| Texas Ethics Commission | on P.O. Box 12070 | Austin, Texas 787 | '11-2070 (512) | 463-5800 (T | DD 1-800-735-2989 |
|---|--|-----------------------|---|--|-------------------|
| CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 | | | | | |
| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages f | iled: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS MRS / MR FIR | ebra | AMN | Dale Received | E USE ONLY |
| 4 CANDIDATE / | | errevo | | 01-15-14 | P01:45 RCVD |
| OFFICEHOLDER MAILING ADDRESS change of address | | Lylark | STATE; ZIP CODE | Date Hand-delivered | l or Postmarked |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUM | <u> </u> | EXTENSION . | Receipt # | Amount |
| 6 CAMPAIGN TREASURER NAME | MS)MRS/MR FIRS | st IMA VYENO | MI | Date Imaged | · |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE SOLV) | | CITY; STATE; , TX 78.1 | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUM (210) 534 | . 1646 | EXTENSION | | |
| 9 REPORT TYPE | | day before election | Runoff Exceeded \$500 Ilmit | 15th day after treasurer apport (officeholder only | ointment |
| 10 PERIOD COVERED | Month Day Year 07/61/2013 | THROUGH | Month Day 12 / 31 | Year 2013 | |
| 11 ELECTION | Month ELECTION DATE Month Day Year | ELECTION TYPE Primary | Runoff | General | Special |
| 12 OFFICE | Trustee District | SA 15D 1 | 3 OFFICE SOUGHT (if known |) | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME DEDM | Ann | Guerrero | 15 ACCOUNT # (Ethics Commission Filers) | |
|--|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY | NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | |
| | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS . | | |
| additional pages | | 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 \$ | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ Ø | |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE | EMIZED \$ 228 ²¹ | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 3,55271 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2,560 87 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | |
| I swear, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16, Election Code. NOTARY PUBLIC STATE OF TEXAS NY Comm. Exp. 01-23-2015 Signature of Candidate or Officeholder | | | | |
| Sworn to and substitute of officer admit | of Man | , to certify which, witness | Title of officer administering oath | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | 7.0. | |
|---|---|---------------------------------------|-------------------------------|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Sch | nedule A: |
| 2 FILER NAME DED | ra Ann Guerrero | | 3 ACCOUNT # (E | Ethics Commission Filers) |
| 4 Date 5 | Full name of contributor | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| .6 | Contributor address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | , | |
| | <i>D</i> | | . (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occupati | ion / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| Date | Full name of contributor | | Amountof contribution (\$) | ln-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside o | i - pf Texas, complete Schedule T) |
| Principal occupati | on / Job title (See Instructions) | Employer (See II | | The section of the se |
| ,Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| • | Contributor address; City; State; Zip Code | | | 1 |
| | | | (If travel outside | |
| Principal occupati | on / Job title (See Instructions) | Employer (See II | | , |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | • • • • • • • • • • | ! | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occupation | on / Job title (See Instructions) | Employer (See Ir | | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occupation | on / Job title (See Instructions) | Employer (See In | | |
| | | | | |
| If cont | ATTACH ADDITIONAL COPIES Of tributor is out-of-state PAC, please see instru | | | requirements |

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

| 7 000 | The Instruction Guide explains how to complete this form. | | |
|---|--|--|--|
| 1 Total pages Schedule F: | 2 FILER NAME DENNA AM GNEWEN 3 ACCOUNT # (Ethics Commission Filers) | | |
| 4 Date 7 13 13 | The Rey Feo Scholarship Inc. | | |
| 6 Amount (6) | 7 Payee address; City; State; Zip Code | | |
| 50000 | 112 E. Pecan #1360 San Antonio, TX 78205 | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) | | |
| EXPENDITURE | Contribution Vonation Scholarship Event | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name Office Sought Office held OH | | |
| Date 28 13 | Sav Antonio Chapter of SPJ | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 250% | P.O. Box 2171 Sau Autonio, TX 78205 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | Advertising Expense A d @ Gridinon | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Office hold Office sought Office held | | |
| Date 7 30 13 | Bexar County Democratic Party | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 5000 | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | Contribution Donation Event | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name Office sought Office held | | |
| Date 02 13 | Payedname Wher City Development | | |
| Amount (\$) | Payee address; City; State, Zip Code | | |
| 10000 | | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) | | |
| OF EXPENDITURE | Contribution Donation July 13 the vent | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By

| Event Expense Fees | Polling Expense | Travel Out Of Distric | | andidate/Officeholder/P | |
|--|--|---|--|---|--------------------|
| rees | Printing Expense The Instruction G | Office Overhead/Ren Buide explains how to co | • | ER (enter a category no | ot listed above) |
| 1 Total pages Schedule F: | 2 EUSED MANGE 4 | 1 Guerrer | ·· · · · · · · · · · · · · · · · · · · | 3 ACCOUNT # (Ethics | Commission Filers) |
| 4 Date 07/27/13 | 5 Payee name Vector | s de las, | Misiones | | |
| 6 Amount (\$) | 7 Payee address; City; | State; Zip Code | | | |
| 10000 | | | | | |
| 8 PURPOSE | (a) Category (See categories listed at | the top of this schedule) (I | b) Description (If trav | el outside of Texas, complete | Schedule T) |
| OF EXPENDITURE | Contribution | Donation | Espad | a Event | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder n DH | ame | Office sought | Off | ice held |
| Date 08 02 13 | Payee name Tvatto | ria | | | |
| Amount (\$) | | State; Zip Code | | | |
| 12181 | | adway | -0 | | |
| 701 | San Anton | io Tx 782 | 09 | | |
| PURPOSE OF EXPENDITURE | Food Bevera | | Description (If trav | el outside of Texas, complete New+ Div | Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder n | ame | Office sought | Offi | ce held |
| Date 08 12 13 | Payee name Lukewia | Lympho | ma Soci | ety | |
| Amount (\$) | Payee address; City; | State; Zip Code SYONECK AV | 10 Guito3 | 0/0 | |
| 5000 | 1 | | 10605 | | |
| PURPOSE OF | Category (See categories listed at | he top of this schedule) | Description (Iftrav | el outside of Texas, complete | Schedule T) Eve |
| EXPENDITURE | Contribution | bration | ught + | Le Night | WAILCO |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder na PH | anne | Office sought | Offi | ce held |
| 08 27 13 | Payee name Beat Aid | s Coalitir | n Trust | | |
| Amount (\$) | Payee address; City; | State; Zip Code | | | |
| 60000 | Sau Anto | Duio ITX | 78212 | | |
| PURPOSE | Category (See categories listed at t | he top of this schedule) | Description (If trave | el outside of Taxas, complete | Schedule T) |
| OF EXPENDITURE | Contribution | Dovation | Even | t fundr | UISEV |
| Complete ONLY if direct | Candidate / Officeholder na | ame | Office sought | Offi | ce held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct expenditure to benefit C/OH

P.O. Box 12070

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: | 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) |
| | Doba Aun Guerrero " Account # (Elinis Commission Filets) |
| 4 Date | 5 Payee name |
| 9/17/13 | Society of Professional burnalists |
| 7/11/1/ | |
| 6 Amdunt (\$) | 7 Payee address; City; State; Zip Code |
| an 06 | · |
| X() ~ | |
| | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) |
| OF | Event Expense Gridirontideets |
| EXPENDITURE | Drover Dyperse arratrovillaeis |
| 9 Complete ONLY if direct | Candidate / Office holder name Office sought Office held |
| expenditure to benefit C/C | DH Control of the Con |
| | |
| 29tg 20112 | Payee name |
| 8/30/13 | Hople Store |
| Amount (\$) | Payee address; City; State; Zip Cdde |
| 27 | 7400 Sala Pedro |
| a72 | 7900, 50000 |
| | San Antonio, TX 78216 |
| | |
| PURPOSE OF | Chargory (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule I |
| EXPENDITURE | Other G Drive to hackup tiles |
| | Candidate / Office holder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | 3 |
| expenditure to benefit orc | |
| Date | Payee name |
| 9/30/13 | Martinez Street Women's Center. |
| 9/130/13 | Marrie 2 Sirley Workers Can-1. |
| Amount (\$) | Payee address; City; State; Zip Code |
| 1 - 06 | |
| 1100 | |
| | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) |
| OF | Combailantia Illinativa Employer Sa Front |
| EXPENDITURE | Contribution Donatum fundraising Event |
| Complete ONLY if direct | Candidate / Officeholder name Office sought Office held |
| expenditure to benefit C/C | H |
| | |
| Date | Payee name · |
| 9 1 18 1 13 | SCOOT |
| | Development City Chan 71- Code |
| Amount (\$) | Payee address; City; State; Zip Code |
| 2000 | |
| 200 | • |
| · | |
| PURPOSE | Category (See categories listed at the tol of this schedule) Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | ('Autribution Discition Colorer Lilolat |
| LAFENDITORE | CONTRIBUTION JONATION Sentor Event |
| Complete ONLY if direct | Candidate / Officeholder name Office sought Office held |
| eynanditure to henefit C/6 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | |
|---|--|---|--|
| Advertising Expense | | ages/Contract Labor Loan Repayment/Reimbursement | |
| Accounting/Banking | | /Fundraising Expense Transportation Equipment & Related Expense | |
| Consulting Expense Event Expense | Food/Beverage Expense Travel In E Polling Expense Travel Out | Contribution a Boliation a Wade By | |
| Fees | | rhead/Rental Expense OTHER (enter a category not listed above) | |
| . 255 | The Instruction Guide explains h | | |
| 1 Total pages Schedule F: | 2 FILER-NAME | 3 ACCOUNT # (Ethics Commission Filers) | |
| | Debra Ann Gu | errero SACCOUNT # (EINICS COMMISSION FILETS) | |
| 4 Date 12/16/13 | S NO 905 BBE | P | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| 81 40 | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedul | e) (b) Description (Iftravel outside of Texas, complete Schedule T) | |
| OF EXPENDITURE | tood Beverage Fxt | pure SAISD State Holiday 1 | |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/C | | Office field O | |
| Date | Payee name | | |
| 9/5/13 | The truteria | | |
| Amount (\$) | Payee address; City; State; Zip Co | | |
| 999 | HUI S. Floves | Ste 102 | |
| 80 | San Antonio: | tx 78204 | |
| PURPOSE | Category (See categories listed at the top of this schedul | e) Description (If travel outside of Texas, complete Schedule T) | |
| OF EXPENDITURE | Tood Beverage | Constatuent Dinner | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held | |
| expenditure to benefit C/O | Н | • | |
| Date . | Payee mame | - A D | |
| 1111113 | Southwest SI | DS Research | |
| Amount (\$) | Payee address; City; State; Zip Co | | |
| 0000 | | | |
| 201 | | · | |
| PURPOSE | Category (See categories listed at the top of this schedul | e) • Description (If travel outside of Texas, complete Schedule T) | |
| OF | Contribution Donat | in Sponsorship Walk Even | |
| EXPENDITURE | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder narhe H | Office sought Office held | |
| Date | Рауее патте | | |
| | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | |
| | | | |
| | • | | |
| PURPOSE | Category (See categories listed at the top of this schedule | Description (If travel outside of Texas, complete Schedule T) | |
| OF | | , Seed ipast. In advantage of toxac, complete constitute () | |
| EXPENDITURE | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |
| AT INCITADAL HOLING OF THIS SCHEDULE AS MEEDED | | | |