

**JAVIER**  
**REYNA**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed <i>11 / 10</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <i>Javier</i> MI: _____ NICKNAME: _____ LAST: <i>Reyna</i> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: <i>633 Rey Salomon</i> CITY: <i>Brownsville TX</i> STATE: <i>TX</i> ZIP CODE: <i>78521</i>		Date Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  <i>4:40pm</i> JUL 11 2017  RECEIVED Date Hand-delivered or Date Postmarked BY: <i>[Signature]</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>203-7529</i> EXTENSION: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>MR</i> FIRST: <i>Tony</i> MI: _____ NICKNAME: _____ LAST: <i>Torres</i> SUFFIX: <i>JR.</i>	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>1304 Esperanza Lane</i> CITY: <i>Brownsville TX</i> STATE: <i>TX</i> ZIP CODE: <i>78520</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(956)</i> PHONE NUMBER: <i>466-9949</i> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <i>05 / 05 / 2017</i> THROUGH <i>07 / 11 / 2017</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 6 / 2018</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Justice of The Peace Precinct 2 Place #2</i>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Javier Reyna

15 Filer ID (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

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

\$

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

\$

7,550.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5,267.41

CONTRIBUTION  
BALANCE

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

\$

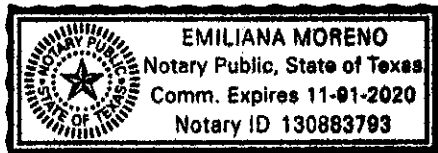
2,282.59

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Javier Reyna, this the 11<sup>th</sup> day of July, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

*Javier Reyna*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,550. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,267. <sup>41</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 263. <sup>82</sup>
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 6 Contributor address;                      City;    State;    Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 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 (\$)
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 (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p style="text-align: center;">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **JAVIER REYNA**

3 Filer ID (Ethics Commission Filers)

4 Date **5-5-2017**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**JAIME PARRA JR.**  
 6 Contributor address; City; State; Zip Code  
**4374 MARTINAL Rd Brownsville, TX 78526**

7 Amount of contribution (\$)  
**500.<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Self Employed**

9 Employer (See Instructions)

Date **5-6-2017**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Alberto M. Vega**  
 Contributor address; City; State; Zip Code  
**P.O. Box 1423 San Benito, TX 78586**

Amount of contribution (\$)  
**500.<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Funeral Director**

Employer (See Instructions)

Date **5-17-2017**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Maria De Jesus Lambarrri**  
 Contributor address; City; State; Zip Code  
**9315 U.S. Hwy 281 Brownsville, TX 78520**

Amount of contribution (\$)  
**2,000.<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Self Employed**

Employer (See Instructions)

Date **5-16-2017**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carlo Hernandez**  
 Contributor address; City; State; Zip Code  
**2965 E. 13th St. Brownsville, TX 78521**

Amount of contribution (\$)  
**200.<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Self Employed**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAVIER REYNA

3 Filer ID (Ethics Commission Filers)

4 Date

5-22-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAW Office of Nat Perez, Jr.

6 Contributor address; City; State; Zip Code

847 E. Harrison Brownsville, TX 78520

7 Amount of contribution (\$)

100.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

5-22-2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria Isabel Pizana

Contributor address; City; State; Zip Code

5633 Wild Bird Ln Brownsville, TX 78526

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

5-24-2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ara Liza Gallegos

Contributor address; City; State; Zip Code

1350 El Jardin Height Rd Brownsville, TX 78526

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

5-26-2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jaime Escobedo

Contributor address; City; State; Zip Code

4680 Larkspur Brownsville, TX 78526

Amount of contribution (\$)

1,000.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self Employed

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

6-2-2017

5 Full name of contributor

John T. Blaylock

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

350.<sup>00</sup>

6 Contributor address;

422 E. Harrison Harlingen TX, 78550

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

6-4-2017

Full name of contributor

Eagle Insurance Agency

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

400.<sup>00</sup>

Contributor address;

P.O. Box 5788 McAllen, TX 78502

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

6-8-2017

Full name of contributor

David Perez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

300.<sup>00</sup>

Contributor address;

611 Galveston Rd Brownsville, TX 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

7-5-2017

Full name of contributor

Encarnacion Gonzalez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

6840 N. Expressway 7783 Brownsville, TX 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

5/26/17

5 Full name of contributor

John Sosa

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.<sup>00</sup>—

6 Contributor address;

1525 Russel St Brownsville, TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5-26-17

Full name of contributor

Eli Tella

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>—

Contributor address;

514 Mayorca Blvd Brownsville, TX 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

7/11/17

Full name of contributor

Cipriano Reyna (Reyna Investigations)

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.<sup>00</sup>—

Contributor address;

1344 Esperanza Lane Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-17-2017</i>	5 Payee name <i>Hord Photography</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense (photo)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-25-2017</i>	Payee name <i>J. A. Sports</i>
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Amount (\$) <i>2,500</i>	Payee address; City; State; Zip Code <i>4627 Central Circle, Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense Signs</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-12-2017</i>	Payee name <i>J. A. Sports</i>
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Amount (\$) <i>2,046.50</i>	Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense Signs</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAVIER REYNA</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6-14-2017</b>	5 Payee name <b>Haidy Graphic Design</b>
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6 Amount (\$) <b>216.50</b>	7 Payee address; City; State; Zip Code <b>9985 Anacua Cir. Unit A-3 Olmito, TX 78575</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense Push Cards</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-14-2017</b>	Payee name <b>Haidy Graphic Design</b>
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Amount (\$) <b>40.59</b>	Payee address; City; State; Zip Code <b>9985 Anacua St. Unit A-3 Olmito, TX 78575</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense indoor poster</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-10-2017</b>	Payee name <b>JAVIER REYNA</b>
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Amount (\$) <b>263.82</b>	Payee address; City; State; Zip Code <b>633 Rey Salomon Brownsville, TX 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses (see Schedule G) Filed</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JAVIER REYNA</b>	Office sought <b>Justice of The Peace Pct 2 PL 2</b>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7-2-17</i>	5 Payee name <i>The Home Depot</i>
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6 Amount (\$) <i>24.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>605 W. Morrison Brownsville, TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense Ties (zip ties) for signs</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-4-17</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>239.82</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense White T-shirts</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED