					OR-C/OH
		FION/AMENDME			
	FOR CA	ANDIDATE/OFFIC	CEHOLDER		AI 2014
1 ACCOUNT#		2 Total pages filed:		OFFICE	USE NLY T
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MC. NICKNAME WALLY	Edward ust Reyes	SUFFIX	Date Received	18 PM
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election		Other (specify)	Date Hand-delivered of Receipt #	or Postmarkess
5 ORIGINAL PERIOD COVERED	•	Year Month  OH THROUGH OL	Day Year 30 2014	Date Processed  Date Imaged	
6 EXPLANATION OF CORRECTION The original report did not have employer & occupation for one political contribution exceeding a certain amount.  We have provided employer * occupation for the one political contribution that was missing.  We originally did not consider that it is required for one who is retireed.					
7 AFFIDAVIT		swear, or affirm, under pe eport is true and correct.	enalty of perjury, t	hat this correc	ted
Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  ANN MARGRETT FRANKLIN MY COMMISSION EXPIRES October 17, 2014  Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Falance Reges , this the // day of August   The Margrett Kaokhn Negrous of officer administering only   Finited name of wicer administering only   Title of officer administering only   The post of the content of th					
Signature of officer adm	ninistering oath	Printed name of efficer adminis	stering oath	Title of office	er administering oath
Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections					

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

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form.  1 ACCOUNT # (Encancementary) 3 CANDIDATE / OFFICEHOLDER NAME  W. M. Edward A. M. DUSTIN BUSTIN DUSTING SUPER S	·		· · · · · · · · · · · · · · · · · · ·	
OFFICEHOLDER NAME  MC Edward  A. Data Received  Rec	The C/OH Instruction	Guide explains how to complete this form.		2 Total pages filed:
OFFICEHOLDER NAME  M. Edward NOCIONAME  UST  SUFFIX  Date Procedured  A. Disconame  Wally Reyes  OFFICEHOLDER MAILING ADDRESS POBOX, APTIGUTER OFFICEHOLDER MAILING ADDRESS  Change of address  CANDIDATE/ OFFICEHOLDER ADDRESS  CHANGE ADDRESS  CHANGE ADDRESS  OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME  MS. MISSIANR MS. Delores  WS. MISSIANR MS. Delores  WS. MOPENO  7 CAMPAIGN TREASURER ADDRESS (residence or business)  STREET ADDRESS (100 POBOX PLEASE): APTISUTER CHY STATE  UST  TREASURER ADDRESS (residence or business)  AVSTAT  TATA  TATA  TATA  TATA  Delores  SUFFIX  MOPENO  7 CAMPAIGN TREASURER ADDRESS (residence or business)  AVSTAT  TATA  TAT	3 CANDIDATE /	MS/MRS/MR FIRST	Mål	OFFICE USE ONLY
A CANDIDATE   OFFICEHOLDER   ADDRESS MOROX APTISHTER   CTY. STATE ZPCODE   Date Hand-delivered or Footmanded	·	Mr. Edward	Α.	
## CANDIDATE / OFFICEHOLDER ADDRESS /POBOX APTISUTER CITY. STATE 2PCODE OFFICEHOLDER St. D9 Honey bee Bend Austin TX 79744 Date Hand-delivered or Protimated MAILING ADDRESS AUSTIN TX 79744 Date Hand-delivered or Protimated Date Hand-delivered Date Hand-delivered Date Hand-delivered Date Hand-delivered Date Hand-delivered Date Hand-delivered Or Protimated Date Hand-delivered Date	'''''	- · · · · · · · · · · · · · · · · · · ·	SUFFIX	
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MAILING ADDRESS  change of address  S CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Date Processed  Record # Amount  Date Processed  Date Processed  Date Processed  Date Processed  Date Imaged  Date Imaged  AMAILING  Record # Amount  Date Processed  Date Processed  Date Processed  Date Imaged  Date Imaged  AMAILING  Record # Amount  Date Imaged  AMAILING  THE Processed  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Date Imaged  AMAILING  THE Processed  THE CITY  THE TATE  THE			STATE ZIP CODE	" "
Change of address		5609 HoneybeeBend	Tv Tonill	Date Hand-delivered or Postmarked
8 CANDIDATE/ OFFICEHOLDER PHONE NUMBER  8 CANDIDATE/ OFFICEHOLDER (5/2) 779-5575  8 CAMPAIGN TREASURER NAME  8 CAMPAIGN TREASURER ADDRESS INDPOSOX PLEASE) APT/SUITE#, CITY. STATE ZIPCODE  8 CAMPAIGN TREASURER ADDRESS (residence or businesse)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  9 REPORT TYPE  9 January 15  South day before election  10 PERIOD  COVERED  10 PERIOD  COVERED  11 ELECTION  Morth Day Veur Defrancy  12 OFFICE  13 OFFICE OFFICEHELD (flamy)  13 OFFICE SOUGHT (rithrown)  DISTRICT SOUGHT (rithrown)	ADDRESS	Austi	1 17 18149	Date Hall to Gentle Good Co.
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MORENO  7 CAMPAIGN TREASURER ADDRESS (residence or business)  8 CAMPAIGN TREASURER PHONE  AREA CODE FINANCE  9 REPORT TYPE  January 15  Street Address (NO POSOX PLEASE). APT / SUITE #: CITY. STATE. ZIPCODE  AVST 1 TX 74747  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  Such day before election Runoff  Exceeded \$500  Final report (Attach CICH - FR)  10 PERIOD COVERED  North Day Year OS/08/2014  11 ELECTION Morth Day Year OS/08/2014  12 OFFICE  OFFICEHELD (Parny)  13 OFFICE SOUGHT (Plenown)  D S+C1 C+ 2	NAME	h		
7 CAMPAIGN TREASURER ADDRESS (NOPO BOX PLEASE); APT/SUITE#; CITY: STATE: ZIP CODE  LS 12 SUND RETAINED  8 CAMPAIGN TREASURER PHONE NUMBER  15 12 35 1 07 2 3  9 REPORT TYPE  January 15  January 15  Sth day before election  Exceeded \$500  Final report (Attach CCH - FR)  10 PERIOD  COVERED  Month  Day  Veer  THROUGH  OLE  70 72 014  11 ELECTION  Month  Day  Veer  North  Day  Veer  Primary  Rand  Rand  General  Special  12 OFFICE  OFFICEHELD (#amy)  13 OFFICE SOUGHT (#tenomi)  DISTINCT  13 OFFICE SOUGHT (#tenomi)  DISTINCT			SUFFIX	
TREASURER ADDRESS (residence or business)    AVSTITED   TATA   T&T47		Moreno	<u></u>	
TREASURER PHONE    State   Sta	TREASURER ADDRESS	4812 Sunderland	g i speciel g	_
9 REPORT TYPE   January 15   30th day before election   Runoff   15th day after campaign treasurer, appointment (officerholder only)  July 15   8th day before election   Exceeded \$500   Final report (Attach C/OH - FR)  10 PERIOD   Month   Day   Year   OLQ / 30 / 2 0 1 4  11 ELECTION   Month   Day   Year   Covered   OLQ / 30 / 2 0 1 4  11 ELECTION   ELECTION DATE   Primatry   Runoff   Runoff   General   Special    12 OFFICE   OFFICE HELD (if any)   13 OFFICE SOUGHT (if known)   Display   Covered   Cove	8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE  January 15  30th day before election  Runoff  Isth day after campaign treasurer, appointment (officeholder only)  July 15  8th day before election  Exceeded \$500  Final report (Attach C/OH - FR)  Imit  10 PERIOD  COVERED  Month  Day  Year  DS/08/2014  THROUGH  Day  Year  OL/30/2014  11 ELECTION DATE  Day  Year  Primary  Runoff  General  Special  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  DISTRICT  DISTRICT  Second		(512) 351-1723	Entropy of the second	
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GO TO PAGE 2		·		<u></u>
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	. Edwa	nd Reye	_	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC			e Legister	
		COMMITTEE CAMPAIGN TE	REASURER NAME		
additional pages					
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	* *	
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER THA		
	1	POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS S, OR GUARANTEES OF LOANS)	\$1002.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	ES OF \$100 OR LESS, UNLESS ITE	MIZED \$ 0, 00	
,	4. TOTAL	POLITICAL EXPEND	ITURES	\$ 799.59	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTK ORTING PERIOD	ONS MAINTAINED AS OF THE LAST	s 202.41	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$ 0.00	
18 AFFIDAVIT					
				of perjury, that the accompanying report ill information required to be reported by	
		,	Signature of Ca	ndidate or Officeholder	
AFFIX NOTARY STAM		ma by the said		dhia dha	
		-	4	, this the	
day	ot	, 20	, to certify which, witness	my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Signature of officer admi	nustenng <b>oatn</b>	Printed name of	omcer aoministentg oath	Title of officer administering oath	

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	he Instruction Guide explains how to complete th	is form.	1 Total pages Sch	
2 FILER NAM	Edward Reyes	4	3 ACCOUNT # (E	Ethics Commission Filers)
10/2014	5 Full name of contributor Out-of-state PAC (ID#) Edward A. Reyes So.	· ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/0/	6 Contributor address: City; State; Zip Code 31 le The Ranch Road	a	350.00	1
Principal occ	Del Valle, TX	78617	(If travel outside	of Texas, complete Schedule T)
<u>P</u>	etircel	10 Employer (See	Instructions)	
10/2014	Full name of contributor   out-of-state PAC (ID#) Pay Sepecta	7 × 3	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/01,	Contributor address; City: State; Zip Code 5100 LGMbs St.		\$100.00	
Principal occ	Austin ,TX -	79744 Employer (See	(If travel outside c	of Texas, complete Schedule T)
Date	Full name of contributor		1	
	Isabel Rios Lopez		Amount of contribution (\$)	In-kind contribution description (if applicable)
Molson	Contributor address; City: State: Zip Code 1713 Meadow Lake	,	20.00	
Principal occu	AUSHA, TX 7	<del></del>	(If travel outside o	of Texas, complete Schedule T)
		Employer (See I	instructions)	
Date 12014	Full name of contributor out-of-state PAC(ID#_ Gennelle Gutterraz Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	5514 Navarro Creek Rd	8617	240.00	
Principal occu	upation / Job title (See Instructions)	Employer (See I	(If travel outside of instructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
10/2014	Frances Acuna		contribution (\$)	description (if applicable)
J\V_*	Contributor address; City: State: Zip Code 5004 Brasslewood Dr.	• .	\$22.00	
1101	· ·			
4/	pation / Job title (See Instructions)	Employer (See In	(If travel outside of	f Texas, complete Schedule T)

see instruction guide foradditional reporting requirements.

fexas Ethics Com	mission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	is i		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	
2 FILER NAME	Edward Reyes		3 ACCOUNT # (Eti	nics Commission Filers)
4 0-4	E Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/10/2014	Carol J. Orton 6 contributor address; City; State; Zip Code 5405 Honeybee Bend Austin	TX 78744	#100-00	4 Tayyan
	pation / Job title (See Instructions)	10 Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC(1D#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/2014	Contributor address; City; State; Zip Code 5309 Presidio Rd. Austin TX	78745	200.30	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date 610/2014	Full name of contributor out-of-state PAC (ID#_  ECICA REYRS  Contributor address; City; State; Zip Code  4509 E. St. Elmo Rd		Amount of contribution (\$)	In-kind contribution description (if applicable)
	#3102 Austin TX	78744	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 6 10 2014	Full name of contributor   out-of-state PAC(ID#_  Eloise Sepecta  Contributor address; City; State; Zip Code  5100 Lambs Lane  Austin, TX 78	144	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_Mikki Teneyuca Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/2019	209 Natali St. Austin, TX	18748	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / 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 foradditional reporting requirements.

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

		<del></del>	<del></del>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A:
2 FILER NAME	Edward Reyes  5 Full name of contributor Out-of-state PAC(ID#_		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
91010	6 Contributor address; City; State; Zip Code		\$10.00	 
	AUSTIN, TX	18741	(If travel outside	 of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		- Complete Galledge 1)
Date NA	Full name of contributor   out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Chol3014	Regina Trevino  contributor address; City; State; Zip Code  5409 Honey bee Bend	· · · · · · · · · · · · · · · · · · ·	50.00	
	Austin ,TX	78744	(15 harried an about do	
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	of Taxas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code			
	<u> </u>		(if travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		TOXES, COMPRETE SCHEDURE 17
			<u> </u>	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	(ir travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			]	
Principal occupa	ation / Job title (See Instructions)	Employee (See 1		f Texas, complete Schedule T)
	(333 mon donorra)	Employer (See II	isuuctions)	
	<u></u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F: 3	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains ho  2 Filler NAME Fawgy Reyes 5 Payee name	ges/Contract Labor undraising Expense strict of District ead/Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic OTHER (enter a com.	uipment & Related Expense
6 Amount (\$)	MUCPLY USA 7209 7 Payee address; City: State; Zip Cod		<del></del>	
\$30.01	710 East Benveute Austin	TX 74	<b>⊤₀</b> 4	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Travel In District	Gas-n	loetilus	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough		Office held
le /30/2014	Payee name  Signs Express			
Amount (\$) \$500.00	Payee address: City: State: Zip Cod 8400 Brodie Igne Austin T)	· 70745	.,	
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	Printing Expense	signs		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ıt .	Office held
Date 4/10/2014	Payee name Square Inc			
Amount (\$)	Payee address; City; State; Zip Code	•		; • :
\$13.76	Online	:	•	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Fees	On-Line		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough		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 travel outside of Texas	, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	NEEDED	

 CURCURITURE CATEGORIES FOR ROY R(a)

Advertising Expense . Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

(512) 463-5800

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

The Instruction Guide explains how to complete this form.  Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)  Date 5 Payee name  Amount (\$) 7 Payee address; City; State; Zip Code  PURPOSE OF Contract of this schedule (b) Description (If travel outside of Texas, complete Schedule T) (contract of this schedule)  Office held	Event Expense Fees	Printing Expense Office Overhi		itegory not listed above)
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Amount (\$) 7 Payee address: City: State; Zp Code    Purpose	Total pages Schedule F:	2 FILER NAME	3 ACCOUNT	# (Ethics Commission Filers)
Amount (\$) 7 Payee address: City: State: Zp Code    Purpose			<u> </u>	
Amount (\$)   7 Payee address; City: State; Zip Code	Date	5 Payee name		
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PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete Only if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name		Other Older		
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Complete ONLY if direct		Category (See categories listed at the top of this schedule	Description (If travel outside of Tex	tas, complete schadule 1)
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		C1	Office sought	Office held
	· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

# **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Politing Expense Office Overhead/R	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
•	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F: 2 of 3	2 FILER NAME Edward Royes	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/24/2014	FPayee name H E B		
6 Amount (\$) ,85 - 44	7 Payee address; City, State; Zip Code (6607) 14 35  Austin, TX 78	744	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Food	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meetly - Provided Foods:	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought Office held	
6/24/2014	Payee name Walmart		
Amount (\$)	Payee address; City; State; Zip Code 710 & BenWhite Blvd Austin,	T 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Supplies office	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date 4 / 24 / 2014	Payee name Walmart		
Amount (\$)	Payee address; City; State; Zip Code		
¥1.59	710 E Benwhite Blvd Austin .T.	r 78704	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other	Supplies - Office	
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Он	Office sought Office held	
1/24/2014	Payee name Walmart		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.34	710 E. Benunite Blud Aust	in .Tx 78704	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	0ther	Supplies - office	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Funds Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/ The Instruction Guide explains how to	contract Labor aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By strict Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME Edward Reyes	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 1/23/2014	Murphy USA 7209			
\$ 41.00	7 Payee address: City: State: Zip Code 710 East Austin: 7970 Benwhite TX	1		
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	Travel In District	Gas-Meetings		
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held		
Date 6/23/2014	Pape John's			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 35.38	500 W. William Connot Austin, TX	78745		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Food Beverage Expense	Provided lunch Campaign Meeting		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 6/23/2014	Payee name All Star Grocery			
Amount (\$)	Payee address; City: State; Zip Code 5303 Nuckles (1955	anul l		
PURPOSE	Austin, TX 7  Category (See categories listed at the top of this schedule)	<del></del>		
OF EXPENDITURE	Travel In District	Description (If travel outside of Texas, complete Schedule T)  (195 - Mez + 1		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 24/2014	Payee name HEB			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 50.00	6607 5. 1 H 35 Austin TX 78	744		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Git+	Giff Card - Door Prize		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held		
·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		