

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# 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: <i>W eleven</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>DANIEL</b>	MI
	NICKNAME	LAST <b>GUERRERO</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>904 STAGE COACH TR. SAN MARCOS TX 78666</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>665-1931</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST <b>FRANK</b>	MI <b>T.</b>
	NICKNAME	LAST <b>ARRAGONDO</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>904 STAGE COACH TR. SAN MARCOS, TX 78666</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>665-2380</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <b>7 / 30 / 2010    11 / 01 / 2010</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 02 / 2010</b>		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) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>MAYOR</b>	
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 <b>N/A</b>		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**OFFICE USE ONLY**

Date Received: **City Clerk** *JA*

**OCT 04 2010** *3:20 PM*

Date Hand-delivered or Date Postmarked: **City of San Marcos**

Receipt #    Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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

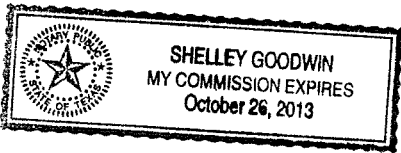
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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
		<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>4,805.62</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,497.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,123.44</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,644.57</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**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 4th day of October, 2010, to certify which, witness my hand and seal of office.

Shelley Goodwin Shelley Goodwin Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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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: <b>5</b>	
2 FILER NAME: <b>FRANK T. ARREDONDO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <b>9/23/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>ROBERT REYES</b>	7 Amount of contribution (\$): <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code: <b>3409 Tricking Springs, Pflugerville, TX 78660</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: <b>8/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>PANTELEON MORENO</b>	Amount of contribution (\$): <b>54.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>PO Box 1605 SAN MARCO, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>8/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>FRANK T. ARREDONDO</b>	Amount of contribution (\$): <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>904 Stage Coach Tr, SAN MARCO, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>8/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>FERRY NICHOLS</b>	Amount of contribution (\$): <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>2713 Handler Hollow, SAN MARCO, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: <b>7-29-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>JOSE MUNOZ</b>	Amount of contribution (\$): <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code: <b>2627 SAVANNAH Mill Cir, New Braunfels TX, 78130</b>		(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.

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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: **5**

2 FILER NAME: **FRANK T. ARREDONDO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9/23/10**

5 Full name of contributor  out-of-state PAC (ID#):  
**ROBERT REYES**

7 Amount of contribution (\$):  
**100.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**3409 TRICKLING SPRINGS, Pflugerville, TX 78660**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8/24/10**

Full name of contributor  out-of-state PAC (ID#):  
**PANTELEON MORENO**

Amount of contribution (\$):  
**54.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**PO BOX 1605 SAN MARCOS TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/16/10**

Full name of contributor  out-of-state PAC (ID#):  
**FRANK T. ARREDONDO**

Amount of contribution (\$):  
**200.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**904 STAGE COACH TR, SAN MARCOS TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8/12/10**

Full name of contributor  out-of-state PAC (ID#):  
**PERRY NICHOLS**

Amount of contribution (\$):  
**100.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**2713 HANDELER HOLLOW, SAN MARCOS TX 78666**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **7-29-10**

Full name of contributor  out-of-state PAC (ID#):  
**JOSE MUNOZ**

Amount of contribution (\$):  
**100.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**2627 SAVANNAH Mill Cir, New Braunfels TX, 78130**

(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  
2 of 5 5-16

2 FILER NAME  
FRANK T. ADREONDO

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
8/15/10

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
GRACELA MUÑOZ  
6 Contributor address; City; State; Zip Code  
2627 SAVANNAH Hill Cir, New Braunfels  
TX 78130

7 Amount of contribution (\$)  
100.00  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
7/30/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John Schott  
Contributor address; City; State; Zip Code  
939 WILLOW CREEK Circle  
SAN MARCOS, TX 78660

Amount of contribution (\$)  
500.00  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
7/14/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bucky Couch  
Contributor address; City; State; Zip Code  
203 STERRA Ridge  
SAN MARCOS, TX 78666

Amount of contribution (\$)  
200.00  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/3/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
BUIS A. FRANCO  
Contributor address; City; State; Zip Code  
13273 Fullway #207  
MARINA DEL REY, CA. 90292

Amount of contribution (\$)  
100.00  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
8/21/10

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
HBA HOME PAC  
Contributor address; City; State; Zip Code  
8140 EXCHANGE Dr  
AUSTIN, TX 78754

Amount of contribution (\$)  
500.00  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: <b>395</b>	
2 FILER NAME <b>FRANK T. ARREDONDO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/01/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Taylor Campaign Fund</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 2229, San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ERAN CONTRERAS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>612 Valley St. San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDWARD COLEMAN</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>802 Rock Creek Dr, Westlake Hills TX 78746</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHARLES NASH</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1007, San Marcos, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MONICA GARCIA</b>	Amount of contribution (\$) <b>293.40</b>	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: <b>49 5</b>	
2 FILER NAME <b>FRANK T. ARCELDOND</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/13/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIGHT LEAF PROPERTIES</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 666, SAN MARCOS, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/20/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL J. BURY III</b>	Amount of contribution (\$) <b>2,500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>221 W. 6TH ST #600, AUSTIN, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/20/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID CHAI</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>311 LAUREL HILL, SAN MARCOS, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GERMAN ELITE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 2ND ST, SAN MARCOS, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD CRUZ</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1215 W. BARBARA DR, SAN MARCOS, TX 78666</b>		(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: <b>5 of 5</b>	
2 FILER NAME <b>FRANK T. ARCEBANDO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/06/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CONNIE RAMIREZ</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>2005 Ash St., SAN MARCOS, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>J. GORDON MUIR III</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>4 NOB Hill, WESTLAKE, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/13/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CARSON PROPERTIES</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 666, SAN MARCOS, TX 78666</b>		(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#: <b>CARSON SELECT INVESTMENTS</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1911 CORPORATE DR. # 102 SAN MARCOS, TX 78666</b>		(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#: <b>WILLIAM A. TAYLOR</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>1621 W. SAN ANTONIO ST, SAN MARCOS, TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

FRANK T. ARREDONDO

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ 0

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

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

Amount of pledge (\$)

In-kind description (if applicable)

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

Amount of pledge (\$)

In-kind description (if applicable)

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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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LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

FRANK T. ARREDONDO

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: <b>1</b>		2 FILER NAME <b>FRANK T. ARREDONDO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/23/2010</b>		5 Payee name <b>SIGN-ARTS</b>			
6 Amount (\$) <b>\$ 2,060.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>P.O. BOX 1416 SAN MARCOS TEXAS 78666</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>4X8 + 32"X48" PLASTIC Campaign SIGNS DOUBLE SIDED YARD SIGN + SUPPLIES</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DANIEL GUERRERO</b>		Office sought <b>MAYOR</b> Office held <b>N/A</b>	
Date <b>9/01/2010</b>		Payee name <b>SIGN-ARTS</b>			
Amount (\$) <b>\$3,530.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>PO BOX 1416 SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>4X8 SIGNS 32"X48" SIGNS T-SHIRTS 8'X12" BILL BOARD NAME BADGES + BUSINESS CARDS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DANIEL GUERRERO</b>		Office sought <b>MAYOR</b> Office held <b>N/A</b>	
Date <b>9/10/2010</b>		Payee name <b>PATTERSON + COMPANY</b>			
Amount (\$) <b>\$ 970.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>PO BOX 260172, AUSTIN TX 78720</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>DOOR HANGERS + BUSINESS CARDS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DANIEL GUERRERO</b>		Office sought <b>MAYOR</b> Office held <b>N/A</b>	
Date <b>9/13/2010</b>		Payee name <b>SALT GRASS</b>			
Amount (\$) <b>320.57</b>		Payee address; City; State; Zip Code <b>AQUAFERIA SPRINGS, SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT FOOD/BEVERAGES</b>		Description (If travel outside of Texas, complete Schedule T) <b>ANNOUNCEMENT EVENT TEA + HOURS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DANIEL GUERRERO</b>		Office sought <b>MAYOR</b> Office held <b>N/A</b>	

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Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	2 FILER NAME <b>FRANK AREPOND</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9/22/2010</b>	5 Payee name <b>SIGN-ARTS</b>
----------------------------	----------------------------------

6 Amount (\$) <b>332.87</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>PO BOX 1416 SAN MARCOS TX 78666</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DECALS &amp; VINYL DECALS</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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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Revised 04/21/2010