



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME

JOSE R. GUERRA JR

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

GENERAL

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2191.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2135.57

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

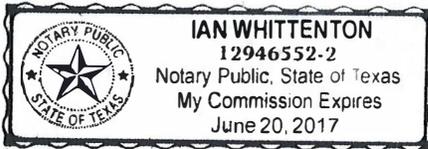
\$

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.

Jose R. Guerra Jr  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose R. Guerra Jr., this the 11 day of October, 20 16, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Ian Whittenton  
Printed name of officer administering oath

Records Administrator  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <b>JOSE R GUERRA JR</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2191.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 1,980.54
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 155.03
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: **8**

2 FILER NAME

**Jose R Guerra Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**7/29/2016**

5 Full name of contributor

**Yuan Dai**

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

7 Amount of contribution (\$)

**\$250**

6 Contributor address;

**921 Dove Run Trl**

City; State; Zip Code

**College Station TX 77845**

8 Principal occupation / Job title (See Instructions)

**TAMU professor**

9 Employer (See Instructions)

**Texas A&M University**

Date

**8/30/2016**

Full name of contributor

**Jane Oanas**

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

Amount of contribution (\$)

**\$50.00**

Contributor address;

**4125 Magee Lane**

City; State; Zip Code

**Corpus Christi TX**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**8/31/2016**

Full name of contributor

**Sherry Ellison**

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

Amount of contribution (\$)

**\$100.00**

Contributor address;

**2705 Brookway Drive**

City; State; Zip Code

**College Station, TX 77845**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**9/1/2016**

Full name of contributor

**Paul Greer**

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

Amount of contribution (\$)

**\$100.00**

Contributor address;

**9100 Waterford**

City; State; Zip Code

**College Station TX 77845**

Principal occupation / Job title (See Instructions)

**System Analyst**

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:

2 FILER NAME

Joe R Guerra Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/3/2016

5 Full name of contributor

Rene Ramirez

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1305 Langford St College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10/2016

Full name of contributor

Lei Wu

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

Amount of contribution (\$)

\$ 20.00

Contributor address;

City; State; Zip Code

2203 Rockingham Loop CS TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/2016

Full name of contributor

Xianghai Chen

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

Amount of contribution (\$)

\$ 10.00

Contributor address;

City; State; Zip Code

2205 Rockingham Loop CS TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/2016

Full name of contributor

Nan Jiang

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

Amount of contribution (\$)

\$10.00

Contributor address;

City; State; Zip Code

2309 Nashom Dr, CS TX 77845

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:

2 FILER NAME

Joseph Guerra Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/2016

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

Zhao Xu

6 Contributor address; City; State; Zip Code

4321 Toddington Ln CS TX 77845

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/14/2016

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

Rui Hong Huang

Contributor address; City; State; Zip Code

416 Medical Plz. Salt Lake City, UT 84112

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/2016

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

Bo Wang

Contributor address; City; State; Zip Code

2482 Stone Castle Cir CS, TX 77845

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/2016

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

Jing Du

Contributor address; City; State; Zip Code

2533 Waterworth Ln CS TX 77845

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1;

2 FILER NAME

Joe R Guerra, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/2016

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

Fonghong An

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address; City; State; Zip Code

11 King Arthur Way Apts Newington, CT 06111

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/5/2016

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

Wen Luo

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

2408 Stone Castle Cir CS TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2016

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

Jason/wei Walker

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

4212 Alexander Ave CS, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/2016

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

Xiaojuan Zhou

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

CS, TX 77845

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:

2 FILER NAME

*Jose R Guerra Jr.*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/12/2016*

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

*Li Zhang*

7 Amount of contribution (\$)

*\$50.00*

6 Contributor address; City; State; Zip Code

*4228 Rocky Rhodes Dr, CS TX 77845*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/17/2016*

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

*Olivia Guerra*

Amount of contribution (\$)

*\$1.00*

Contributor address; City; State; Zip Code

*2079 Ravestone Loop, CS, TX, 77845*

Principal occupation / Job title (See Instructions)

*Student*

Employer (See Instructions)

Date

*9/18/2016*

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

*Lisa Halperin*

Amount of contribution (\$)

*\$100*

Contributor address; City; State; Zip Code

*1811 Shadownood Dr CS, TX 77845*

Principal occupation / Job title (See Instructions)

*Researcher*

Employer (See Instructions)

Date

*9/18/2016*

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

*James & Tina Hanna*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*1707 Serval Lane CS, TX, 77845*

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:

2 FILER NAME

*Jose R. Guerra Jr.*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/18/2015*

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

*A.R. & D.T. Smith*

7 Amount of contribution (\$)

*\$50.00*

6 Contributor address; City; State; Zip Code

*1810 Serval Lane CS, TX, 77845*

8 Principal occupation / Job title (See Instructions)

*Retired*

9 Employer (See Instructions)

Date

*9/18/2016*

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

*Judy & Bill Herderman*

Amount of contribution (\$)

*\$25.00*

Contributor address; City; State; Zip Code

*1811 Shadowwood Dr. CS, TX, 77845*

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*9/18/2016*

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

*Jonathan Coppersmith*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*1811 Shadowwood Dr. CS, TX, 77845*

Principal occupation / Job title (See Instructions)

*TAMU PROFESSOR*

Employer (See Instructions)

Date

*9/18/2016*

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

*Angelita Garcia Alonzo*

Amount of contribution (\$)

*\$50.00*

Contributor address; City; State; Zip Code

*2311 Carter Creek Pkwy, Bryan, TX 77802*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Jose Guerra Jr.*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/18/2016*

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

*Robert M Vidales*

7 Amount of contribution (\$)

*\$ 25.00*

6 Contributor address; City; State; Zip Code

*1020 Francis Street CS, TX, 7784*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/19/2016*

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

*Swaraj Kishore Julwa*

Amount of contribution (\$)

*\$ 50.00*

Contributor address; City; State; Zip Code

*6819 Millwright St Sugarland TX 77479*

Principal occupation / Job title (See Instructions)

*Traffic Engineer*

Employer (See Instructions)

Date

*9/24/2016*

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

*Joseph & Maria Rodriguez*

Amount of contribution (\$)

*\$ 250.00*

Contributor address; City; State; Zip Code

*308 E 27th Bryan TX 77803*

Principal occupation / Job title (See Instructions)

*Attorneys.*

Employer (See Instructions)

Date

*9/30/2016*

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

*Nick McKernan*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*2230 Rockingham Loop CS, TX 77845*

Principal occupation / Job title (See Instructions)

*Physician*

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:

2 FILER NAME

*Jose R Guerra Jr.*

3 Filer ID (Ethics Commission Filers)

4 Date

*10/5/2016*

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

*Gene Hawkins*

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address; City; State; Zip Code

*1805 Sawyer Place CR, TX 77860*

8 Principal occupation / Job title (See Instructions)

~~NO EMPLOYER~~ *TAMU PROFESSOR*

9 Employer (See Instructions)

~~NO EMPLOYER~~ *TAMU*

Date

*10/4/2016*

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

*Angela C. Guerra*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*2079 Rarestone Loop US TX 77845*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/1/2016*

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

*AJA Engineers Employee PAC*

Amount of contribution (\$)

*\$250*

Contributor address; City; State; Zip Code

*13510 Park Row, Houston TX 77084*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*Transportation Engineering Consulting Firm*

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.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX B(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 G: 1		2 FILER NAME <b>JOSE R GUERRA JR</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/11/2016</b>		5 Payee name <b>WIX.COM INC</b>			
6 Amount (\$) <b>\$38.85</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>500 TERRY A FRANCOIS BLVD SAN FRANCISCO CA 94158</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(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 <b>JOSE R. GUERRA JR</b>		Office sought <b>CITY COUNCIL</b> Office held <b>PLACE 4</b>	
Date <b>9/1/2016</b>		Payee name <b>FIESTAS PATRIAS</b>			
Amount (\$) <b>\$35</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>P.O. BOX 246 BRYAN TX 77804</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FEES EVENT EXPENSE</b>		(b) 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 <b>JOSE R. GUERRA JR</b>		Office sought <b>CITY COUNCIL</b> Office held <b>PLACE 4</b>	
Date <b>9/14/2016</b>		Payee name <b>UZ.MARKETING</b>			
Amount (\$) <b>\$81.18</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>5200 MITCHELLDALE ST., STE F22 HOUSTON TX 77092</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) 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 <b>JOSE R. GUERRA JR</b>		Office sought <b>CITY COUNCIL</b> Office held <b>PLACE 4</b>	

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 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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME JOSE R CERVERA JR	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/18/2016	<b>5</b> Payee name BEST BUY
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<b>6</b> Amount (\$) \$ 10.66	<b>7</b> Payee address; City; State; Zip Code 805 TEXAS AVE S C.S. TX 77840
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FUNDRAISING & EVENT EXPENSE	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/2016	Payee name AGGIELAND PRINTING
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Amount (\$) \$ 363.72	Payee address; City; State; Zip Code 1902 TEXAS AVE C.S. TX 77840
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	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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Date 9/9/2016	Payee name UZ MARKETING
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Amount (\$) \$ 352.87	Payee address; City; State; Zip Code 5200 MITCHELDALE ST STE F220 HOUSTON TX 77092
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING & PRINTING EXPENSE	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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JOSE R. CIVERRA JR	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9/14/2016	<b>5</b> Payee name OFFICE MAX
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<b>6</b> Amount (\$) \$83.98	<b>7</b> Payee address; City; State; Zip Code 1725 TEXAS AVE S C.S. TX 77840
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/22/2016	Payee name UZ MARKETING
-------------------	----------------------------

Amount (\$) 394.60	Payee address; City; State; Zip Code 5200 MITCHELLEDALE ST STE F22V HOUSTON TX 77092
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING EXPENSE	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 10/4/2016	Payee name UZ MARKETING
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Amount (\$) \$324.71	Payee address; City; State; Zip Code 5200 MITCHELLEDALE ST. STE F22V HOUSTON TX 77092
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING EXPENSE	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 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME JOSE R GUERRA, JR	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/6/2016	<b>5</b> Payee name BRYAN BROADCASTING Co (WTAW)
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<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code 2700 EARL RUDDER HWY SUITE 5000 CS. TX 77845
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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