CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

		_ 	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	МІ	OFFICE USEDNLY (7)
OFFICEHOLDER NAME	Mr Edward	\mathcal{A} .	
NAME	NICKNAME LAST	SUFFIX	Daile Macenter D m ≥
	Wally Reyes	JR.	CITY CLE
4 CANDIDATE /	ADDRESS /PO BOX; APT / SUITE#; CITY;	STATE: ZIP CODE) 8) FE
OFFICEHOLDER MAILING ADDRESS	5609 Honey bee Bend Austin	7874	Date Hand-delivered or Postmerked
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(512) 779-5575		Dala Floresser
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Ms. Delores	E.	
	NICKNAME LAST	SUFFIX	···
	Moreno		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	6812 Sunderland		
ADDRESS (residence or business)	T	. 13/	T 0-1/4
	Aust	in TX	,18-141
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 351-0723	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
			(officeholder only)
! !	July 15 ath day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Dey	Year
COVERED	9/24/14 THROUGH	10/25	/ 14
11 ELECTION	ELECTION DATE ELECTION TYPE		/
	Month Day Year Primary	Runoff 🔽	General Special
	11/04/2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	ni
) IZ OFFICE	Sitting (rany)		_
		District	: 2
	GO TO PAG	€ 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

					
14 C/OH NAME E	I ward	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				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 990.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 1688.24				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 4.69				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY 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, Ejection Code. ANN FRANKLIN Notory Public, State of Texas My Commission Expires October 17, 2018					
Sworn to and subscribed before me, by the said Edward Figs , this the day of October , 20 4 , to certify which, witness my hand and seal of office.					
Jnn F/Cm Signature of officer admi	inistering oath	Ann Franklin Printed name of officer administering oath	Notary Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Edwa	rd Reyes		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(1D#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/30/4			200.00	
	Austin TX 78	745	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions) ೭೨	
Date 1 2 14	Full name of contributor out-of-state PAC (ID#_ DawSon Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/021	Contributor address; City; State; Zip Code	97n?	750.00	
	Por Awally	9 10 7	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	,
Date (;	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
المامن الم	Contributor address; City: State; Zip Code LI COS Bresslewood AVSTATX	787LW	350,00	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or restaut, complete contours ()
Date (a)	Full name of contributor out-of-state PAC (ID#_ Angelica Noyule: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/00,			10.00	
i	Austin TX 1841		(If travel outside	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 contribution (\$)	In-kind contribution description (if applicable)
10110	705 Castle Ridge	21.211	1.20	
	A-Ustin TX	18 144	(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F: 6 Amount (\$) 20. Le 9	Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Out	Wages/Cor on/Fundrais District ut Of Distri verhead/Re how to c	ntract Labor L sing Expense 7 C ict ental Expense C	OTHER (enter a catego	nt & Related Expense i Made By der/Political Committee
8 PURPOSE	(a) Category (See categories listed at the top of this sched	fule)	(b) Description (s	f travel outside of Texas, cor	notate Schedute T1
OF EXPENDITURE	Travil la District	,	. Gas		·
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 9/29/14	Payee name Walmart				
Amount (\$)	Payee address; City; State; Zip C	Code			
40.80	5. Bruhite Alstin	iTx	78714-		·
PURPOSE OF	Category (See categories listed at the top of this sched	(slut	Description (II	f travel outside of Texas, con	nplete Schedule T)
EXPENDITURE	Travel in District		Check if Aus	stin, TX, afficeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
9/29/14	Payee name Mr. Gattis				
Amount (\$) 33,92	Payee address; City: State: Zip C		78748		,
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	tule)	Camp	f travel outside of Texas, con	er (
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	stin, TX, officeholder livin	Office held
Date 9/29/14	Payee name EXXON Mobile	· · · ·			
Amount (\$)	Payee address; City; State; Zip C	Code			
24.74	Austin TX	78749	<i>f</i>		
PURPOSE OF	Category (See categories listed at the top of this sched	dule)	Description (I	f travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Travel In District	-		stin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	contract Labor Loan Repayment/Reimbursement triansportation Equipment & Related Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME CC Ward Resect	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9 29 14	5 Payee name AmpRO Product		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
498.00	Durleson Austin TR	78744	
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 Exp	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date / /	Payee name		
9/29/4	Sonic Dr.		
Amount (\$)	Payee address; City; State; Zip Code		
12.93	Stessny Austin TX 70	(74)	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food	Curp 915n Street Meetry Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought Office held	
Date 30 M	Payee name Monthly Wells Fan	30	
Amount (\$)	Payee address; City; State; Zip Code		
14.00	well-frago Austin T	Y	
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T) MM+11 y FeLS	
OF EXPENDITURE	Fees	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 0 / 14	Payee name Casa Moreno's		
Amount (\$)	Payee address; City; State; Zip Code		
* Le-11	Burleson Avstin TX 78	74K.	
BUBBOSS	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Food	Meltry Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this fo		Loan Repayment/Re Transportation Equip Contributions/Donat Candidate/Office OTHER (enter a cat	ment & Related Expense
1 Total pages Schedule F:	2 FILERNAME Zaward Regge		·	(Ethics Commission Filers)
4 Date 10/02/14	5 Payee name FNOFI Nancid	······································		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10.00	Online			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1 1	(if travel outside of Texas	, complete Schedule T)
EXPENDITURE	Advertisant	I — ·	Austin, TX, officeholder	iving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	nt	Office held
Date 10/03/14	Payee name Starbucks			
Amount (\$)	Payee address; City, State; Zip Code			
10.00	Brunike Austin Ti			
PURPOSE	Category (See categories listed at the top of this schedule)	Description Me	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	Food		Austin, TX, officeholder I	ving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt	Office held
Date 03 14	Payee name Casa Morenos			
Amount (\$)	Payee address; City; State; Zip Code			
9.04	Burlesun Austin TX		·····	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas	, complete Schadule T)
EXPENDITURE	(50d)		Austin, TX, officeholder I	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt	Office held
Date (0/03/14	Payee name Fed & X		· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address, City, State, Zip Code			
77.66	Bullhite Abstil 7	78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Flye	(If travel outside of Texas	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ontract Labor L	.oan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra	ising Expense	Fransportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District	(Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F		OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this forr	n.	
1 Total pages Schedule F:	2 FILER NAME 0 0		3 ACCOUNT # (Ethics Commission Filers)	
4 2/15	Edward Fres			
4 Date / /	5 Payee namel			
10/06/14	المالية		•	
10/04/14	VUZ (med)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
·7 - \1	1 1 1 2 2 1 1		·	
30.11	Relight Austin TX			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I travel outside of Texas, complete Schedule T)	
OF	(a) Catagory (can categories instead at the top of time series and			
EXPENDITURE	1 + 1 ×	مما	-5 .	
	11200	Check if Au	stin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH .			
	T			
Date 1	Payee name			
10/06/14	Jalis Cos			
Amount (\$)	Payee address; City; State; Zip Code			
1 0			•	
52.65	1101/12 7/			
	congress Avstin TY			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)	
OF		Me	uthu	
EXPENDITURE	1-0-2	Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date ,	Payee name	•		
10/06/14	Rock A Dire			
Amount (\$)	Payee address; City: State: Zip Code			
31) 00				
54.00	Manchaica Avotia /X	78748	·	
		· · · · · · · · · · · · · · · · · · ·	Strough authoride of Tourse against the Colonial St. 70	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)	
OF	Tool			
EXPENDITURE	(509)	☐ Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	ЭН	·		
Date	Payee name			
10/06/14	Princessand Mos		1	
Amount (\$)	Payee address; City; State; Zip Code			
,·· <i>•</i>	5.3, 5.3, 5.3		•	
1600	Manchaca Histinty			
16.22	I LEMONACE TUSTIN 1	·		
DUDBOCC	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF		Ever	r	
EXPENDITURE	To not	Check if Au	stin, TX, officeholder living expense	
Camplete CMIV IS 41	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/9	-	Cinice strugill	Omce neig	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains how to			
1 Total pages Schedule F:	2 FILER NAME 2 IN 9 1 Places	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10/01/14	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
39.54	Bunhice Alstin TX			
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	Travel	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held		
Date ;	Payee name ₄			
10/06/14	ugland			
Amount (\$)	Payee address; City; State; Zip Code	·		
21.61	Benulibe Austint 75	οψ		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Event Exp	Check if Austin, TX, officeholder fiving expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held		
Date / /	Payee name			
10/06/14	Bursee King-			
Amount (\$)	Payee address; City, State; Zip Code			
22.93	Manchae Austin TX			
DURDOCE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE	Food	Suct		
EXPENDITURE				
LIG ENDITORE	<u> </u>	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H			
Complete ONLY if direct expenditure to benefit C/C	Payee address; City; State; Zip Code			
Complete ONLY if direct expenditure to benefit C/O Date O / O L (/ 4 Amount (\$)	Candidate / Officeholder name H Payee name (exg 06	Office sought Office held Description (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O Date 10/04/14 Amount (\$) 23.78	Payee name (etq 6 Payee address; City; State; Zip Code Menches Avstin TX	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O Date 10/06/14 Amount (\$) 23.78 PURPOSE OF	Payee name (exq co Payee address; City; State; Zip Code Menches Avst M Category (See categories listed at the top of this schedule) Trevel In District Candidate / Officeholder name	Office sought Office held Description (If travel outside of Texas, complete Schedule T)		

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Salari Legal Services Solici Food/Beverage Expense Trave Polling Expense Trave Printing Expense Office The Instruction Guide expla	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 MAME Elwant Rejus		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name First Wok	· ,	
6 Amount (\$)	7 Payee address: City; State; Z	ip Code *	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this s		(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	
Date 14	Payee name 7 Eleven		
Amount (\$)	Payee address; City; State; Z	ip Code	
25.11	Austin 7	X	
PURPOSE OF	Category (See categories listed at the top of this s	chedule) Description	1 (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event		Austin, TX, officeholder fiving expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date (0/06/14	Payee name Market Austin		
Amount (\$)	Payee address; City; State; Z	ip Code	
3.99	william Cannon Aust	intX	
PURPOSE OF	Category (See categories listed at the top of this s	chedule) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Exert		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
10/04/14	Payee name Ms. P's		
Amount (\$)	Payee address; City; State; Z	ip Code	
16.07	congress Austin, T		
PURPOSE	Category (See categories tisted at the top of this s	chedule) Descriptio	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Tood	—	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office soug	ht Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

Texas Ethics Commission

•	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrals	sing Expense Transportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Comm		
Fees	Printing Expense Office Overhead/Re The Instruction Guide explains how to c		
4.7.1			
1 Total pages Schedule F:	2 FILER NAME Edward Rejes	3 ACCOUNT # (Ethics Commission Filers)	
10/06/14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
44.00	Mobile Austinty		
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	Event Expense	Carry algor Food Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	· ·		
∼Date)	Payee name		
(0/06/14)	wells torgo		
Amount (\$)	Payee address; City; State; Zip Code		
2.50	online Austinity	·	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	1 ,	Marty	
EXPENDITURE	tees	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date .	Payee name O		
10/07/14	Strany Brew		
Amount (\$)	Payee address; City; State; Zip Code	·	
12.00	Burleson Austin TX	(
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	2 rent	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
<u> </u>			
Date 10/07/14	Payee name		
Amount (\$)	Payee address; City: State: Zip Code	<u> </u>	
111	Payee address; City; State; Zip Code		
20.42	Willian Cannon Alstin TP	· · · · · · · · · · · · · · · · · · ·	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Ford	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement		
Accounting/Banking Consulting Expense	- 10		ransportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis		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.
1 Total pages Schedule F:	2 FILER NAME Edward Reyrs		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/7/14	5 Payee name Starbucks		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
10.00	Beruhike testinTX	· <u>·</u>	
8 PURPOSE	(a) Category (See calegories listed at the top of this schedule)		(Iravel outside of Texes, complete Schedule T)
OF EXPENDITURE	Food	Checkif Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/7/14	Texaco		,
Amount (\$)	Payee address; City; State; Zip Code		
20.01	Sistinta		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	ftravel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 X X CA TOTAL	- Or	
	I have I have I		stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date / /	Payee name // /		
10/8/14	Mr. Gattis	· · · · · · · · · · · · · · · · · · ·	-
Amount (\$)	Payee address; City; State; Zip Code		·
30-32	Slaughter Abstil TX		
PURPOSE	Category (See categories listed at the lop of this schedule)		(travel outside of Texas, complete Schedule T)
OF	To l		argu Mentry
EXPENDITURE	1021	Check if Au	stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date / /	Payee name		
10/9/14	Sendy Burels		j
Amount (\$)	Payee address; City; State; Zip Code		
10 27			
18.37	Silst Alstin TR		
PURPOSE	Category (See categories listed at the top of this schedule)		if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Foot	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
······································	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

Texas Ethics Commission

•	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Sataries/Wages/C	ontract Labor Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related I			
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dis			
Fees	Printing Expense Office Overhead/f	Rental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F:	2 FILER NAME, \	3 ACCOUNT # (Ethics Commission Filers)		
9 of 15	EE award Resce			
4 Date	5 Payee name			
10/10/14	I KFC			
6 Amount (\$)	7 Payee address; City: State: Zip Code			
27.03	Levillian Cajnon 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		Meetry		
EXPERDITORE	Ford	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C		Cinico delignic		
Date / /	Payee name			
10/10/14	Texaco	·		
		······································		
Amount (\$)	Payee address; City; State; Zip Code			
8.44	AustintX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	,	Colle		
EXPENDITURE	Travel	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C	H			
Date , /	Payee name			
10/14/14	7 Eleven	·		
Amount (\$)	Payee address; City State; Zip Code			
	4			
20.00	Austintx			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF	travel	Gas		
EXPENDITURE	L	Check if Austin, TX, afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date / /	Payee name			
10/14/14	CasaMaria			
Amount (\$)	Payee address; City; State; Zip Code			
		·		
12.26	S. 1st Austin TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF :	0	Meetry		
EXPENDITURE	tord	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held		
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

•	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/R	·	HER (enter a category not listed above)
· · · · · · · · · · · · · · · · · · ·	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	_ Edward Rejes		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10 14 14	5 Payee name We med		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
5.65	Bruhite AUSTINTX		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event	Supple ☐ Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
10(14/14	Cowes		
Amount (\$)	Payee address; City; State; Zip Code		
16.71	Stessney Austint	X	
PURPOSE	Category (See categories listed at the top of this schedule)		evel outside of Texas, complete Schedule T)
OF EXPENDITURE	2 vert	_ Suppl	- <u>-</u>
		Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date; 14 / 14	Payee name Tackin the Bot		·
Amount (\$)	Payee address; City; State; Zip Code		···
12.36	Slaughten Austin TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	T = 0	الكرك	eta/13/0c/c
EXPENDITURE	Condidate / Office bolders and		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
(0/14/14	Sonic Driver		
Amount (\$)	Payee address; City; State; Zip Code		
16.22	Beasen Frankestin TX		
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Tool		d / 13 (o CF n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

•	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/R		
	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME Edward Ropes	3 ACCOUNT # (Ethics Commission Filers)	
10/14/14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code	·	
42.80	North 35 Australt		
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	T. 18 4	Expense / Drink	
	Event	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date (Payee name		
10/14/14	wellstoner		
Amount (\$)	Payee address; City; State; Zip Code		
2.50	online AustralY		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	+	Ke	
EXPENDITURE	Fee	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 / 14 / 14	Payee name Whatahare		
(- ())	201, 201		
Amount (\$)	Payee address: City; State; Zip Code		
23.80	Olfort Austin TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	(-02)	Meet / Block	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	41		
Date 10/14/14	Payee name Sherry CC		
Amount (\$)	Payee address; City; State; Zip Code		
20.00	Birthike Alstin TX		
PURPOSE	Category (See categories tisted at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Texas Ethics Commission

•	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead/R	lental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F: 2 of 15	2 FILER NAME LAWAN Ryce	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 15 14	5 Payee name Shell			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
12.95	. Austrati			
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	Frent	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date / . /	Payee name			
10/16/14	Walmart			
Amount (\$)	Payee address; City; State; Zip Code			
30.34	servite Austin TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	7- 0	Sus		
	Iraul	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 10/17/14	Payee name			
10/1/19 Amount (\$)	Payee address; City; State; Zip Code			
Amount (\$)	Payee address, City, State, Zip Code	*		
7.57	Cogness Austin TX			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	trent	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 17 14	Payee name Level V.C. (3)			
Amount (\$)	Payee address; City; State; Zip Code			
6.39	Berwhite Austin TX			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Fand	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	n Repayment/Reimbursement	
Accounting/Banking			nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R		HER (enter a category not listed above)
	The Instruction Guide explains how to		TIER (enter a category not tisted above)
1 Total pages Schedule F:	2 FILER NAME , A D		3 ACCOUNT # (Ethics Commission Filers)
13 of 15	Edward leges		
4 Date	5 Payee name		
10/17/14	Austin Parking		·
6 Amount (\$)	7 Payee address; City; State; Zip Code		
5,00	Rainy Austint		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	T	7)130	Emmestron Merfy
EXPENDITORE	tvert.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Expenditure to beliefit GIQ	•••		
Date / 20/14	Payee name		
(-((-)	Walmari		
Amount (\$)	Payee address; City; State; Zip Code		
30.01	Buth be Alstin T.	/	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE		Orle	5
EXPENDITURE	Travel	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H .	4	
Date / (;	Payee name		
10/20/14	Love Berker	•	
Amount (\$)	Payee address; City; State; Zip Code		
50.88	F. 7th St. Archingt	7	
	Category (See categories listed at the top of this schedule)	Description (If ir	avel outside of Texas, complete Schedule T)
PURPOSE OF		Maa	+10
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
			· · · · · · · · · · · · · · · · · · ·
expenditure to benefit C/O	н		
	H Payee name		
expenditure to benefit C/O			
expenditure to benefit C/O			
expenditure to benefit C/O	Payee name Burger (Cind		
expenditure to benefit C/O	Payee name Burger (Cind		
expenditure to benefit C/O Date 20 Armount (\$)	Payee name BUTSUZ (City) Payee address; City; State; Zip Code	Description (III	avel outside of Texas, complete Schedule T)
expenditure to benefit C/O Date 2 0 4 Amount (\$) PURPOSE OF	Payee name BUTSUL (Circle) Payee address; City; State; Zip Code Peruntal Australy Category (See categories listed at the top of this schedule)		
expenditure to benefit C/O Date 20 Armount (\$) PURPOSE	Payee address; City; State; Zip Code Payer Austin TX	Description (II to	
expenditure to benefit C/O Date 2 0 4 Amount (\$) PURPOSE OF	Payee name BUTSUL (Cind Payee address; City; State; Zip Code Tenunce Austral Category (See categories listed at the top of this schedule) To D d Candidate / Officeholder name	Description (II to	ann/Block
expenditure to benefit C/O Date 20 Amount (\$) Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name BUTSUL (Cind Payee address; City; State; Zip Code Tenunce Austral Category (See categories listed at the top of this schedule) To D d Candidate / Officeholder name	Description (II to	GI) 1 / Block n. TX, officeholder living expense Office held

Texas Ethics Commission

1	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense	Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By	
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	•	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
14 of 15	Folward Regres			
10/20/14	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·	
901				
1,72	manchage Alstin TX	-		
8 PURPOSE	(a) Category (See categories tisted at the top of this schedule)		If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Ex. of	1 30/16	116-8	
	Event	Check If At	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH			
Date / /	Payee name			
10/20/2014	MWS CA+	•		
Amount (\$)	Payee address; City; State; Zip Code			
10.11	AU7 MX			
PURPOSE	Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Du. 1		phles	
	trend	Check if Au	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 1	Payee name	· · · · · · · · · · · · · · · · · · ·		
10/20/14	whataburger			
Amount (\$)	Payee address; City; State; Zip Code		,	
25.56	William Connon Histo	rtx		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF OF	1	Me	et/Block	
EXPENDITURE	tood	Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Datej 1	Payee name \ ,			
10/20/14	Valment			
Amount (\$)	Payee address; City, State, Zip Code			
30,03	Roubite AutinTX			
DUBBOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	TRAVE		2US ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking Consulting Expense	Food/Beverage Expense Travel In District Co		nsportation Equipment & Related Expense htributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R The Instruction Guide explains how to	•	HER (enter a category not listed above)
4 - 1	0 = = = 1111		- 1000 W. T.
1 Total pages Schedule F:	2 FILER NAME LUGN Regs		3 ACCOUNT # (Ethics Commission Filers)
4 Date 0 1 14	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
> 101	1011 101	()	ı
> "	Buchte ALSTY /X		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (it if	avel outside of Texas, complete Schedule T)
EXPENDITURE	Fool	\``Lea+ ☐ Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date 2 0 / 11 /	Payee name		
10 2019 Amount (\$)	Payee address; City; State; Zip Code		
11 17	Tayee address, City, State, Zip Code		
	Scripter Aistint	1	
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
EXPENDITURE	Fool	_	2+ / B/a / g n, TX, officeholder living expense
	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
Para de la companya della companya d	Payee name		· · · · · · · · · · · · · · · · · · ·
10/20/14	Texa co		
Amount (\$)	Payee address; City; State; Zip Code		
2.25	Arstin, TX		
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedula T)
OF EXPENDITURE	Event	Check if Alustin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date / 22/14	Payee-name		
Amount (\$)	Payee address; City, State; Zip Code	· · ·	
15.82	Rurleson Aestin TX		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Ifter	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Ford	MoX □ Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			