

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Edward A.		OFFICE USE ONLY Date Received OCT 7 PM 2 18 RECEIVED AUSTIN CITY CLERK
	NICKNAME LAST SUFFIX Wally Reyes		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5609 Honeybee Bend Austin TX 78744		
<input type="checkbox"/> change of address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 779-5575		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Dolores E.		Date Hand-delivered or Postmarked
	NICKNAME LAST SUFFIX Moreno		Receipt # Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6812 Sunderland Austin TX 78747		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (737) 333-0900		
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 7 / 1 / 2014 THROUGH 9 / 25 / 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	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME 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

☐ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 CONTRIBUTION
TOTALS**

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

\$ 0.00

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

\$ 1,575.00

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,074.48

**CONTRIBUTION
BALANCE**

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

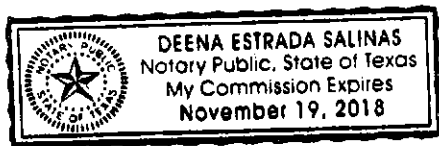
\$ 702.93

**OUTSTANDING
LOAN TOTALS**

6. 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.

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 7th day of October, 20 14, to certify which, witness my hand and seal of office.

Deena Estrada Salinas

Signature of officer administering oath

Deena Estrada Salinas

Printed name of officer administering oath

Notary Public

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Ramirez 6 Contributor address; City; State; Zip Code 5309 Presidio Rd Austin TX 78744	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions) Coronado Studios	
Date 7/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert A. Larson (BOB) Contributor address; City; State; Zip Code 5007 Rakell Path Austin, TX 78744	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 8/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray A. Jordan Contributor address; City; State; Zip Code 7500 Daffan Lane Austin TX 78724	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julian Mendoza Contributor address; City; State; Zip Code 4603 Button Bend Austin TX 78744	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherri Wicker Contributor address; City; State; Zip Code 901 Highlands Austin TX 78731	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)	

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Isabel Rios 6 Contributor address; City; State; Zip Code 6713 Meadow Lake Austin TX 78744	7 Amount of contribution (\$) \$150.00 (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 8/11/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anthony Daywood Contributor address; City; State; Zip Code 2501 Rock Terrace Austin, TX 78707	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/13/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Langley Contributor address; City; State; Zip Code 12349 Metric Blvd Austin TX 78758	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jon Kresel Contributor address; City; State; Zip Code 3300 Winding Creek Austin TX 78735	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 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Erica Reyes Contributor address; City; State; Zip Code 4509 E. St Elmo Austin TX 78744	Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) Allied Barton	

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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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Rios	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6713 Meadow Lake Austin TX 78744		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Serge		10 Employer (See Instructions) Marriott	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Genelle Gutierrez	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5514 Navarro Creek 78617		(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#: 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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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: 1 of 7		2 FILER NAME Edward A. Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-09-2014		5 Payee name Signs Express			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 8400 Brodie Lane Austin TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-21-2014		Payee name Cap City Airbrush			
Amount (\$) \$45.00		Payee address; City; State; Zip Code Mobile Locations Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-21-14		Payee name 7-Eleven			
Amount (\$) \$30.71		Payee address; City; State; Zip Code 35623 Pflugerville, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in district		Description (If travel outside of Texas, complete Schedule T) Gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-21-14		Payee name Whataburger			
Amount (\$) \$14.15		Payee address; City; State; Zip Code 982 Pflugerville TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) Campaign meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 2 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-21-14		5 Payee name C Mart 7			
6 Amount (\$) \$40.02		7 Payee address; City; State; Zip Code Austin TX 78744			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-21-14		Payee name Exxon Mobile			
Amount (\$) \$44.82		Payee address; City; State; Zip Code 4593 Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-22-14		Payee name Walmart			
Amount (\$) \$7.51		Payee address; City; State; Zip Code 710 E. Benwhite Austin TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-25-14		Payee name Murphy			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 710 E. Benwhite Austin TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel In District		Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 3 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-28-14		5 Payee name Walmart			
6 Amount (\$) \$21.38		7 Payee address; City; State; Zip Code 710 E. Berwhite Austin TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) AAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-28-14		Payee name Online			
Amount (\$) \$20.00		Payee address; City; State; Zip Code wellsfargo			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-05-14		Payee name Fdc Financial			
Amount (\$) \$84.00		Payee address; City; State; Zip Code Web Payment			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-8-14		Payee name Wellsfargo			
Amount (\$) \$3.00		Payee address; City; State; Zip Code Po. Box 6995-Portland OR 97228			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 4 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-11-14		5 Payee name Pok E Jo's Smokehouse			
6 Amount (\$) \$25.05		7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Forum/Meet n Greet <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-11-14		Payee name C Mart 7			
Amount (\$) \$25.93		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-11-14		Payee name First Wok			
Amount (\$) \$51.95		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-12-14		Payee name Signs Express			
Amount (\$) 250.00		Payee address; City; State; Zip Code 8400 Brodie Lane Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 5 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-13-14		5 Payee name Chevron			
6 Amount (\$) 20.00		7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-13-14		Payee name Texaco			
Amount (\$) 20.09		Payee address; City; State; Zip Code Austin TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-14-14		Payee name Mr. Gattis			
Amount (\$) 41.74		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-14-14		Payee name Texaco			
Amount (\$) 8.94		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in District		Description (If travel outside of Texas, complete Schedule T) GAS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 6 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-25-14		5 Payee name Texaco			
6 Amount (\$) 1.11		7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Generator Gas <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-29-14		Payee name Wells Fargo			
Amount (\$) \$14.00		Payee address; City; State; Zip Code P.O. Box 6995 Portland, OR 97228			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Service fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-14		Payee name Fdc Financial Web			
Amount (\$) \$35.00		Payee address; City; State; Zip Code online			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) other		Description (If travel outside of Texas, complete Schedule T) Online Service <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-5-14		Payee name Texaco			
Amount (\$) \$20.03		Payee address; City; State; Zip Code Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel in District		Description (If travel outside of Texas, complete Schedule T) Gas - Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 7 of 7		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-9-14		5 Payee name Shell			
6 Amount (\$) \$24.67		7 Payee address; City; State; Zip Code Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel in District		(b) Description (If travel outside of Texas, complete Schedule T) Eggs - Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-12-14		Payee name Jack in the Box			
Amount (\$) \$5.38		Payee address; City; State; Zip Code Austin, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Campaign Lunch <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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