR. JOSE E. "EDDIE" GUERRA** 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| 4 Date 10/09/2015 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Skloss | 7 Amount of contribution (\$) 250.00 | 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 09/11/2015 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porfirio Waters | Amount of contribution (\$) 1000.00 | 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)

| | | | |
|--------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| 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: <input type="text" value="8"/> | 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="07/04/2015"/> | 5 Payee name <input type="text" value="Martin Cantu Campaign"/> |
|----------------------------------------------------------|---------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------|-----------------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="500.00"/> | 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="Contribution"/> | (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="07/23/2015"/> | Payee name <input type="text" value="Hidalgo County Tejano Democrats"/> |
|-------------------------------------------------|----------------------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="100.00"/> | 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="contribution"/> | 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="08/10/2015"/> | Payee name <input type="text" value="VFW Post 7473"/> |
|-------------------------------------------------|----------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="100.00"/> | 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="contribution"/> | 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="09/07/2015"/> | Payee name <input type="text" value="Hermelinda Salinas"/> |
|-------------------------------------------------|---------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="100.00"/> | 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="donation"/> | 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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: <input type="text" value="8"/> | 2 FILER NAME <input eddie"="" guerra"="" type="text" value="Jose E. "/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|-------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|

| | |
|---------------------------------------------------|-------------------------------------------------------|
| 4 Date <input type="text" value="09/07/2015"/> | 5 Payee name <input type="text" value="ENHS FCA"/> |
|---------------------------------------------------|-------------------------------------------------------|

| | |
|------------------------------------------------------|----------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="100.00"/> | 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="09/07/2015"/> | Payee name <input type="text" value="McAllen ISD Band Booster Council"/> |
|-------------------------------------------------|-----------------------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="600.00"/> | 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="09/09/2015"/> | Payee name <input type="text" value="Holy Spirit Parish"/> |
|-------------------------------------------------|---------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="300.00"/> | 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="sponsorship/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="09/09/2015"/> | Payee name <input type="text" value="Footworks"/> |
|-------------------------------------------------|------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="200.00"/> | 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="donation"/> | 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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: <input type="text" value="8"/> | 2 FILER NAME <input type="text" value="Jose E. 'Eddie' Guerra"/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|

| | |
|----------------------------------------------------------|-----------------------------------------------------------------------|
| 4 Date <input type="text" value="09/18/2015"/> | 5 Payee name <input type="text" value="Elite Productions"/> |
|----------------------------------------------------------|-----------------------------------------------------------------------|

| | |
|-------------------------------------------------------------|-----------------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="250.00"/> | 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"/> |
|---------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

| | | | |
|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|
| 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="09/19/2015"/> | Payee name <input type="text" value="Shary Municipal Golf Course"/> |
|-------------------------------------------------|------------------------------------------------------------------------|

| | |
|-----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="1980.00"/> | 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="event expense"/> | 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" value="09/19/2015"/> | Payee name <input type="text" value="Ben Lau"/> |
|-------------------------------------------------|----------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="200.00"/> | 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="event expense"/> | 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" value="09/19/2015"/> | Payee name <input type="text" value="Jose Garza"/> |
|-------------------------------------------------|-------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="200.00"/> | 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="event expense"/> | 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 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="8"/> | 2 FILER NAME <input eddie"="" guerra"="" type="text" value="Jose E. "/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

| | |
|----------------------------------------------------------|-------------------------------------------------------------------|
| 4 Date <input type="text" value="09/19/2015"/> | 5 Payee name <input type="text" value="Ignacio Reyes"/> |
|----------------------------------------------------------|-------------------------------------------------------------------|

| | |
|-------------------------------------------------------------|-----------------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="200.00"/> | 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="event 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="09/19/2015"/> | Payee name <input type="text" value="Oscar Magallan"/> |
|-------------------------------------------------|-----------------------------------------------------------|

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| Amount (\$) <input type="text" value="150.00"/> | 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="event 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="09/19/2015"/> | Payee name <input type="text" value="Jaime Yado"/> |
|-------------------------------------------------|-------------------------------------------------------|

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| Amount (\$) <input type="text" value="150.00"/> | 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"/> | 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" value="event expense"/> | Office sought <input type="text"/> | Office held <input type="text"/> |
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|-------------------------------------------------|---------------------------------------------------------|
| Date <input type="text" value="09/19/2015"/> | Payee name <input type="text" value="Cesar Torres"/> |
|-------------------------------------------------|---------------------------------------------------------|

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| Amount (\$) <input type="text" value="150.00"/> | 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="event 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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: <input type="text" value="8"/> | 2 FILER NAME <input type="text" value="Jose E. 'Eddie' Guerra"/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|

| | |
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| 4 Date <input type="text" value="09/19/2015"/> | 5 Payee name <input type="text" value="Carlos Montelongo"/> |
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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="event expense"/> | (b) 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" value="09/19/2015"/> | Payee name <input type="text" value="Carlos Montelongo"/> |
|-------------------------------------------------|--------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="100.00"/> | 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="event expense"/> | 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" value="09/19/2015"/> | Payee name <input type="text" value="Carlos Montelongo"/> |
|-------------------------------------------------|--------------------------------------------------------------|

| | |
|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="100.00"/> | 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="event expense"/> | Description (If travel outside of Texas, complete Schedule T) <input type="text"/> |
|------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|
| 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"/> |
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|-------------------------------------------------|---------------------------------------------------------------|
| Date <input type="text" value="09/24/2015"/> | Payee name <input type="text" value="Brand Boosters LLC"/> |
|-------------------------------------------------|---------------------------------------------------------------|

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|-----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="1542.56"/> | 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="event expense"/> | Description (If travel outside of Texas, complete Schedule T) <input type="text"/> |
|------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|
| 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 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="8"/> | 2 FILER NAME <input eddie"="" guerra"="" type="text" value="Jose E. "/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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| 4 Date <input type="text" value="10/01/2015"/> | 5 Payee name <input type="text" value="H&K Club"/> |
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| 6 Amount (\$) <input type="text" value="40.00"/> | 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="donation"/> | (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="10/07/2015"/> | Payee name <input type="text" value="Sky Promotions"/> |
|-------------------------------------------------|-----------------------------------------------------------|

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|-----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="3374.69"/> | 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="10/12/2015"/> | Payee name <input type="text" value="La Union Del Pueblo Enteros"/> |
|-------------------------------------------------|------------------------------------------------------------------------|

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| Amount (\$) <input type="text" value="100.00"/> | 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="donation"/> | 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="10/07/2015"/> | Payee name <input type="text" value="Weslaco Mid Valley Lions Club"/> |
|-------------------------------------------------|--------------------------------------------------------------------------|

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| Amount (\$) <input type="text" value="100.00"/> | 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="donation"/> | 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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: <input type="text" value="8"/> | 2 FILER NAME <input eddie"="" guerra"="" type="text" value="Jose E. "/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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| 4 Date <input type="text" value="10/26/2015"/> | 5 Payee name <input type="text" value="Pioneer High School Booster Club"/> |
|----------------------------------------------------------|--------------------------------------------------------------------------------------|

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|-------------------------------------------------------------|-----------------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="225.00"/> | 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="advertising"/> | (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="10/31/2015"/> | Payee name <input type="text" value="Jerry Munoz Campaign Fund"/> |
|-------------------------------------------------|----------------------------------------------------------------------|

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| Amount (\$) <input type="text" value="500.00"/> | 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="donation"/> | 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="11/13/2015"/> | Payee name <input type="text" value="Hidalgo County Democratic Party"/> |
|-------------------------------------------------|----------------------------------------------------------------------------|

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|-----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="1250.00"/> | 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="filing fees"/> | 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="11/13/2015"/> | Payee name <input type="text" value="Martin Cantu Campaign"/> |
|-------------------------------------------------|------------------------------------------------------------------|

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|----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="250.00"/> | 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="donation"/> | 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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: <input type="text" value="8"/> | 2 FILER NAME <input eddie"="" guerra"="" type="text" value="Jose E. "/> | 3 ACCOUNT # (Ethics Commission Filers) <input type="text"/> |
|-------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|

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| 4 Date <input type="text" value="11/23/2015"/> | 5 Payee name <input type="text" value="Hidalgo County Democratic Party"/> |
|---------------------------------------------------|------------------------------------------------------------------------------|

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|------------------------------------------------------|----------------------------------------------------------------|
| 6 Amount (\$) <input type="text" value="750.00"/> | 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="donation"/> | (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="11/30/2015"/> | Payee name <input type="text" value="Alejandro Aguilar III"/> |
|-------------------------------------------------|------------------------------------------------------------------|

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|-----------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="1000.00"/> | 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="event 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

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|-------------------------------------------------|----------------------------------------------------------------------------------------|
| Date <input type="text" value="12/22/2015"/> | Payee name <input type="text" value="Pharr Professional Firefighters Association"/> |
|-------------------------------------------------|----------------------------------------------------------------------------------------|

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| Amount (\$) <input type="text" value="200.00"/> | 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="donation"/> | 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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|-------------------------------------------------|-------------------------------------------------------------------|
| Date <input type="text" value="12/31/2015"/> | Payee name <input type="text" value="Guerra Enterprises LTD"/> |
|-------------------------------------------------|-------------------------------------------------------------------|

| | |
|-------------------------------------------------------|--------------------------------------------------------------|
| Amount (\$) <input type="text" value="20,000.00"/> | 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="loan repayment"/> | 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"/> |
|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED