

# 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) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2 Total pages filed: <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; color: blue;">23</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <div style="border: 1px solid black; padding: 2px;">Mr.</div>	FIRST <div style="border: 1px solid black; padding: 2px;">Jose</div>	MI <div style="border: 1px solid black; padding: 2px;">E.</div>
	NICKNAME <div style="border: 1px solid black; padding: 2px;">Eddie</div>	LAST <div style="border: 1px solid black; padding: 2px;">Guerra</div>	SUFFIX <div style="border: 1px solid black; padding: 2px;"></div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="border: 1px solid black; padding: 2px;">P. O. Box 418 Linn, Texas 78563</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <div style="border: 1px solid black; padding: 2px;">(956)</div>	PHONE NUMBER <div style="border: 1px solid black; padding: 2px;">330-0387</div>	EXTENSION <div style="border: 1px solid black; padding: 2px;"></div>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <div style="border: 1px solid black; padding: 2px;">Mr.</div>	FIRST <div style="border: 1px solid black; padding: 2px;">Aaron</div>	MI <div style="border: 1px solid black; padding: 2px;">I.</div>
	NICKNAME <div style="border: 1px solid black; padding: 2px;"></div>	LAST <div style="border: 1px solid black; padding: 2px;">Vela</div>	SUFFIX <div style="border: 1px solid black; padding: 2px;"></div>
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="border: 1px solid black; padding: 2px;">200 E. Cano Edinburg, Texas 78539</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="border: 1px solid black; padding: 2px;">(956)</div>	PHONE NUMBER <div style="border: 1px solid black; padding: 2px;">381-4440</div>	EXTENSION <div style="border: 1px solid black; padding: 2px;"></div>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07 / 01 / 2016</div> <div style="border: 1px solid black; padding: 2px;">09 / 29 / 2016</div> </div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="border: 1px solid black; padding: 2px;">11 / 08 / 2016</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="border: 1px solid black; padding: 2px;">Hidalgo County Sheriff</div>	13 OFFICE SOUGHT (if known) <div style="border: 1px solid black; padding: 2px;"></div>	

OFFICE USE ONLY

Date Received  
*11:15 AM*

REC'D OCT 11 2016

Date Hand-delivered or Postmarked

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

# 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **35,040.00**

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ **64,546.30**

CONTRIBUTION BALANCE

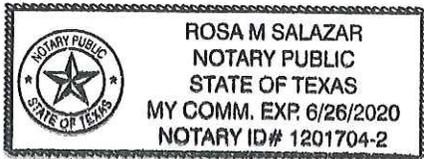
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ **67,675.85**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **J. E. "Eddie" Guerra**, this the **11th** day of **October**, 20 **16**, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

**Rosa M. Salazar**  
Printed name of officer administering oath

**Notary**  
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: <span style="border: 1px solid black; padding: 2px;">8</span>	
2 FILER NAME <i>Jose E. "Eddie" Coover</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Carlos A. Garza</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$2,500.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">2301 Country Lane Palmhurst TX 78573</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Law Office Of Santos Maldonado, Jr.</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>Edinburg, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Law Office Of Carlos A. Garcia</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1305 E. Griffin Parkway Mission TX 78572</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Jaime A. Gonzalez, Jr.</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$2,500.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">817 E. Esperanza Ave McAllen, TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Carlos E. Ortegon</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$500.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">2915 Driftwood Lane Mission, TX 78574</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	

**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: <span style="border: 1px solid black; padding: 2px;">8</span>	
2 FILER NAME <i>Jose E "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Rex L. Widle</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1010 E Pecan McAllen, TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Tracy Widle</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>McAllen TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/02/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Lisa &amp; Thomas Jendrush</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$300.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1500 Orchid Ave McAllen TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/02/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Evon &amp; Rick Harbison</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$300.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">PO Box 989 Blanco TX 78606</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Gilberto Montanez</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$100.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">10710 E. Rogers Edinburg, TX 78542</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <i>Jose E. "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Law Office Of Garcia, Quintanilla &amp; Palacios</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,500.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">5526 N 10th McAllen, TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/07/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Atlas, Hall &amp; Rodriguez, LLP</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>McAllen, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">David M. &amp; Rosie Penoli</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">PO Box 4889 Mission TX 78573</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Ricardo L. Salinas</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">2011 N. Conway Mission, TX 78572</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Law Office Of Michael E. Flanagan</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">809 Chicago Ave McAllen TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME <i>Jose E. "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Amador Requenez</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$300.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1313 N. Moorefield Rd Mission, TX 78572</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="border: 1px solid black; padding: 2px;">09/16/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">L. Keith &amp; Bruni B. Fox</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$2,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>McAllen, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Rufino Garza Ranch</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$2,500.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">3779 N. Bentsen Palm Dr. Mission, TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="border: 1px solid black; padding: 2px;">09/15/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Law Office of Ezequiel Reyna, Jr</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,500.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">702 W. Exp 83 Weslaco, TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Adam Z. Quraishi, MD</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,500.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1200 S. 2nd St Suite 2-B McAllen TX 78501</span>		(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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2 FILER NAME <i>Jose E. "Eddie" Couern</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/16/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">All STX Rehab &amp; Chiropractic</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">117 N. Weslaco, TX</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">ERO International L.L.P.</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>McAllen, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/17/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Danny D. &amp; Alejandra Vela</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">McAllen, TX 78501</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/16/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">David Bail Bonds</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">Edinburg, TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/17/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">316 Enterprises LLC</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">PO Box 4511 Edinburg TX 78540</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	

**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: <span style="border: 1px solid black; padding: 2px;">8</span>	
2 FILER NAME <i>Jose E. "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/15/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">David Suarez</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">401 S. Kansas Ave Weslaco, TX</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/17/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Yvonne M. Ortegon &amp; David L. Fuentes</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$40.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>Weslaco, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/20/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Dr. Adalberto Garza &amp; Elva F. Garza</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$250.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">PO Box 3488 Edinburg TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/20/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">San Vicente Ranch LTD</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">Linn, TX 78563</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">09/17/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="border: 1px solid black; padding: 2px;">Luis Flores III</span>	Amount of contribution (\$) <div style="border: 1px solid black; height: 20px;"></div>	In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">Linn, Texas</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px;"></div>	

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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: <span style="border: 1px solid black; padding: 2px;">8</span>	
2 FILER NAME <i>Jose E. "Eddie" Gueren</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="border: 1px solid black; padding: 2px;">09/08/2016</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="border: 1px solid black; padding: 2px;"> </span> ) <span style="border: 1px solid black; padding: 2px;">Lowry McAllen</span>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$150.00</span>	8 In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;"> </span>
6 Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">32372 Kamien Rd Edinburg, TX</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>		10 Employer (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="border: 1px solid black; padding: 2px;"> </span> ) <span style="border: 1px solid black; padding: 2px;">Vernon Rosser</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$100.00</span>	In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;"> </span>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;"> </span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>		Employer (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>	
Date <span style="border: 1px solid black; padding: 2px;">09/14/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="border: 1px solid black; padding: 2px;"> </span> ) <span style="border: 1px solid black; padding: 2px;">Pilo Waters</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;"> </span>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">24449 Laguna Seca Rd Edinburg TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>		Employer (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>	
Date <span style="border: 1px solid black; padding: 2px;">09/15/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="border: 1px solid black; padding: 2px;"> </span> ) <span style="border: 1px solid black; padding: 2px;">Memorial Funeral Home / Velma De Leon</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$1,000.00</span>	In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;"> </span>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">PO Box 125 San Juan, TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>		Employer (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>	
Date <span style="border: 1px solid black; padding: 2px;">09/17/2016</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <span style="border: 1px solid black; padding: 2px;"> </span> ) <span style="border: 1px solid black; padding: 2px;">Joe Garbe</span>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">\$500.00</span>	In-kind contribution description (if applicable) <span style="border: 1px solid black; padding: 2px;"> </span>
Contributor address; City; State; Zip Code <span style="border: 1px solid black; padding: 2px;">1404 Tennison Pkwy Colleyville, TX</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>		Employer (See Instructions) <span style="border: 1px solid black; padding: 2px;"> </span>	

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

4 Date <input type="text" value="09/17/2016"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <input type="text"/> ) <input type="text" value="Blake Taylor"/>	7 Amount of contribution (\$) <input type="text" value="\$500.00"/>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <input type="text" value="403 Love Bird Ln Murphy, TX 75094"/>		(If travel outside of Texas, complete Schedule T)	

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

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

<del>Principal occupation / Job title (See Instructions)</del>	<del>Employer (See Instructions)</del>
--	--

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

<del>Principal occupation / Job title (See Instructions)</del>	<del>Employer (See Instructions)</del>
--	--

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

<del>Principal occupation / Job title (See Instructions)</del>	<del>Employer (See Instructions)</del>
--	--

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

<del>Principal occupation / Job title (See Instructions)</del>	<del>Employer (See Instructions)</del>
--	--

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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="13"/>	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="07/05/2016"/>	5 Payee name <input type="text" value="Google"/>
---	---

6 Amount (\$) <input type="text" value="\$50.00"/>	7 Payee address; City; State; Zip Code <input type="text"/>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="07/05/2016"/>	Payee name <input type="text" value="Kokos Uptown Cafe"/>
---	--

Amount (\$) <input type="text" value="\$77.06"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="07/11/2016"/>	Payee name <input type="text" value="Mary Alice Palacios"/>
---	--

Amount (\$) <input type="text" value="\$100.00"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards/Memorials"/>	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="07/18/2016"/>	Payee name <input type="text" value="Luciano Garza"/>
---	--

Amount (\$) <input type="text" value="\$100.00"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards/Memorials"/>	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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
---	--	---

<b>4</b> Date <input type="text" value="08/03/2016"/>	<b>5</b> Payee name <input type="text" value="Google"/>
--	--

<b>6</b> Amount (\$) <input type="text" value="\$50.00"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text"/>
--	---

<b>8</b> 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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<b>9</b> 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="07/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>
---	--

Amount (\$) <input type="text" value="\$54.06"/>	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="08/15/2016"/>	Payee name <input type="text" value="Kokos Uptown Cafe"/>
---	--

Amount (\$) <input type="text" value="\$121.12"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="08/15/2016"/>	Payee name <input type="text" value="Palenque Grill"/>
---	---

Amount (\$) <input type="text" value="\$139.68"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="13"/>	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="09/02/2016"/>	5 Payee name <input type="text" value="Google"/>
---	---

6 Amount (\$) <input type="text" value="\$50.00"/>	7 Payee address; City; State; Zip Code <input type="text"/>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="08/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>
---	--

Amount (\$) <input type="text" value="\$54.06"/>	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="08/15/2016"/>	Payee name <input type="text" value="Pappadeux"/>
---	--

Amount (\$) <input type="text" value="\$154.05"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="09/01/2016"/>	Payee name <input type="text" value="Palenque Grill"/>
---	---

Amount (\$) <input type="text" value="\$193.72"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="13"/>	2 FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	--

4 Date <input type="text" value="08/09/2016"/>	5 Payee name <input type="text" value="La Joya ISD Campus Crime Stoppers"/>
---	--

6 Amount (\$) <input type="text" value="\$225.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="La Joya, TX"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards/Memorials"/>	(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="08/01/2016"/>	Payee name <input type="text" value="Hidalgo County Democratic Party"/>
---	--

Amount (\$) <input type="text" value="\$250.00"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards/Memorials"/>	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="08/24/2016"/>	Payee name <input type="text" value="RGV Athletes"/>
---	---

Amount (\$) <input type="text" value="\$200.00"/>	Payee address; City; State; Zip Code <input type="text" value="1780 US Hwy 281 Mercedes, TX"/>
--	---

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="08/30/2016"/>	Payee name <input type="text" value="MPA Digital, LLC"/>
---	---

Amount (\$) <input type="text" value="\$12,000.00"/>	Payee address; City; State; Zip Code <input type="text" value="2243 W. Pecan McAllen, TX"/>
---	--

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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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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
<b>4</b> Date <input type="text" value="09/07/2016"/>	<b>5</b> Payee name <input type="text" value="Quality Logo Products"/>	
<b>6</b> Amount (\$) <input type="text" value="\$1,322.22"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text"/>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
	<b>9</b> 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="08/31/2016"/>	Payee name <input type="text" value="Facebook"/>	
Amount (\$) <input type="text" value="\$10.00"/>	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="8/30/2016"/>	Payee name <input type="text" value="J. Nava Studios"/>	
Amount (\$) <input type="text" value="\$200.00"/>	Payee address; City; State; Zip Code <input type="text" value="308A S. Texas Blvd Weslaco, TX"/>	
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="09/06/2016"/>	Payee name <input type="text" value="ENHS Band Boosters"/>	
Amount (\$) <input type="text" value="\$200.00"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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<b>4</b> Date <input type="text" value="09/15/2016"/>	<b>5</b> Payee name <input type="text" value="Academy Sports"/>
--	--

<b>6</b> Amount (\$) <input type="text" value="\$1,769.58"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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<b>9</b> 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="09/15/2016"/>	Payee name <input type="text" value="Costco"/>
---	---

Amount (\$) <input type="text" value="\$278.49"/>	Payee address; City; State; Zip Code <input type="text" value="Pharr, TX"/>
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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="09/15/2016"/>	Payee name <input type="text" value="Neuhaus and Company"/>
---	--

Amount (\$) <input type="text" value="\$3,974.82"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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="09/12/2016"/>	Payee name <input type="text" value="Copy Plus LLC"/>
---	--

Amount (\$) <input type="text" value="\$231.06"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
<b>4</b> Date <input type="text" value="9/26/2016"/>	<b>5</b> Payee name <input type="text" value="Donato Medina"/>	
<b>6</b> Amount (\$) <input type="text" value="\$200.00"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text" value="1701 Orchid Ave McAllen, TX"/>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="Contract Labor"/>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
<b>9</b> 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="09/20/2016"/>	Payee name <input type="text" value="Brand Boosters"/>	
Amount (\$) <input type="text" value="\$19,880.00"/>	Payee address; City; State; Zip Code <input type="text" value="3607 S. L Lane McAllen TX"/>	
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="09/22/2016"/>	Payee name <input type="text" value="Brand Boosters"/>	
Amount (\$) <input type="text" value="\$3,714.44"/>	Payee address; City; State; Zip Code <input type="text" value="3607 S. L Lane McAllen, TX"/>	
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="09/29/2016"/>	Payee name <input type="text" value="Donato Medina"/>	
Amount (\$) <input type="text" value="\$2,200.00"/>	Payee address; City; State; Zip Code <input type="text" value="1701 Rebecca Dr McAllen, TX"/>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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="73"/>	2 FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	--

4 Date <input type="text" value="09/9/24/2016"/>	5 Payee name <input type="text" value="Donato Medina"/>
---	--

6 Amount (\$) <input type="text" value="\$1,491.52"/>	7 Payee address; City; State; Zip Code <input type="text" value="1701 Orchid Ave McAllen, TX"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Contract Labor"/>	(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"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="09/23/2016"/>	Payee name <input type="text" value="Jose Juan Espinoza"/>
---	---

Amount (\$) <input type="text" value="\$1,400.00"/>	Payee address; City; State; Zip Code <input type="text" value="203 Rebecca Ave Edinburg, TX"/>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Contract Labor"/>	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"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="09/21/2016"/>	Payee name <input type="text" value="Los Asados"/>
---	---

Amount (\$) <input type="text" value="\$27.81"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food/Beverage"/>	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="09/23/2016"/>	Payee name <input type="text" value="Tierra Santa Golf Club"/>
---	---

Amount (\$) <input type="text" value="\$5,481.78"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>			
<b>4</b> Date <input type="text" value="09/07/2016"/>	<b>5</b> Payee name <input type="text" value="Luciano Garza"/>				
<b>6</b> Amount (\$) <input type="text" value="\$200.00"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="Gifts/Awards/Memorials"/>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <input type="text"/></td> <td style="width:12.5%;">Office sought <input type="text"/></td> <td style="width:12.5%;">Office held <input type="text"/></td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
Complete <b>ONLY</b> 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="09/17/2016"/>	Payee name <input type="text" value="Lori Martinez"/>				
Amount (\$) <input type="text" value="\$200.00"/>	Payee address; City; State; Zip Code <input type="text" value="PO Box 1619 Donna, TX"/>				
<b>9</b> 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"/>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <input type="text"/></td> <td style="width:12.5%;">Office sought <input type="text"/></td> <td style="width:12.5%;">Office held <input type="text"/></td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
Complete <b>ONLY</b> 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="09/16/2016"/>	Payee name <input type="text" value="Fastsigns"/>				
Amount (\$) <input type="text" value="\$132.61"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>				
<b>10</b> 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"/>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <input type="text"/></td> <td style="width:12.5%;">Office sought <input type="text"/></td> <td style="width:12.5%;">Office held <input type="text"/></td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
Complete <b>ONLY</b> 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="09/16/2016"/>	Payee name <input type="text" value="STX Hydro"/>				
Amount (\$) <input type="text" value="\$649.50"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>				
<b>11</b> 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"/>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <input type="text"/></td> <td style="width:12.5%;">Office sought <input type="text"/></td> <td style="width:12.5%;">Office held <input type="text"/></td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>
Complete <b>ONLY</b> 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="13"/>	2 FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	--

4 Date <input type="text" value="09/12/2016"/>	5 Payee name <input type="text" value="City of Donna"/>
---	--

6 Amount (\$) <input type="text" value="\$400.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="Donna, TX"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Fees"/>	(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="09/12/2016"/>	Payee name <input type="text" value="Upper Valley Mail Service"/>
---	--

Amount (\$) <input type="text" value="\$1547.15"/>	Payee address; City; State; Zip Code <input type="text" value="1418 Beech Ave McAllen, TX"/>
---	---

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="09/15/2016"/>	Payee name <input type="text" value="McCoys"/>
---	---

Amount (\$) <input type="text" value="\$2,402.64"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="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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Date <input type="text" value="09/16/2016"/>	Payee name <input type="text" value="Fastsigns"/>
---	--

Amount (\$) <input type="text" value="\$119.08"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="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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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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
---	--	---

<b>4</b> Date <input type="text" value="09/12/2016"/>	<b>5</b> Payee name <input type="text" value="Copy Plus LLC"/>
--	---

<b>6</b> Amount (\$) <input type="text" value="\$27.44"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	---

<b>8</b> 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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<b>9</b> 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="09/08/2016"/>	Payee name <input type="text" value="Quality Logo Products"/>
---	--

Amount (\$) <input type="text" value="\$291.87"/>	Payee address; City; State; Zip Code <input type="text" value="Pharr, TX"/>
--	--

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="09/16/2016"/>	Payee name <input type="text" value="Fastsigns"/>
---	--

Amount (\$) <input type="text" value="\$259.80"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="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="09/12/2016"/>	Payee name <input type="text" value="Rental World"/>
---	---

Amount (\$) <input type="text" value="\$540.17"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

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="13"/>	2 FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	--

4 Date <input type="text" value="09/16/2016"/>	5 Payee name <input type="text" value="Jose Juan Espinoza"/>
---	---

6 Amount (\$) <input type="text" value="\$1,000.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="203 Rebecca Dr Edinburg, TX"/>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Contract Labor"/>	(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"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="09/19/2016"/>	Payee name <input type="text" value="H.E.B."/>
---	---

Amount (\$) <input type="text" value="\$232.61"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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="09/16/2016"/>	Payee name <input type="text" value="Joey Rois"/>
---	--

Amount (\$) <input type="text" value="\$159.48"/>	Payee address; City; State; Zip Code <input type="text" value="Elsa, TX"/>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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="09/17/2016"/>	Payee name <input type="text" value="Del Bravo Ice"/>
---	--

Amount (\$) <input type="text" value="\$124.48"/>	Payee address; City; State; Zip Code <input type="text" value="Weslaco, TX"/>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Event"/>	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.

<b>1</b> Total pages Schedule F: <input type="text" value="13"/>	<b>2</b> FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <input type="text"/>
---	--	---

<b>4</b> Date <input type="text" value="09/29/2016"/>	<b>5</b> Payee name <input type="text" value="Nationbuilder"/>
--	---

<b>6</b> Amount (\$) <input type="text" value="\$59.00"/>	<b>7</b> Payee address; City; State; Zip Code <input type="text"/>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <input type="text" value="Advertising"/>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="text"/>	
---------------------------------	---	--	--

<b>9</b> 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"/>	Payee name <input type="text"/>
------------------------------	------------------------------------

Amount (\$) <input type="text"/>	Payee address; City; State; Zip Code <input type="text"/>
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<b>PURPOSE OF EXPENDITURE</b>	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"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text"/>	Payee name <input type="text"/>
------------------------------	------------------------------------

Amount (\$) <input type="text"/>	Payee address; City; State; Zip Code <input type="text"/>
-------------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	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"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text"/>	Payee name <input type="text"/>
------------------------------	------------------------------------

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

Complete 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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