(512) 463-5800

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS MRS / MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Debra	ANN	( Pate Received 4 PO1:22 RCVD			
	NICKNAME LAST	SUFFIX				
	Guerrero					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	7 07-14-14P01:21			
OFFICEHOLDER MAILING ADDRESS	3915 Skylark		Date Hand-delivered or Postmarked			
	San Antonio, T	X 78210				
change of address	· · · · · · · · · · · · · · · · · · ·		Receipt # Amount			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed			
PHONE	(20) 534 1735					
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST	MI	Date Imaged			
NAME	NICKNAME LAST	SUFFIX				
	Guerrer					
	CINOVIOR	,				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE			
ADDRESS (residence or business)	3918 Skylark					
(residence of business)	San Antonio,	TX 78210	)			
8 CAMPAIGN TREASURER	(210) 534. 1646	EXTENSION				
PHONE	1401 054.1010					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment			
	5-21	Turney and a figure	(officeholder only)			
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	01/01/2014 THROUGH	06/30,	12014			
		_ , ,				
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)			
	Trustee SAISD					
	Trustee SAISD District 3					
w	DISIVICI					
GO TO PAGE 2						

Austin, Texas 78711-2070

# SCHEDULE F

(512) 463-5800

### **POLITICAL EXPENDITURES**

Texas Ethics Commission

Advertising Expense Accounting/Banking	EXPENDITURE Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	a) Loan Repayment/Reimbursement Transportation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District 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)			
Ì	Delona A	un auerrero				
4 Date	5 Payee name	i.				
01 03 2014	Office DEDE	T				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	10			
1.59	3144 36	MIMICAY DY	VC			
9	San Anton	10, TX 182	-23			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Other	1 0+	tice Dupphes			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held			
expenditure to benefit C/O	H					
Date (	Payee name		01 + 0			
02/11/2014	The Links	INC SA	Chapter			
Amount (\$)	Payee address; City; St	ate; Zip Code				
1000	POBOX 8	056				
300	San Anto	vio. TX 7	8208			
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Coutcibution IT	ovation Ev	Put Fundvalser			
	Candidate / Officeholder name	Office sou	ght Office held			
Complete ONLY if direct Candidate / Office roller name Office sought Cince field expenditure to benefit C/OH						
Date	Payee name					
Date	, ayoo nama	,				
Amount (\$)	Payee address; City; St	ate; Zip Code				
`,	·		•			
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	on (If travel outside of Texas, complete Schedule T)			
OF						
EXPENDITURE	O will be 10 ff as helder a rese	Office sou	ght Office held			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	gir. Once had			
'						
Date .	Payee name					
A a	Dougo oddronni City: St	ate; Zip Code				
Amount (\$)	Payee address; City; St	ate, Zip Code				
		- ritttt-l-1 Description	on (felowed subside of Toyon gampieto Schodulo T)			
PURPOSE OF	Category (See categories listed at the to	p or this schedule) Description	on (If travel outside of Texas, complete Schedule T)			
EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held			
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME DEBYA ANN GUENVEYD 15 ACCOUNT # (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 OF 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	,			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø			
3	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ Ø			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		s 32 <sup>39</sup>			
	4. TOTAL POLITICAL EXPENDITURES		\$ 398 33			
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	\$ 216254				
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						
LORRAINE D. FLORES NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 01-23-2015  Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said Debra Aun Guerrero, this the						
Signature of officer administering oath  Aday of SULY, 20 14, to certify which, witness my hand and seal of office.  Notary Lucio  Notary Lucio  Title of officer administering oath						

#### P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of 8 In-kind contribution 4 Date Full name of contributor contribution (\$) description (if applicable) 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) City; State; Zip Code Contributor address: (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID#, Amount of Date description (if applicable) contribution (\$) City; State; Zip Code Contributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Date contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor ut-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.