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)	2 Total pages filed:			
,	6					
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	DEUVA	ANN	Date Received			
	NICKNAME LAST	SUFFIX				
	Guerrera)	07-15-13 A 11:39 RCVD			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; Z/P CODE				
MAILING	3915 Skylark		Data Hand dell'unit			
ADDRESS	San Antonio, t	X 78210	Date Hand-delivered or Postmarked			
change of address 5 CANDIDATE/		1.0	Receipt # Amount			
OFFICEHOLDER		EXTENSION	Date Processed			
PHONE	(40) 534. (735	•				
6 CAMPAIGN TREASURER	MS/MRS) MR FIRST	MI	Date Imaged			
NAME	NICKNAME LAST					
	GUERRAME	SUFFIX	,			
	avertero					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE			
ADDRESS	3918 Skylar					
(residence or business)	. <i>l</i>					
	San Antonio,	<u>1X 18210</u>				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(210) 534.1646					
			1			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment			
	July 15 Sth day before election	Exceeded \$500	(officeholder only)			
		limit	Final report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month Day	Year			
COVERED	05/62/2013 THROUGH	06/30/				
	The Same of Sa		Love C. C. Commy			
11 ELECTION	ELECTION DATE ELECTION TYPE		Va d ut			
	Month Day Year Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (ff any)	13 OFFICE SOUGHT (if known)				
		- OF TOE SOUGHT (INDIGNA)				
	Trustee SAISD District 3					
UISTVICT S						
	GO TO PAC	3F 2				
GO TO PAGE 2						

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	va Avv	anerrero	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 / 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 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 \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 48672			
	4. TOTAL POLITICAL EXPENDITURES \$ 3233 49			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6 13			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$ Ø	
VINE D. FLORES TE OF TEXAS THE	ATS * X	is true and correct and includes all me under Title 15 Election Code.	perjuty, that the accompanying report information required to be reported by didate or Officeholder	
Sworn to and sub- day Signature of officer admi	of U.Y		ny hand and seal of office. Notary Officer Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:
2	FILER NAME	DEBRA ANN GUERR	'ERO	3 ACCOUNT # (Ethics Commission Filers)
4	Date	Full name of contributor ☐ cut-of-state PAC (D#		7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
				l (If travel outside of Texas, complete Schedule T)
9	Principal occur	oation / Job title (See Instructions)	10 Employer (See I	Instructions)
	Date	Full name of contributor		Amount of In-kind contribution contribution (\$) description (if applicable)
		Contributor address; City; State; Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See 1	(If travel outside of Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description (if applicable)
	Principal occuj	oation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, complete Schedule T)
	Date	Full name of contributor ut-of-state PAC (ID#_	}	Amount of In-kind contribution
		Contributor address; City; State; Zip Code		contribution (\$) description (if applicable)
				(If travel outside of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)
	Date	Full name of contributor out-of-state PAC(ID#;		Amount of In-kind contribution contribution (\$) description (if applicable)
		Contributor address; City; State; Zip Code		 (If travel outside of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)
		ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE	AS NEEDED

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

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	<u>-</u>	Salaries/Wages/Cont	_	oan Repayment/Reimb	
Accounting/Banking	3	Solicitation/Fundraisi		Fransportation Equipme	·
Consulting Expense		Travel In District		Contributions/Donations Candidate/Officehole	
-	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 e			•	.,
1 Total pages Schedule F:	2 FILER NAME	C		3 ACCOUNT # (E	thics Commission Filers)
	Debra AVM	anerr	QVV		,
4 Date 1 2 1 3	Payee name VOTE TEXAS	PAC			
6 Amount (\$)	7 Payee address; City; State	E; Zip Code			
1,50000	1,500° 626 LARKWOOD SAN ANTO				
8 PURPOSE	(a) Category (See categories listed at the top of	fthis schedule)	(b) Description (If travel outside of Texas, co	nplete Schedule T)
OF EXPENDITURE	CONTRIBUTIO		CONT	TEIBUTIO	and the same of th
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	7.	Office held
expenditure to benefit C/C	DH		_		
Date . \	Payee name				
T6110113	TARGET				A COA
Amount (\$)	Payee address; City; State	e; Zip Code			
MACO.	3777 SE.	MILLTA	KY DK	Promisery	Į
89-		Janes Land	-16173		
	>AN ANIUNIU	1/	1622	/	and the Oak and the To
PURPOSE	Category (See categories listed at the top or	f this schedule)	Description (if travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	1 Other		UNTRU	Supplies	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	DH				
Date	Payee name	(7)			
5/10/13	JENNIFER	2 KAN	105		
Amount (\$)	Payee address; City; State				
- ~	2315 9	PRESA			
1000			1 7	8210	j
IVV	SAN AN	TONIO		~ * * * * * * * * * * * * * * * * * * *	·
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Pollma Expens	(e)	Flock	in Day	
	Candidate / Office halder name	New Newson	Office sought	· COLL DON'T	Office held
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 1013	Payee name CENTRAL MA	RKET			
Amount (\$)	Payee address; City; State	e; Zip Code			
, , (1 1 1 AXZI BROADWAY				
(04-2	Chai Antonii	TV	78209		
**************************************	JON TON UNITED	/ 1/-		(If travel outside of Texas, co	rriniete Schedule T\
PURPOSE OF	Category (See categories listed at the top of	or uns scriedule)	Description (in have ourside of Texas, co	impiete Genedale ()
EXPENDITURE	Event Expense	S	1001)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULEAS	NEEDED	
					Davis and D4/40/0042

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel in District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/		THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME AWA GNEW	-velvo	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1 2013	5 Payee name BML MILLERS	*	
6 Amount (\$)	7 Payee address; City; State; Zip Code	LANE X 7822	2
	SATIN ATIN TOUNTO		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		ravel outside of Texas, complete Schedule T)
EXPENDITURE	EXENT EXPENSE	10	OD
S Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 5 20 20 3	Payee name STAKBVCKS		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 50°	HI E QUINCY		
	SAN ANTONO, TX	78215	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	GIFT	LGUPTCA	RDS FOR WORKERS
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11 2013	Payee name	,	
Amount (\$)	Payee address; City: State; Zip Code		
(200°)	715 E. ELMIRA		. •
	SAN ANTINIO TX	78212	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Ifter	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	POLL EXPENSE	MOKKE	EPS .
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date (Payee name		
5 23 2013	HACYON.		
Amount (\$)	Payee address; City; State; Zip Code		niemen
962	SAN ANTONIO	X 78	210
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADD BEVELAGE	DINNER	WITH CONSTITUENTS
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED

POLITICAL EXPENDITURES

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

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

rees	Printing Expense Office Overhead/	•	HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2 FILER NAME A ACCOUNT # (Ethics Commission Filer) 2 FILER NAME A ACCOUNT # (Ethics Commission Filer)		
- Date	5 Payee name	- 1 January Sar	1
5/28/13	Debra Ann Cherrer	<u> </u>	
Amount (\$)	7 Payee address; City; State; Zip Code		
ヤンイン	3915 SKY LARK		
· Com/V	SAN ANTONIO, TX	一亿210	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	KELMBURSEMENT	CAMPAIG	N/EDAY EXPENSE
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
0(24(1)	SWEET THYME		
Amount (\$)	Payee address: City; State; Zip Code	Sn/Dio B	>
+ 280 -	SAM ALLONDO TY	752	
	Category (See categories listed at the top of this schedule)	18217	
PURPOSE OF	Category (see categories listed at the top or this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
EXPENDITURE	CONTICIBUTION	L CLITY CENT	TER EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
			. •
		• •	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
,			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought	Office held