CANDIDATE	/ OFFICI	EHOLDER
CAMPAIGN	FINANCE	REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Edward NICKNAME LAST Wally Reyes	MI A SUFFIX	OFFICE USE ONLY Date Received OCT REC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / POBOX: APT / SUITE#; CITY; 5609 Honeybee Bend Austi AREA CODE PHONE NUMBER (512) 779-5575	STATE; ZIP CODE	Date Hand-delivered or Postmarked D Receipt # Amount 1 8
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS Delores NICKNAME LAST MOreno	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE#, 6812 Sunderland A	city: state:	ZIPCODE 78747
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (737 333-0900	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 9 / 2.5 /	^{Year} 2014
11 ELECTION	Month ELECTION DATE Day Year Primary Primary	Runoff V	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT known)	
	GO TO PAC	GE 2	· · · · · · · · · · · · · · · · · · ·

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ward	Reyes	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MANAGEMENT OF THE CANAGES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$ ().00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00 \$ 1,575.60	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	• •	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,074-48	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$702.93	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ (). ()()	
18 AFFIDAVIT				
DEENA ESTRADA SALINAS Notory Public. State of Texas My Commission Expires November 19, 2018 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				
		Oignature of Car		
AFFIX NOTARY STAN	IP / SEAL ABOVE	- 110		
Sworn to and sub	~	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	this the	
day	or <u>Octob</u>	the 20 14 , to certify which, witness	my hand and seal of office.	
Signature of officer adm	inistering oath	Printed name of officer administering oath	Notaly Public. Title of officer administering cath	
		•		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
,	Jill Ramirez		contribution (\$)	description (if applicable)	
1 - 1			×0.00		
7/18/14	6 Contributor address: City; State; Zip Code 5309 Presidio Rd		\$150.00	<u>l</u>	
	Austin TX 7	8744	(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	10 Employer (See	A		
	Owner	Corona	do Stud	10'5	
Date	Full name of contributor aut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
_	Robert H. Larson (B.	o B)]	Coochpan (in application)	
7/18/14	Contributor address; City; State; Zip Code		\$100.00		
דיופונג ן	5007 Rakell Path		45 (00	1	
	AUSTIATX	70744		<u> </u>	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
	,		······································		
Date	Full name of contributor out of-state PAC (ID#:		Amount of	In-kind contribution	
l .	Ray A Jordan		contribution (\$)	description (if applicable)	
1014	Ray A Jordan Contributor address; City; State; Zip Code		×50.00		
31711	7500 Daffarlane		8 DO.		
	Austin Ty	70701	}		
Deinsing!		,	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution	
1. July	Julian Mendoza		contribution (\$)	description (if applicable)	
i	Contributor address; City; State; Zip Code		15.00	1	
[91.1.1	Contributor address; City; State; Zip Code He03 Button Rand		ALC)	1	
	Austin TX	74744		1	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
- Timapar occu		Employer (Ges	mar deliona)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Sharri Wicker		contribution (\$)	description (if applicable)	
12/2/2	Contributor address; City; State; Zip Code		\$100.00		
181811	Contributor address: City; State; Zip Code		#/		
·	Austin TX 78	131			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
,					
1		-			

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

Texas Ethics Commission

SCHEDULE A

			1 Total pages Sch	odulo A:
The	Instruction Guide explains how to complete this fo	orm.	Z.	of 3
2 FILER NAME			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)
1 Late	Isabel Kios		Co	1
8/8/14	6 Contributor address; City; State; Zip Code 6713 Megdon Lake		#120 GJ	
	AustintX	78744		 of Texas, complete Schadule T)
9 Principal occup		Employer (See I	nstructions)	
Date	Full name of contributor Li out-of-state PAC (ID#: Anthony Daywond	··	Amount of contribution (\$)	In-kind contribution description (if applicable)
1114			an	
8/111	Contributor address; City: State; Zip Code		150.00	
	AUSHIN, TX	72714		
Birria di				of Texas, complete Schedule T)
Principal occuj	action / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
بادا	Caren Langley Contributor address: City; State; Zip Code		contribution (\$)	description (if applicable)
«/13/14	Contributor address; City; State; Zip Code		1000]
8	12349 Metric Blvd		\$50.00	
	Austin TX 78	3758		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1.1.1	Contributes addresses City States 7 in Sada		۵0	
91417	Contributor address: City; State; Zip Code 3300 Winding Creek		\$100.00	
		10705	H,	!]
D.::		18735		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Erica Reges		contribution (\$)	description (if applicable)
a lacky	Contributor address; City; State; Zip Code		300.00	
9 LOCAL V	4509 & St. Elmo	4	\$ 50°	
	AUSHINTX 7	8744	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	or reves, complete schedule 1)
	Secrity	othica B	arton	· · · · · · · · · · · · · · · · · · ·
16 /	ATTACH ADDITIONAL COPIES OF			roquiromonto

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

- <u>-</u>				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	^ ^
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor put-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1, 1,14	Jose Rios		26 Ce	description (ii applicable)
don,	Jose Rios 6 Contributor address; City; State; Zip Code 6 113 Weadow Jake		350.66	
	AUSTIN TX 787	44	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
	T	Marci	T	1
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/	Genella Gutterner Contributor address; City; State; Zip Code 5514 Navarro Creek		50.0°	 -
	. 78617		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	l	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		-	
				1
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	aud (ess mendeals)	p.oyo. (000)		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			Ì
				ĺ
				ĺ
Principal accord	pation / Joh title (Can Instructions)	Employee (C.)		of Texas, complete Schedule T)
Frincipal occu	pation / Job title (See Instructions)	Employer (See	mstructions)	
		· · · · · · · · · · · · · · · · · · ·		
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDULE	AS NEEDED	
If c	contributor is out-of-state PAC, please see instri			requirements.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out of Description Printing Expense Office Overheam	/Contract Labor Loan Repayment/Reimbursement draising Expense t Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee d/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F:	2 FILER NAME Edward A. Reyes	3 ACCOUNT # (Ethics Commission Filers
7-09-2014	5 i gnstxpress	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
&200.00	8400 Brodielane Austin	TX 78749
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
7-21-2014	Payee name Cap City Airbrush Payee address; City; State; Zip Code	
Amount (\$)	Payee address; City; State; Zip Code	
\$45.00	Mobile Locations Austin	TX
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
. OF	Λ (, _	shirts
EXPENDITURE	Adertish Expense	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 7-21-14	Payee name 7-Eleven	
Amount (\$)	Payee address; City; State; Zip Code	
¥30.71	35623 Pflyerville, TY	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Travel in district	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
7-21-14	whateburger	
Amount (\$)	Payee address; City; State; Zip Code	
\$14.15	982 Pfluserville T	×
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedula T)
OF EXPENDITURE	Food	Campaish Worthy. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solid Food/Beverage Expense Trav Polling Expense Trav	aries/Wages/Col citation/Fundrais vel In District vel Out Of Distr ce Overhead/Ro	ntract Labor ising Expense rict ental Expense	Loan Repayment/Reir Transportation Equipm Contributions/Donatio Candidate/Officeho OTHER (enter a cate)	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILER NAME Edward Reyes			3 ACCOUNT#	(Ethics Commission Filers)
4 Date 7-21-14	5 Payee name C Mart 7				
6 Amount (\$)	7 Payee address; City; State;	Zip Code	<u>-</u>		
±40.02	Austin	1 TX	78744		
8 PURPOSE OF	(a) Category (See categories listed at the top of this	schedule)	(b) Description	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Event Expense		Check if A	USIn, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name JH		Office sough	t	Office held
Date 4//	Payee name			<u></u>	
7-21-14	TXX00 Mobile				
Amount (\$)	Payee address; City; State;	Zip Code			
444.82	4593 ALSANT	X			
PURPOSE OF	Category (See categories listed at the top of this	schedule)	•	(If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Traval In Distri	ct		GAS ustin, TX, officeholder livi	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name oH		Office sough	t	Office held
Date 7-27-14	Payee name W S Mc, r -				
· Amount (\$)	Payee address; City; State;	•			
数7-51	710 E. Benwhike A	fustin	TX 7	8704	
PURPOSE	Category (See categories listed at the top of this	schedule)	Description	(If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Event Expense		Check if A	ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough		Office held
Date 7-25-14	Payee name Murphy				
Amount (\$)	Payee address; City; State;	Zip Code			
X20.00	710 E. Berwhite	Aust	er Xtur	1704	
PURPOSE	Category (See categories listed at the top of this		Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	travel in District		· `	Asstin, TX, officeholder liv	ing aynansa
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name		Office sough	·	Office held
		S OF THIS (CUEDIN E AC	NEEDED	
	ATTACH ADDITIONAL COPIE	:5 OF 1 HIS 5	SCHEDULE AS	NEEDED	

Texas Ethics Commission

·			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Si Legal Services Sc Food/Beverage Expense Tr Polling Expense Tr Printing Expense Or	ATEGORIES FOR BOX 8(alaries/Wages/Contract Labor blicitation/Fundraising Expense ravel In District ravel Out Of District ffice 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 ex	plains how to complete this	form.
1 Total pages Schedule F:	Edward Reyes	·	3 ACCOUNT # (Ethics Commission Filers)
7-28-14	5 Payee name Walmatt		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
421.38	710 E. Berwhte	Austin TX	78704
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Check	AAS if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght Office held
Date 7 -28 - 14	Payes name On line		
Amount (\$)	Payee address; City; State;	; Zip Code	
\$20.00	wellsfango		
PURPOSE	Category (See categories listed at the top of t	his schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Bankry	Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date 分-05-型	Payee name Fdc Financial		
SH-σD	Payee address; City: State; Web Payment	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Advertising Expan	· •	On (If travel outside of Texas, complete Schedule T)
			if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
8-8-14	Payee name Wells Fango		
Amount (\$)	Payee address; City; State;	Zip Code	
\$3.00	P.O. BOX 6995-PO	rtland OR 972	228
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Rees	Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held
4	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE A	S NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave	ies/Wages/Col itation/Fundrali el In District el Out Of Distr el Overhead/Ro	ntract Labor sing Expense ict ental Expense	Loan Repayment/Reim Transportation Equipm Contributions/Donation Candidate/Officehol OTHER (enter a categ	ent & Related Expense s Made By der/Political Committee
1 Total pages Schedule F:	2 FILER NAME Edward	Reye	S	3 ACCOUNT # (I	Ethics Commission Filers)
4 Date 8-(1-14	Pok & Jo's	m o kert	touse		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code		· · -	
\$ 25.05	Arshin	**			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this see the second of	schedule)	Foru	(If travel outside of Texas, come) Meet a Green Justin, TX, officeholder livin	et
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sough	t	Office held
Date 8-11-14	Payee name CMa+7				
Amount (\$)	Payee address; City; State; 2	Zip Code			
±25.93	Arstin	+X			
PURPOSE	Category (See categories listed at the top of this s	schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Travel In Distric	+	☐ Chęck if A	⟨¬¬⟨A-S⟩ ustin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date 8-11-14	Payee name First Wok				
Amount (\$)	Payee address; City; State; 2	Zip Code			
451-95	Austin	X			
PURPOSE	Category (See categories listed at the top of this s	schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Other		_ `	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sough	nt	Office held
Date 8-12-14	Payee name Signs Txpress		,		
Amount (\$)	Payee address; City; State; 2	Zip Code			
250-00	8400 Brodre lan	e Ar	STATX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Printing Expense	schedule)	Ś	(If travel outside of Texas, constitution of	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH		Office sough	nt	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overher The Instruction Guide explains how	s/Contract Labor ndraising Expense ict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Ex Contributions/Donations Made By Candidate/Officeholder/Political Col OTHER (enter a category not listed ab	mmittee
1 Total pages Schedule F:	2 FILER NAME Edward Reyes 5 Pavee name	ζ	3 ACCOUNT # (Ethics Commission	on Filers)
4 Date 8-13-14	5 Payee name Chevron			
6 Amount (\$)	7 Payee address; City; State; Zip Code	·		
\$20.00	Arshint	X		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T))
OF EXPENDITURE	Travel In District	1 <u> </u>	Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held	
Date 8-13-14	Payee name TeX 9 (o	· ,		
Amount (\$)	Payee address; City; State; Zip Code			
\$20.09	Austry TX 7	8744		
PURPOSE	Category (See categories listed at the top of this schedule)	· _ · _	(If travel outside of Texas, complete Schedule T))
OF EXPENDITURE	Travel In District	Check if A	A S Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held	
Date 8 - 14 - 14	Payee name Mr. Gattis			
Amount (\$)	Payee address; City; State; Zip Code			
\$41.74	Austinty		-	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T))
OF EXPENDITURE	Event Expense	1	91 Sn Muchiver Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough		3
Date	Payee name			-
8-14-1	texaco			
Amount (\$)	Payee address; City; State; Zip Code	•		
\$8.94	Avota TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TORNAL IN DISTORET		O (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough		
expanditure to belieff Of	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDIJI F AS	NEEDED	
	A ASTABOTIONAL OF ILOUI III			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor draising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)
4 Date 8 -25 - 14	5 Payee name Tex.9 < 0		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
(, ()	Austin +x		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Ge	eneratore Cores
	Event Expense		Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
8-29-14	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$14.00	P.O. BOX 1995 Po	rtland, C	P 97228
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Lees		er Vice Fees Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		
9-9-14	Fde tinancial Web		
Amount (\$)	Payee address; City; State; Zip Code		
\$35.00	online		
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF	other		line Service
EXPENDITURE			Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
9-5-14	Texaco		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.03	Austin TX		
PURPOSE OF	Category (See categories listed at the top of this schedule) ### The vel In District ### The v	Description	n (If travel outside of Texas, complete Schedule T) Much 'My
EXPENDITURE	<u> </u>	Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ht Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS	NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Glft/Awards/Memorials Expense Salaries/Wages/C		oan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	🕳	ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/i	Rental Expense O	THER (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
			3 ACCOUNT # (Ethics Commission Filers)
7 07 7	Edward Reyes		
4 Date	5 Payee name		
9-9-14	Shell		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	only, state, hip sour		
£24.67	AlstmTX		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF		Fras-Meeting	
EXPENDITURE	Travel in District	Check if Austin, TX, officeholder living expense	
	<u> </u>		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 9-12-14	Payee name		
7-14	Jack in the Box		·
Amount (\$)	Payee address; City; State; Zip Code		
\$5.38	A Listy TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF	3 , , , , , , , , , , , , , , , , , , ,	Campaign Lunch	
EXPENDITURE	Other	l — `	
		Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Data	Payee name	·	
Date	- rayee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See calegories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF	·		
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete ONII V if disert	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Omce soogra	Office field
Date	Payee name		
	,		
			<u> </u>
Amount (\$)	Payee address; City; State; Zip Code		
	·		
	0-1	T	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
-			