

FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>10</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Edward</u>	MI <u>A</u>	Date Received	
	NICKNAME <u>Wally</u>	LAST <u>Reyes</u>	SUFFIX <u>JR</u>	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED					
Month Day Year		Month Day Year			
<u>05 / 08 / 2014</u> THROUGH <u>06 / 30 / 2014</u>					

2014 AUG 18 PM 12:37  
AUSTIN CITY CLERK  
RECEIVED

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 retired.

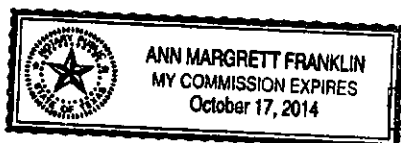
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



**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.



**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.

Edward Reyes  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Reyes, this the 18 day of August

2014, to certify which, witness my hand and seal of office.

Ann Margaret Franklin  
Signature of officer administering oath

Ann Margaret Franklin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Edward	MI A.
	NICKNAME Wally	LAST Reyes	SUFFIX JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: 5609 Honeybee Bend	APT / SUITE #: Austin	CITY: TX STATE: TX ZIP CODE: 78744
	<div>Office Use Only</div> <div>Date Received</div> <div>Date Hand-delivered or Postmarked</div> <div>Receipt # Amount</div> <div>Date Processed</div> <div>Date Imaged</div>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 779-5575	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Dolores	MI E.
	NICKNAME	LAST Moreno	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 6812 Sunderland	APT / SUITE #:	CITY: Austin TX STATE: TX ZIP CODE: 78747
	<div>Office Use Only</div> <div>Date Received</div> <div>Date Hand-delivered or Postmarked</div> <div>Receipt # Amount</div> <div>Date Processed</div> <div>Date Imaged</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 351-0723	EXTENSION
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 checked="" 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 05/08/2014 THROUGH 06/30/2014		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2014	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)	13 OFFICE SOUGHT (if known) District 2	
GO TO PAGE 2			

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

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

Mr. Edward Reyes

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 202.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1002.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 799.59

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 202.41

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

Edward Reyes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/10/2014

5 Full name of contributor ☐ out-of-state PAC (ID#)

Edward A. Reyes Sr.

6 Contributor address: City: State: Zip Code

316 The Ranch Road

Del Valle, TX

78617

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

COT

Date

6/10/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Ray Sepeda

Contributor address: City: State: Zip Code

5100 Lamb St.

Austin, TX

78744

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Isabel Rios Lopez

Contributor address: City: State: Zip Code

6713 Meadow Lake

Austin, TX

78744

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Genelle Gutierrez

Contributor address: City: State: Zip Code

5514 Navarro Creek Rd

78617

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Frances Acuna

Contributor address: City: State: Zip Code

5009 Brasswood Dr.

Austin, TX 78744

Amount of contribution (\$)

\$22.00

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: 2 of 3	
2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol J. Orton	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5605 Honeybee Bend Austin TX 78744		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Christine Ramirez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5309 Presidio Rd. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Erica Reyes	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4509 E. St. Elmo Rd #3102 Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eloise Saperda	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5100 Lambs Lane Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mikki Teneyuca	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 Natali St. Austin, TX 78748		(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:

3 of 3

2 FILER NAME

Edward Reyes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/10/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

Susana Almanza

6 Contributor address; City; State; Zip Code

6103 Larch Terrace  
Austin, TX 78741

7 Amount of contribution (\$)

\$10.00

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

6/10/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Regina Trevino

Contributor address; City; State; Zip Code

5609 Honeybee Bend  
Austin, TX 78744

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 3</b>		2 FILER NAME <b>Edward Reyes</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/26/2014</b>		5 Payee name <b>Murphy USA 7209</b>			
6 Amount (\$) <b>\$30.01</b>		7 Payee address; City; State; Zip Code <b>710 East Benwhite Austin TX 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Travel In District</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Gas - Meetings</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/30/2014</b>		Payee name <b>Signs Express</b>			
Amount (\$) <b>\$500.00</b>		Payee address; City; State; Zip Code <b>8400 Brodie lane Austin TX 78745</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/10/2014</b>		Payee name <b>Square Inc</b>			
Amount (\$) <b>\$13.76</b>		Payee address; City; State; Zip Code <b>Online</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>On-Line Charges</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		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 travel outside of Texas, complete Schedule T)	
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Payee name				
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code				
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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.

<b>1</b> Total pages Schedule F: 2 of 3		<b>2</b> FILER NAME Edward Reyes		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 6/24/2014		<b>5</b> Payee name HEB			
<b>6</b> Amount (\$) \$85.44		<b>7</b> Payee address; City; State; Zip Code 6607 IH 35 Austin, TX 78744			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Food		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Meeting - Provided Food	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> 6/24/2014		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$1.07		<b>Payee address; City; State; Zip Code</b> 710 E BenWhite Blvd Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Other		<b>Description</b> (If travel outside of Texas, complete Schedule T) Supplies office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> 6/24/2014		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$1.59		<b>Payee address; City; State; Zip Code</b> 710 E BenWhite Blvd Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Other		<b>Description</b> (If travel outside of Texas, complete Schedule T) Supplies - office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> 6/24/2014		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$1.34		<b>Payee address; City; State; Zip Code</b> 710 E. Benwhite Blvd Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Other		<b>Description</b> (If travel outside of Texas, complete Schedule T) Supplies - office	
Complete <u>ONLY</u> 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: <b>2 of 3</b>		2 FILER NAME <b>Edward Reyes</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/23/2014</b>		5 Payee name <b>Murphy USA 7209</b>			
6 Amount (\$) <b>\$41.00</b>		7 Payee address; City; State; Zip Code <b>710 East Austin, TX 78704</b> <b>Benwhite</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Travel In District</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Gas-Meetings</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/23/2014</b>		Payee name <b>Papa John's</b>			
Amount (\$) <b>\$35.38</b>		Payee address; City; State; Zip Code <b>500 W. William Cannon Austin, TX 78745</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Provided lunch Campaign Meeting</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/23/2014</b>		Payee name <b>All Star Grocery</b>			
Amount (\$) <b>\$40.00</b>		Payee address; City; State; Zip Code <b>5303 Nuckles Cross Austin, TX 78744</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Travel In District</b>		Description (If travel outside of Texas, complete Schedule T) <b>Gas-Meeting</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>6/24/2014</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$50.00</b>		Payee address; City; State; Zip Code <b>6607 S. IH 35 Austin, TX 78744</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift</b>		Description (If travel outside of Texas, complete Schedule T) <b>Gift Card - Door Prize</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED