


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR      FIRST MI Mr.      Paul NICKNAME      LAST      SUFFIX Guerra	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 11108 North Loop EL Paso, TX 79927	Date Received  <b>RECEIVED</b> 4/27/17	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (915) 227-9109	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST MI Mr.      Paul NICKNAME      LAST      SUFFIX Guerra	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 11108 North Loop EL Paso, TX 79927		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (915) 227-9109		
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      Month    Day    Year 3 / 28 / 2017      THROUGH      4 / 26 / 2017		
11 ELECTION	ELECTION DATE Month    Day    Year 5 / 6 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (If any) SISD School Board Trustee, Dist 4 V-President	13 OFFICE SOUGHT (If known) SISD School Board Trustee, District 4	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Paul Guerra 15 Filer ID (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.

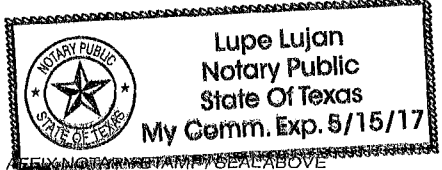
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4378.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2058.06</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1805.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Paul Guerra  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul Guerra, this the 27<sup>th</sup> day of April, 2017, to certify which, witness my hand and seal of office.

Lupe Lujan                      Lupe Lujan                      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

*Paul Guerra*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3510.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 868.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2058.06
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 4</b>
2 FILER NAME <b>Paul Guerra</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Najera</b>	7 Amount of contribution (\$) <b>60.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/31/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose H. Villa</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>12172 Crystal Gate EL Paso, TX 79936</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/3/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcelino + Lilia Trujillo</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>5133 Willow Creek EL Paso TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/3/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer + Michael Ramirez</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>1051 Villa Linda Noy EL Paso, TX</b>		
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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2076

2 FILER NAME

Paul Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jacob + Rebecca Hernandez

6 Contributor address;

City; State; Zip Code

1387 Bat Masterson EL PASO, TX (36)

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Keith Allen Rutherford

Contributor address;

City; State; Zip Code

3204 Serendipity EL PASO, TX (36)

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hector + Myriam DeSantiago

Contributor address;

City; State; Zip Code

11408 Ardelle EL PASO, TX (36)

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary J. Stiles

Contributor address;

City; State; Zip Code

7225 Tierra Taos EL PASO, TX (12)

Amount of contribution (\$)

50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 6

2 FILER NAME

Paul Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/17

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

Chris + Heidi Nance

6 Contributor address; City; State; Zip Code

3611 North Stanton EL Paso, TX (02)

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/17

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

Margaret + Mark Sanchez

Contributor address; City; State; Zip Code

5161 Willow Creek EL Paso, TX (32)

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

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

Bernardo Gonzalez

Contributor address; City; State; Zip Code

9633 Daugherty EL Paso, TX (25)

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

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

Yolanda Gonzalez

Contributor address; City; State; Zip Code

7411 Mimosas EL Paso, TX (15)

Amount of contribution (\$)

25.00

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 6

2 FILER NAME

Paul Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert + Gloria Valadez

6 Contributor address;

City; State; Zip Code

10713 Alta Loma EL Paso, TX

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/12/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Art + Laura Morales

Contributor address;

City; State; Zip Code

14 Green Way Plaza Unit 7H Houston, TX 77046

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Oscar Venegas

Contributor address;

City; State; Zip Code

1919 Rio Grande EL Paso, TX (02)

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/17

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Socorro AFT

Contributor address;

City; State; Zip Code

1810 George Dieter Ste. 104 EL Paso TX (36)

Amount of contribution (\$)

500.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5084

2 FILER NAME

Paul Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/17

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

Adam Vasquez

6 Contributor address; City; State; Zip Code

819 SunCity Part EL Paso, TX (32)

7 Amount of contribution (\$)

350.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/17

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

Diana Campbell

Contributor address; City; State; Zip Code

1453 Plaza Roja EL PASO, TX (12)

Amount of contribution (\$)

400.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

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

Rodolfo + Elizabeth Mata

Contributor address; City; State; Zip Code

6405 Calle Placido EL PASO, TX (12)

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/17

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

Rene + Anne Ordoñez

Contributor address; City; State; Zip Code

5612 Buckley EL PASO, TX (12)

Amount of contribution (\$)

100.00

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
6 of 6

2 FILER NAME

Paul Guerra

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/17

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

Steven Blanco

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

6777 Copper Ridge EL Paso, TX (12)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/17

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

Trepec / Texas Assoc. of Realtors

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 2246 Austin, TX 78768-2246

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/17

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

Shawn O'Donnell

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

11384 Beachfront EL Paso, TX (30)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>Paul Guerra</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Texas State Teachers Assoc - PAC</b>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>8716 North Mopac Expressway Austin, TX 78759</b>	<b>868.00</b>	<b>Mail out</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1084	2 FILER NAME Paul Guerra	3 Filer ID (Ethics Commission Filers)
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4 Date 3/28/17	5 Payee name Commercial Screen Printing
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6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 900 Magoffin El Paso, TX (01)
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/17	Payee name Lowe's
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Amount (\$) 19.46	Payee address; City; State; Zip Code 11950 Rojas El Paso, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/29/17	Payee name Lowe's
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Amount (\$) 112.02	Payee address; City; State; Zip Code 11950 Rojas El Paso, TX
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Paul Guerra	3 Filer ID (Ethics Commission Filers)
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4 Date 4/11/17	5 Payee name Estrella Meat Market
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6 Amount (\$) 78.95	7 Payee address; City; State; Zip Code 13700 Eastlake EL Paso, TX (28)
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/17	Payee name H+H Dinero Tree
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Amount (\$) 609.70	Payee address; City; State; Zip Code 9431 Carnegie EL Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/2/17	Payee name Walmart
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Amount (\$) 230.58	Payee address; City; State; Zip Code 9441 Alameda EL Paso, TX (07)
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3084	2 FILER NAME Paul Guerra	3 Filer ID (Ethics Commission Filers)
------------------------------------	-----------------------------	---------------------------------------

4 Date 4/8/17	5 Payee name Furr's Cafeteria
------------------	----------------------------------

6 Amount (\$) 139.42	7 Payee address; City; State; Zip Code 11925 Gateway Nest (36)
-------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/15/17	Payee name Taco Cabana
-----------------	---------------------------

Amount (\$) 27.49	Payee address; City; State; Zip Code 11801 G. West El Paso, TX 79936
----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4/20/17	Payee name La Malinche
-----------------	---------------------------

Amount (\$) 24.30	Payee address; City; State; Zip Code 1321 N. Zaragoza El Paso, TX 79927
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Paw / Guerra	3 Filer ID (Ethics Commission Filers)
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4 Date 4/22/17	5 Payee name Taco Cabana
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6 Amount (\$) 27.47	7 Payee address; City; State; Zip Code 11801 G. West EL Paso, TX 79936
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/17	Payee name Taco Cabana
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Amount (\$) 13.74	Payee address; City; State; Zip Code 11801 G. West EL Paso, TX 79936
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/17	Payee name Corner Store
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Amount (\$) 24.95	Payee address; City; State; Zip Code 1500 Zaragoza EL Paso, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED