

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. DANIEL GUERRERO</i> NICKNAME LAST SUFFIX <i>GUERRERO</i>	OFFICE USE ONLY Date Received <i>City Clerk</i> <i>4:55 P.M. OCT 27 2010</i> Date Hand-delivered or Date Postmarked <i>City of San Marcos</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1404 HARPER DR. SAN MARCOS, TX 78666</i>	Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 665-1931</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. FRANK T.</i> NICKNAME LAST SUFFIX <i>ARRONDADO</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>904 STATE LARCH TRAIL SAN MARCOS TX 78666</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 665-2380</i>		
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 THROUGH Month Day Year <i>10 / 5 / 2010 10 / 25 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 02 / 2010</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>N-A</i>	13 OFFICE SOUGHT (if known) <i>MAYOR</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DANIEL GUERRERO 16 ACCOUNT # (Ethics Commission Filers)

17 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.

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3,028.95
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,367.95
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,616.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,396.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 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.

Daniel Guerrero
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Guerrero, this the 27th day of October, 20 10, to certify which, witness my hand and seal of office.

Margaret J. Salinas
Signature of officer administering oath

Margaret J. Salinas
Printed name of officer administering oath

Senior Deputy Local Registrar
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 9	
2 FILER NAME FRANK ARREDONDO			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKILES FAMILY TRUST	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 100 EDWARD GARY, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKY & PAM COUCH	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 203 SIERRA CIRCLE, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES + MELISSA WALKER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1149 HILLTOP DR, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERARDINE TAGS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1910 LISA LANE, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA DYORAK	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 410-B WHITE TAIL DR. SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 2 of 9	
2 FILER NAME FRANK ARREDONDO			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONNIE RAMIREZ	7 Amount of contribution (\$) 60.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 2205 ASH ST. SAN MARCOS TX 78666		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREPAC/TEXAS ASSOC OF REALTORS	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. BOX 2246, AUSTIN, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KOTI M CARSWELL	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 132 COUNTRY LANE, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SM PFFA PAC	Amount of contribution (\$) 4,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. BOX 75, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HELEN GROMTIZ	Amount of contribution (\$) 138.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. BOX 592, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3 of 9**

2 FILER NAME **FRANK ARREDONDO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/18/10**

5 Full name of contributor out-of-state PAC (ID#: _____)
CMSGT ROBERT L. GARCOS RET

7 Amount of contribution (\$) **100⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1028 CHEATHAM, SAN MARCOS, TX 78666

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/13/10**

Full name of contributor out-of-state PAC (ID#: _____)
FRANK ARREDONDO

Amount of contribution (\$) **60⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
904 STAGE GARCH TR, SAN MARCOS, TX 78666

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/18/10**

Full name of contributor out-of-state PAC (ID#: _____)
ROSE MARY GAITAN

Amount of contribution (\$) **60⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
101 JOHNNY HALL DR, KYLE, TX 78640

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/18/10**

Full name of contributor out-of-state PAC (ID#: _____)
RICHARD V. CRUZ or ESTELIA P. CRUZ

Amount of contribution (\$) **60⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1215 N. BARBARA DR., SAN MARCOS, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/20/10**

Full name of contributor out-of-state PAC (ID#: _____)
COSME OF JUANITA DELGADO

Amount of contribution (\$) **60⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
615 BARBARA DR. SAN MARCOS TEXAS 78666

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4 of 9**

2 FILER NAME **FRANK ARREDONDO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/21/10**

5 Full name of contributor out-of-state PAC (ID#: _____)
JAVIER ORTIZ

7 Amount of contribution (\$) **51.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**500 N. EDUARDO CARY, SAN MARCOS, TX
78666**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/21/10**

Full name of contributor out-of-state PAC (ID#: _____)
DUBOIS BRYANT & CAMPBELL LLP

Amount of contribution (\$) **250⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**708 LAJACA ST. STE 1300
AUSTIN, TX 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/21/10**

Full name of contributor out-of-state PAC (ID#: _____)
FULL MOON SALOON

Amount of contribution (\$) **75.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1640 GY PRESS, SAN MARCOS, TX 78666

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/21/10**

Full name of contributor out-of-state PAC (ID#: _____)
JOSIE R CAMPOS

Amount of contribution (\$) **90⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1404 DARTMOUTH, SAN MARCOS, TX
78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/21/10**

Full name of contributor out-of-state PAC (ID#: _____)
CONNIE RAMIREZ

Amount of contribution (\$) **60⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2005 ASH ST, SAN MARCOS, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **579**

2 FILER NAME **FRANK ARREDONDO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/18/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Ross King	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 1744, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBSKUA GOLER	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1258, DENTON, TEXAS 76202		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCUS W. PRIDGEON JOHANNA PRIDGEON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 POWELL CIRCLE, AUSTIN, TX 78704		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HBA HOME PAC	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8140 Exchange Dr, AUSTIN, TX 78754		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DREW ARDIN & SNEARY HARLIN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16900 CRYSTAL CAVES Rd, AUSTIN, TX 78737		(If travel outside of Texas, complete Schedule T)	

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 of 9**

2 FILER NAME **FRANK ARREDONDO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/12/10**
 5 Full name of contributor out-of-state PAC (ID#: _____)
BOCKY & PAM COUCH
 6 Contributor address; City; State; Zip Code
203 SIERRA CIRCL, SAN MARCOS TX 78666

7 Amount of contribution (\$) **100⁰⁰**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date **10/12/10**
 Full name of contributor out-of-state PAC (ID#: _____)
ROBBIE S. WILEY
 Contributor address; City; State; Zip Code
407 OAKWOOD LOOP, SAN MARCOS, TX 78666

Amount of contribution (\$) **100⁰⁰**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **10/12/10**
 Full name of contributor out-of-state PAC (ID#: _____)
ANTHONY W LUCKY TOMBLIN & BECKY TOMLIN
 Contributor address; City; State; Zip Code
600 DAVIS RANCH RD, SAN MARCOS TX 78666

Amount of contribution (\$) **100⁰⁰**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **10/12/10**
 Full name of contributor out-of-state PAC (ID#: _____)
PAUL NEILSON CARMA NEILSON STWROS
 Contributor address; City; State; Zip Code
408 ELMWOOD DRIVE, NEW BROWN FELS TX 78130

Amount of contribution (\$) **100⁰⁰**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **10/12/10**
 Full name of contributor out-of-state PAC (ID#: _____)
GERALD W AT DONNA Hill
 Contributor address; City; State; Zip Code
730 BELVIN ST, SAN MARCOS, TX

Amount of contribution (\$) **100⁰⁰**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **789**

2 FILER NAME **FRANK ARREDONDO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/20/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA CONLEY	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 914 TATE TRL, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIAN K. WALLACE SCOTT WALLACE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 TIGER Lily WAY, AUSTIN, TX 78739		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDD T. WILLMAN CAROL F. WILLMAN	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7304 VIA CORRETO dr, AUSTIN, TX 78749		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBOIS BRYANT & CAMPBELL LLP	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 LAVACA ST. STE 1300 AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD JOHNSON	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 15th St, AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 889	
2 FILER NAME FRANK ARREDONDO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH L. CISPER MARGIE GARGES CISPER	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 823 Castle Bridge Rd AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIRK A. GOSDA	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 9 ASPEN, CO 81612		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 989	
2 FILER NAME FRANK ARREDONDO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRY JOHN TRUBE	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2707 SCENIC DR. AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER ALAN ELIAS	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 151 EATON LANE, AUSTIN, TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROB or KRISTINA HARRIS	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5001 SENDERO SPRINGS ROUND ROCK, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER or SAN JUANITA LEDESMA	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1121 CIMARRON CT, SAN MARCOS, TX 78666		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH S. SANCHEZ	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6603 BISCUIT BAY SAN ANTONIO, TX 78249		(If travel outside of Texas, complete Schedule T)	
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

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		2 FILER NAME DANIEL GUERRERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-14-10		5 Payee name SIGN ARTS			
6 Amount (\$) \$600.00		7 Payee address; City; State; Zip Code P.O. Box 1416, SAN MARCOS, TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) 4X8 SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-18-10		Payee name HARRIS MEDIA			
Amount (\$) 1,200.00		Payee address; City; State; Zip Code P.O. Box 20722, AUSTIN, TX 78720			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) WEB DESIGN + SETUP PMYAC	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-18-10		Payee name MODERN SENSE - MACKENSIE			
Amount (\$) 1,000		Payee address; City; State; Zip Code P.O. Box 20722, AUSTIN, TX 78720			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) CAMPUS CAMPAIGN PACKAGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-25-10		Payee name JOHNSON + COMPANY			
Amount (\$) 3,107.76		Payee address; City; State; Zip Code P.O. Box 20722, Austin, TX 78720			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) DIRECT MAIL	
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

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 of 2	2 FILER NAME DANIEL GUERRERO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-25-10	5 Payee name PATTERSON + COMPANY
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6 Amount (\$) 2,500	7 Payee address; City; State; Zip Code P.O. BOX 20722, AUSTIN, TX 78720 78720
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING	(b) Description (If travel outside of Texas, complete Schedule T) PROVIDING STRATEGY - EVENTS DESIGNING LITERATURE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-25-10	Payee name PATTERSON + COMPANY
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Amount (\$) \$ 703.63	Payee address; City; State; Zip Code P.O. BOX 20722, AUSTIN, TX 78720
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING CMP	Description (If travel outside of Texas, complete Schedule T) YARD SIGNS & METAL STAKES
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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
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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