

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <u>11</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	<u>Mr.</u>	<u>Jose</u>	<u>E.</u>		
	NICKNAME	LAST	SUFFIX		
	<u>Eddie</u>	<u>Guerra</u>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE		
<input type="checkbox"/> change of address	<u>P. O. Box 418 Linn, Texas 78563</u>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<u>(956)</u>	<u>330-0387</u>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	<u>Mr.</u>	<u>Aaron</u>	<u>I.</u>		
	NICKNAME	LAST	SUFFIX		
		<u>Vela</u>			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE		
	<u>200 E. Cano Edinburg, Texas 78539</u>				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<u>(956)</u>	<u>381-4440</u>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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		
	<u>09</u>	<u>30</u>	<u>2016</u>		
	THROUGH		Month		
			Day		
			Year		
			<u>10</u> / <u>29</u> / <u>2016</u>		
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	<u>11</u>	<u>08</u>	<u>2016</u>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	<u>Hidalgo County Sheriff</u>				

OFFICE USE ONLY

RECD OCT 31 2016

1:54 PM JR

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)

additional pages

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

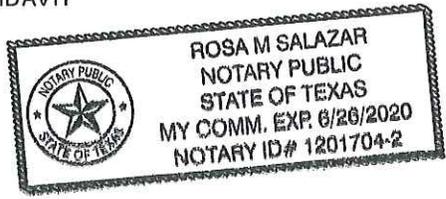
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 23,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 40.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,434.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 49,291.45
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.

Rosa M. Salazar
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: 4	
2 FILER NAME <i>Jose E. "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald G & Rebecca Strong	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code 3310 S. Expwy 281 Edinburg, TX		(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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn C. Smith	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>P.O. Box 885 Freer, 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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verturo Construction Company	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code PO Box 610 McAllen, TX		(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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldomero Vela, Jr & Connie Vela	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 1308 Peking, McAllen, TX		(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 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 812 W. Nolana, McAllen TX		(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: 4	
2 FILER NAME <i>Jose E. "Eddie" Guera</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Gonzalez	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code 128 Canary Ave. McAllen, TX		(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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Gold Chapa & Joe E. Chapa	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>P.O. Box 16 Linn, 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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William F. Vaughn	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 1423 Greystone Ridge, San Antonio, TX		(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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldomero Vela, Jr & Connie Vela	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 1308 Peking, McAllen, TX		(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 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafael H. Flores	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 6910 N 1st Lane McAllen TX		(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: 4	
2 FILER NAME <i>Jose E. "Eddie" Guerra</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford A. Wyatt	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
6 Contributor address; City; State; Zip Code PO Drawer 10 Realitos, TX		(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 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Sparks	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code <i>P.O. Box 130 Progreso, 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 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins Family Living Trust	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 900 E Lakeview Dr McAllen, TX		(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 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester & Marie Dyke	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 3301 Sandy Lane, McAllen, TX		(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 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz Law Firm	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 20px;"></div>
Contributor address; City; State; Zip Code 118 W. Pecan, McAllen TX		(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: 4
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) KC & JN Jonson	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 124 E. Emory Ave, TX		(If travel outside of Texas, complete Schedule T)	

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

Principal occupation / Job title (See Instructions) 	Employer (See Instructions)
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Date 10/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Linebarger Goggan Blair Sampson	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17428 Austin, TX		(If travel outside of Texas, complete Schedule T)	

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

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

Principal occupation / Job title (See Instructions) 	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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4 Date <input type="text" value="10/25/2016"/>	5 Payee name <input type="text" value="Jaime Gonzales"/>
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6 Amount (\$) <input type="text" value="\$500.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="1622 Oakridge Mercedes, 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"/>
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Date <input type="text" value="10/29/2016"/>	Payee name <input type="text" value="Nationbuilder"/>
---	--

Amount (\$) <input type="text" value="\$59.00"/>	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"/>
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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"/>	Payee name <input type="text"/>
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Amount (\$) <input type="text"/>	Payee address; City; State; Zip Code <input type="text"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="1"/>	Payee name <input type="text"/>
--	------------------------------------

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

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.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input eddie"="" guerra"="" type="text" value="Mr. Jose E. "/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
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4 Date <input type="text" value="10/18/2016"/>	5 Payee name <input type="text" value="Hidalgo County Democratic Party"/>
---	--

6 Amount (\$) <input type="text" value="\$1,000.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="3307 N McColl Rd McAllen, TX"/>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Event Expense"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

Date <input type="text" value="10/25/2016"/>	Payee name <input type="text" value="Don Medina, Jr"/>
---	---

Amount (\$) <input type="text" value="\$500.00"/>	Payee address; City; State; Zip Code <input type="text" value="1701 Orchid Ave. McAllen, 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"/>
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Date <input type="text" value="10/25/2016"/>	Payee name <input type="text" value="Irene Mercado"/>
---	--

Amount (\$) <input type="text" value="\$500.00"/>	Payee address; City; State; Zip Code <input type="text" value="910 S. 3rd 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"/>
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Date <input type="text" value="10/25/2016"/>	Payee name <input type="text" value="Saul Garcia"/>
---	--

Amount (\$) <input type="text" value="\$1,000.00"/>	Payee address; City; State; Zip Code <input type="text" value="PO Box 43 Edcouch, 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"/>
------------------------	---	---

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.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	---

4 Date <input type="text" value="10/19/2016"/>	5 Payee name <input type="text" value="The Vinci Group"/>
--	---

6 Amount (\$) <input type="text" value="\$25,196.62"/>	7 Payee address; City; State; Zip Code <input type="text" value="54 Robert Rd., Manchester, CT 06040"/>
--	---

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="10/19/2016"/>	Payee name <input type="text" value="Don Medina, Jr"/>
---	---

Amount (\$) <input type="text" value="\$1,225.85"/>	Payee address; City; State; Zip Code <input type="text" value="1701 Orchid Ave. McAllen, 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"/>
------------------------	---	---

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="10/21/2016"/>	Payee name <input type="text" value="The Monitor"/>
---	--

Amount (\$) <input type="text" value="\$9,224.06"/>	Payee address; City; State; Zip Code <input type="text" value="1200 Nolana 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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Date <input type="text" value="10/18/2016"/>	Payee name <input type="text" value="Weslaco Lady Panthers"/>
---	--

Amount (\$) <input type="text" value="\$300.00"/>	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="Gift/Donation"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	---

4 Date <input type="text" value="10/03/2016"/>	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"/>
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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="10/11/2016"/>	Payee name <input type="text" value="Pappadeaux"/>
---	---

Amount (\$) <input type="text" value="\$55.41"/>	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="Food Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="9/30/2016"/>	Payee name <input type="text" value="Holy Spirit Parish"/>
--	---

Amount (\$) <input type="text" value="\$300.00"/>	Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Gift/Donation"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="10/14/2016"/>	Payee name <input type="text" value="Jose Juan Espinoza"/>
---	---

Amount (\$) <input type="text" value="\$600.00"/>	Payee address; City; State; Zip Code <input type="text" value="203 Rebecca Dr Edinburg, TX"/>
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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"/>
------------------------	---	---

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.

1 Total pages Schedule F: <input type="text" value="5"/>	2 FILER NAME <input type="text" value="Mr. Jose E. 'Eddie' Guerra"/>	3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>
--	--	---

4 Date <input type="text" value="09/30/2016"/>	5 Payee name <input type="text" value="FaceBook"/>
--	--

6 Amount (\$) <input type="text" value="\$9.80"/>	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"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="10/08/2016"/>	Payee name <input type="text" value="Juan Jose Espinoza"/>
---	---

Amount (\$) <input type="text" value="\$380.00"/>	Payee address; City; State; Zip Code <input type="text" value="203 Rebecca Dr 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"/>
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Date <input type="text" value="10/07/2016"/>	Payee name <input type="text" value="Marissa Garza"/>
---	--

Amount (\$) <input type="text" value="\$480.00"/>	Payee address; City; State; Zip Code <input type="text" value="3510 Lancelot Ln Edinburg, TX"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
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Date <input type="text" value="10/06/2016"/>	Payee name <input type="text" value="Koko's Cafe"/>
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Amount (\$) <input type="text" value="\$53.52"/>	Payee address; City; State; Zip Code <input type="text" value="McAllen, TX"/>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <input type="text" value="Food Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>	Office sought <input type="text"/>	Office held <input type="text"/>
---	---	---------------------------------------	-------------------------------------

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