

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JOSE E NICKNAME LAST SUFFIX EDDIE GUERRA	OFFICE USE ONLY Date Received: <i>[Signature]</i> 2009 JAN 1 AM 10:35 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 418 LINN, TX 78563		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-0387		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. AARON I NICKNAME LAST SUFFIX VELA		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 200 E. CANO EDINBURG, TX 78539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 381-4440		
9 REPORT TYPE	<input checked="" 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 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 7 / 1 / 2008 12 / 31 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 3 / / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Hidalgo County Constable Pet 4			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Jose E. Guerra 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 9733.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4146.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 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 Jose Eduardo Guerra, this the 13th day of January, 2009, to certify which, witness my hand and seal of office.

Diana Cerda Signature of officer administering oath
Diana Cerda Printed name of officer administering oath
 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 JOSÉ EDUARDO GUERRA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-15-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN YODER	7 Amount of contribution (\$) 3000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 E. ASH McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-3-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Metro Security	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 743 Pharr TX 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY WILKINSON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5600 N. 4TH ST. McAllen, TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-23-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINE DARGER, FOGGAN, BLAIR, ET AL.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-14-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL GUERRA III	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 320 W. PECAN BLD McAllen, TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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

JOSE EDUARDO GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-14-08

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

DAVID ADAME

6 Contributor address; City; State; Zip Code

2409 EL ENCINO DR. PALMHURST TX 78573

7 Amount of contribution (\$)

400.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-14-08

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

PORFIRIO WATERS

Contributor address; City; State; Zip Code

R.R. 5 Box 129 EDINBURG, TX 78541

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-08

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

LUIS M. YZAGUIRRE

Contributor address; City; State; Zip Code

P.O. Box 65 LINN, TX 78563

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-08

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

BALDOMERO VELA, JR.

Contributor address; City; State; Zip Code

1308 S. Peking McAllen, TX 78501

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-14-08

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

DANIEL RIOS

Contributor address; City; State; Zip Code

104 E. LARK McAllen, TX 78504

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 2em;">4</div>	
2 FILER NAME JOSE EDUARDO GUERRA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-15-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN W SIGRIST 6 Contributor address; City; State; Zip Code P.O. Box 1330 MERCEDAS, TX 78570	7 Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL LOZANO Contributor address; City; State; Zip Code 310 E. DALLAS AVE MCKEAN, TX 78501	Amount of contribution (\$) 60.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL J. LOVE Contributor address; City; State; Zip Code 1212 YZ Street MCKEAN, TX 78504	Amount of contribution (\$) 40.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELO GUERRA Contributor address; City; State; Zip Code P.O. Box 44 LINN, TX 78563	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL JONES Contributor address; City; State; Zip Code 6622 CR 105 ABILENE, TX 79601	Amount of contribution (\$) 200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 JOSE EDUARDO GUERRA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-15-2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED CAPPADONA, JR	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code DRAWEN 1699 PHARR, TX 78577		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN CARILLO	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 610 E. EXP. 83 PHARR, TX 78577		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTOR M. CARRERA	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 N. 1ST ST MEALLEN, TX 78504		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-7-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. HYMEL, JR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 121 RIO GRANDE DR. MISSION, TX 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-19-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALONZO CANTU	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2673 MEALLEN, TX 78502		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

JOSE EDUARDO GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

7.11.08

5 Payee name

JOSE EDUARDO GUERRA

6 Payee address; City; State; Zip Code

7 Amount (\$)

3142.00

8 Purpose of payment (See instructions regarding type of information required.)

Various Campaign, travel, auto, fuel expenses
(If travel outside of Texas, complete Schedule T)

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

Date

11-14-08

Payee name

JOSE EDUARDO GUERRA

Payee address; City; State; Zip Code

Amount (\$)

1000.00

Purpose of payment (See instructions regarding type of information required.)

Various fundraiser expenses, food, prizes, supplies
(If travel outside of Texas, complete Schedule T)

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

Date

11.14.08

Payee name

VIFCO

Payee address; City; State; Zip Code

Amount (\$)

401.82

Purpose of payment (See instructions regarding type of information required.)

Supplies for fundraiser
(If travel outside of Texas, complete Schedule T)

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

Date

11-24-08

Payee name

E.B. GUERRA School

Payee address; City; State; Zip Code

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Advertising / Promo
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

JOSE EDUARDO GUERRA

3 ACCOUNT # (Ethics Commission filers)

4 Date

11.24.08

5 Payee name

LSMCIC

6 Payee address; City; State; Zip Code

7 Amount (\$)

250.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising / Promo
(If travel outside of Texas, complete Schedule T)

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

Date

11.30.08

Payee name

FRED COLSTON

Payee address; City; State; Zip Code

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Supplies
(If travel outside of Texas, complete Schedule T)

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

Date

12-6-08

Payee name

LSM JC

Payee address; City; State; Zip Code

Amount (\$)

58000

Purpose of payment (See instructions regarding type of information required.)

Advertising / Promo.
(If travel outside of Texas, complete Schedule T)

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

Date

12-17-08

Payee name

4E RANCH

Payee address; City; State; Zip Code

Amount (\$)

4000.00

Purpose of payment (See instructions regarding type of information required.)

RENTAL - FUNDRAISER
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **JOSE EDUARDO GUERRA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 7-7-08	5 Payee name BANK OF AMERICA	7 Amount (\$) 59.71
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) FINANCE / interest charges (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED