

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) <input style="width: 100%;" type="text"/>	2 Total pages filed: <input style="width: 100%; text-align: center; font-size: 24px;" type="text" value="4"/>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input style="width: 50px;" type="text" value="Mr."/> FIRST <input style="width: 200px;" type="text" value="Jose"/> MI <input style="width: 50px;" type="text" value="E."/> NICKNAME LAST SUFFIX <input style="width: 100px;" type="text" value="Eddie"/> <input style="width: 200px;" type="text" value="Guerra"/> <input style="width: 50px;" type="text"/>	OFFICE USE ONLY Date Received REC'D JUL 17 2017 <i>Civil by 1:42 PM</i> Date Hand-delivered or 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 <input style="width: 100%;" type="text" value="P. O. Box 418 Linn, Texas 78563"/>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-0387		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input style="width: 50px;" type="text" value="Mr."/> FIRST <input style="width: 200px;" type="text" value="Aaron"/> MI <input style="width: 50px;" type="text" value="I."/> NICKNAME LAST SUFFIX <input style="width: 100px;" type="text"/> <input style="width: 200px;" type="text" value="Vela"/> <input style="width: 50px;" type="text"/>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <input style="width: 100%;" type="text" value="200 E. Cano Edinburg, Texas 78539"/>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 381-4440		
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 checked="" 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 01 / 01 / 2017 06 / 30 / 2017		
11 ELECTION	ELECTION DATE Month Day Year <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <input style="width: 100%;" type="text" value="Hidalgo County Sheriff"/>	13 OFFICE SOUGHT (if known) <input style="width: 100%;" type="text"/>	

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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: 1	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/15/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Val Peisen	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 W. Jackson Ave McAllen		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 		10 Employer (See Instructions) 	
Date 	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) 	Amount of contribution (\$) 	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions) 	
Date 	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) 	Amount of contribution (\$) 	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions) 	
Date 	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) 	Amount of contribution (\$) 	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions) 	
Date 	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) 	Amount of contribution (\$) 	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions) 	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <input type="text" value="1"/>	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="05/20/2017"/>	5 Payee name <input type="text" value="Edinburg North High School"/>	
6 Amount (\$) <input type="text" value="\$50.00"/>	7 Payee address; City; State; Zip Code <input type="text" value="Edinburg, TX"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <input type="text" value="Donation"/>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>
	Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text" value="04/27/2017"/>	Payee name <input type="text" value="Brand Booster Company"/>	
Amount (\$) <input type="text" value="\$311.22"/>	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 Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>
	Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text" value="04/27/2017"/>	Payee name <input type="text" value="Brand Booster Company"/>	
Amount (\$) <input type="text" value="\$746.93"/>	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 Expense"/>	Description (If travel outside of Texas, complete Schedule T) <input type="text"/>
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <input type="text"/>
	Office sought <input type="text"/>	Office held <input type="text"/>
Date <input type="text" value="04/17/2017"/>	Payee name <input type="text" value="Vicente Gonzalez For Congress"/>	
Amount (\$) <input type="text" value="\$1,000.00"/>	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="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" value="Vicente Gonzalez"/>
	Office sought <input type="text"/>	Office held <input type="text" value="U.S. Representative"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED