

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 Mr. Jose E.
 NICKNAME LAST SUFFIX
 Eddie Guerra

OFFICE USE ONLY

Date Received
REC'D JUL 15 2016
7/15/16 1:30 PM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 418 Linn, Texas 78563

change of address

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (956) 330-0387

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mr. Aaron I.
 NICKNAME LAST SUFFIX
 Vela

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
200 E. Cano Edinburg, Texas 78539

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (956) 381-4440

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
 01 / 01 / 2016 THROUGH 06 / 30 / 2016

11 ELECTION

Month Day Year ELECTION DATE ELECTION TYPE
 11 / 08 / 2016 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Hidalgo County Sheriff

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 Date <input type="text" value="01/05/2016"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/>) <input type="text" value="Ernesto L. Garcia"/>	7 Amount of contribution (\$) <input type="text" value="1,000.00"/>	8 In-kind contribution description (if applicable) <input type="text"/>
6 Contributor address; City; State; Zip Code <input type="text" value="Mission, Texas"/>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date <input type="text" value="01/05/2016"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/>) <input type="text" value="Nowell W. Borders"/>	Amount of contribution (\$) <input type="text" value="1,000.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <input type="text" value="01/10/2016"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/>) <input type="text" value="Bradford A. Wyatt"/>	Amount of contribution (\$) <input type="text" value="5,000.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text" value="Realitos, Texas"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <input type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/>) <input type="text"/>	Amount of contribution (\$) <input type="text"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text"/>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <input type="text"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/>) <input type="text"/>	Amount of contribution (\$) <input type="text"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text"/>		(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. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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4 Date <input type="text" value="01/26/2016"/>	5 Payee name <input type="text" value="Taco Ole"/>
--	--

6 Amount (\$) <input type="text" value="32.86"/>	7 Payee address; City; State; Zip Code <input type="text" value="Mission, Texas"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage 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="01/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>
---	--

Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="02/03/2016"/>	Payee name <input type="text" value="Google"/>
---	---

Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="01/07/2016"/>	Payee name <input type="text" value="Cristal Govea"/>
---	--

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="Gifts/Awards/Memorials 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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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="2"/>	2 FILER NAME <input type="text" value="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="02/25/2016"/>	5 Payee name <input type="text" value="Alameda Restaurant"/>	
6 Amount (\$) <input type="text" value="30.71"/>	7 Payee address; City; State; Zip Code <input type="text" value="Elsa, Texas"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="02/29/2016"/>	Payee name <input type="text" value="Nationbuiler"/>	
Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="03/03/2016"/>	Payee name <input type="text" value="Google"/>	
Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="02/29/2016"/>	Payee name <input type="text" value="Baylor College of Medicine"/>	
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="Gifts/Awards/Memorials 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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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. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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4 Date <input type="text" value="03/02/2016"/>	5 Payee name <input type="text" value="Ponchos Restaurant"/>
--	--

6 Amount (\$) <input type="text" value="52.20"/>	7 Payee address; City; State; Zip Code <input type="text" value="McAllen, Texas"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage Expense"/>	(b) 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="03/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>
---	--

Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete <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="04/03/2016"/>	Payee name <input type="text" value="Google"/>
---	---

Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete <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="02/11/2016"/>	Payee name <input type="text" value="Martin Cantu"/>
---	---

Amount (\$) <input type="text" value="500.00"/>	Payee address; City; State; Zip Code <input type="text" value="San Juan, Texas"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Contributions"/>	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" value="Martin Cantu"/>	Office sought <input type="text"/>	Office held <input type="text" value="Constable"/>
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="8"/>	2 FILER NAME <input type="text" value="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="03/11/2016"/>	5 Payee name <input type="text" value="Kokos Uptown Restaurant"/>	
6 Amount (\$) <input type="text" value="72.63"/>	7 Payee address; City; State; Zip Code <input type="text" value="McAllen, Texas"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="04/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>	
Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="05/03/2016"/>	Payee name <input type="text" value="Google"/>	
Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="02/18/2016"/>	Payee name <input type="text" value="Hetrick & Barber, Inc"/>	
Amount (\$) <input type="text" value="315.00"/>	Payee address; City; State; Zip Code <input type="text" value="San Juan, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Office Overhead"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="8"/>	2 FILER NAME <input type="text" value="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="05/03/2016"/>	5 Payee name <input type="text" value="Costa Messa Restaurant"/>	
6 Amount (\$) <input type="text" value="34.35"/>	7 Payee address; City; State; Zip Code <input type="text" value="McAllen, Texas"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="05/29/2016"/>	Payee name <input type="text" value="Nationbuiler"/>	
Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="06/03/2016"/>	Payee name <input type="text" value="Google"/>	
Amount (\$) <input type="text" value="50.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>
Date <input type="text" value="02/18/2016"/>	Payee name <input type="text" value="Elite Productions"/>	
Amount (\$) <input type="text" value="250.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/> Office held <input type="text"/>

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="2"/>	2 FILER NAME <input type="text" value="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="06/082016"/>	5 Payee name <input type="text" value="Moonlight Cafe Restaurant"/>	
6 Amount (\$) <input type="text" value="60.83"/>	7 Payee address; City; State; Zip Code <input type="text" value="Edinburg, Texas"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	
Date <input type="text" value="06/29/2016"/>	Payee name <input type="text" value="Nationbuiler"/>	
Amount (\$) <input type="text" value="49.00"/>	Payee address; City; State; Zip Code <input type="text"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	
Date <input type="text" value="02/18/2016"/>	Payee name <input type="text" value="Lady Bobcat Homerun Club"/>	
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="Gifts/Awards/Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	
Date <input type="text" value="03/02/2016"/>	Payee name <input type="text" value="City of Hidalgo"/>	
Amount (\$) <input type="text" value="280.00"/>	Payee address; City; State; Zip Code <input type="text" value="Hidalgo, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
	Office held <input type="text"/>	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="3"/>	2 FILER NAME <input type="text" value="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="04/27/2016"/>	5 Payee name <input type="text" value="Aldofo Cantu"/>	
6 Amount (\$) <input type="text" value="200.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
		Office held <input type="text"/>
Date <input type="text" value="04/27/2016"/>	Payee name <input type="text" value="Hidalgo County Tejano Democrats"/>	
Amount (\$) <input type="text" value="250.00"/>	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="Gifts/Awards Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
		Office held <input type="text"/>
Date <input type="text" value="05/04/2016"/>	Payee name <input type="text" value="Ricardo Godinez Campaign"/>	
Amount (\$) <input type="text" value="1,000.00"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Contributions"/>	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" value="Ricardo Godinez"/>	Office sought <input type="text"/>
		Office held <input type="text" value="Democratic Party Chairman"/>
Date <input type="text" value="06/06/2016"/>	Payee name <input type="text" value="Missy Bazan"/>	
Amount (\$) <input type="text" value="100.00"/>	Payee address; City; State; Zip Code <input type="text" value="Elsa, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards 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"/>

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="Mr. Jose E. Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
4 Date <input type="text" value="05/05/2016"/>	5 Payee name <input type="text" value="Rio Grande Valley Literacy Center"/>	
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="Gifts/Awards Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
		Office held <input type="text"/>
Date <input type="text" value="04/07/2016"/>	Payee name <input type="text" value="Ana Sverdick"/>	
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="Gifts/Awards Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
		Office held <input type="text"/>
Date <input type="text" value="05/04/2016"/>	Payee name <input type="text" value="Ricardo Rodriquez Campaign"/>	
Amount (\$) <input type="text" value="500.00"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Contributions"/>	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" value="Ricardo Rodriquez"/>	Office sought <input type="text"/>
		Office held <input type="text" value="District Attorney"/>
Date <input type="text" value="06/06/2016"/>	Payee name <input type="text" value="Jose Saldana"/>	
Amount (\$) <input type="text" value="250.00"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, Texas"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards 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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