

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: **20**

OFFICE USE ONLY

Date Received
**CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION**

JAN 12 2018

RECEIVED
BY: Jessica Barajas 1:20pm

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Javier
NICKNAME LAST SUFFIX
Reyna

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
633 Rey Salomon Brownsville TX 78521

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 203-7529

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Tony
NICKNAME LAST SUFFIX
Torres Jr.

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1304 Esperanza Ln. Brownsville, TX 78521

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 466-9949

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 12 / 2017 01 / 12 / 2018

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 06 / 2018 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Justice of The Peace
Precinct 2 place 2**

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)

\$

19,091

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

12,517.69

CONTRIBUTION
BALANCE

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

\$

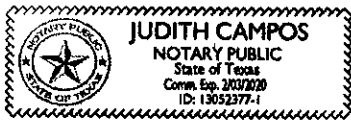
6,573.31

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 12th day of Jan., 20 18, to certify which, witness my hand and seal of office.

Judith Campos
Signature of officer administering oath

Judith Campos
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,541. ⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,616. ⁰⁰
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	\$ 7,250. ²⁸
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	\$ 139. ¹²
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: 1 of 6

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/17

5 Full name of contributor

Royster, Rayzor, Vickery & Williams

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

55 Cove Circle

City; State; Zip Code

Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Firm

Date

7/27/17

Full name of contributor

Ralph Cowen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

5826 Mystic Bend Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-14-17

Full name of contributor

Javier Villarreal

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

2401 Wildflower Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

8-10-17

Full name of contributor

John Sosa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

1525 Russel St. Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

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 of 6

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-17

5 Full name of contributor

Eziquiel Silva

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

Brownsville, TX

8 Principal occupation / Job title (See Instructions)

S+M Trucking / Business owner

9 Employer (See Instructions)

Self employed

Date

8-12-17

Full name of contributor

Trail Ride Fundraiser

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

360.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-17

Full name of contributor

Dr. Gustavo Stern

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

125.00

Contributor address;

City; State; Zip Code

235 Calle Jacaranda Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Retired Doctor

Employer (See Instructions)

Date

9-1-17

Full name of contributor

JOANNE & ROY REED

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

234 Emerald Ln. Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Retired

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:

3 of 6

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-17

5 Full name of contributor

Erica Larasquito

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

1713 Harding St.

City; State; Zip Code

Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

WE

9 Employer (See Instructions)

Date

10-12-17

Full name of contributor

Ernesto Gamez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

777 E. Harrison

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

10-12-17

Full name of contributor

Rick Cardenas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

1603 E. Price Rd

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Self employed

Date

10-24-17

Full name of contributor

Dr. Reagan McMillen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

1205 N. Ed Carey

City; State; Zip Code

Harlingen, TX 78556

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self employed

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:

4 of 6

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

9-11-17

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

Chicken Plate Fund - RAISER

7 Amount of contribution (\$)

5,956.⁰⁰

6 Contributor address; City; State; Zip Code

Various Donors Brownsville, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-8-17

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

Mario Villarreal

Amount of contribution (\$)

300.⁰⁰

Contributor address; City; State; Zip Code

700 E. Levee Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self Employed

Date

11-6-17

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

Adolfo Ramirez Jr.

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

6565 N. Expressway Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-17

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

Jesse Breedlove

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

46 Laguna Madre Laguna Vista, TX 78578

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 6

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

11-6-17

5 Full name of contributor

Rene Lerma

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

1314 Magnolia Ct. Brownsville, TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self employed

Date

11-27-17

Full name of contributor

Michael & Tina Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

1102 E. Pierce Harlingen, TX 78550

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bondsman

Employer (See Instructions)

Self employed

Date

12-14-17

Full name of contributor

Ruben Gallegos Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

594 Jose Marti Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self employed

Date

12-7-17

Full name of contributor

Elli Tella

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

514 Mayora Brownsville, TX 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed / pest controller

Employer (See Instructions)

self

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: **6 of 6**

2 FILER NAME **Javier Reyna**

3 Filer ID (Ethics Commission Filers)

4 Date
12-12-17

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesus Canales
6 Contributor address; City; State; Zip Code
845 E. Harrison Brownsville, TX 78520

7 Amount of contribution (\$)
300.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self employed

Date
12-14-17

Full name of contributor out-of-state PAC (ID#: _____)
Mario Villarreal
Contributor address; City; State; Zip Code
700 E. Levee Brownsville, TX 78520

Amount of contribution (\$)
300.00

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Self employed

Date
1-9-18

Full name of contributor out-of-state PAC (ID#: _____)
Arnold Flores Sr.
Contributor address; City; State; Zip Code
1355 Lantana St. Brownsville, TX 78520

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)
Retired / Law-enforcement

Employer (See Instructions)
—————

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME <i>Javier Reyna</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8-10-17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Connie Cristiano</i>	8 Amount of Contribution \$ <i>800.00</i>	9 In-kind contribution description <i>Hall for "kick-off" event.</i>
7 Contributor address; City; State; Zip Code <i>6141 Paredes line Rd Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>Kids Castle Party Hall Business Lady</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Self Employed</i>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>8-10-17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rene Sanchez</i>	Amount of Contribution \$ <i>2,000.00</i>	In-kind contribution description <i>Food for "kickoff" event</i>
Contributor address; City; State; Zip Code <i>1034 McDavit Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Restaurant Owner</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Restaurant Owner</i>	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2
2 FILER NAME JAVIER REYNA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 8-10-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Andrade 7 Contributor address; City; State; Zip Code 1036 E. 7th Street Brownsville, TX 78520	8 Amount of Contribution \$ 560.00 9 In-kind contribution description Beverages for kite-off event + licensed Bartender <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Bondsman self employed		13 Contributor's job title (FOR JUDICIAL) (See Instructions) owner
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 9-8-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Andrade Contributor address; City; State; Zip Code 1036 E. 7th St. Brownsville, TX 78520	Amount of Contribution \$ 256.00 In-kind contribution description Chicken for Fund-raiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Bondsman self employed		Contributor's job title (FOR JUDICIAL) (See Instructions) owner
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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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: <i>1 of 8</i>	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7-14-17</i>	5 Payee name <i>Molar Heat Printing</i>
--------------------------	--

6 Amount (\$) <i>500.00</i>	7 Payee address; City; State; Zip Code <i>4676 Orchid Brownsville, tx 78520</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</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
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7-24-17</i>	Payee name <i>Haidy Graphic Designs</i>
------------------------	--

Amount (\$) <i>81.18</i>	Payee address; City; State; Zip Code <i>9985 Anacua Circle Brownsville, TX 78520 A-3</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-7-17</i>	Payee name <i>Molar Heat Print</i>
-----------------------	---------------------------------------

Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>4676 Orchid Brownsville, TX 78520</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 of 8	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 8-10-17	5 Payee name Sam's Club
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6 Amount (\$) 232.79	7 Payee address; City; State; Zip Code 3750 West Alton Gloor Brownsville, TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8-10-17	Payee name Enrique Lerma
-----------------	-----------------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code 30 Providencia Circle Brownsville, TX 78520 5-J
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 8-17-17	Payee name Haidy Graphic Designs
-----------------	-------------------------------------

Amount (\$) 433.00	Payee address; City; State; Zip Code 9985 Anacua Circle Brownsville, TX 78520 A-3
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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: 3 of 8	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 9-4-17	5 Payee name Samis Club
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6 Amount (\$) 167.94	7 Payee address; City; State; Zip Code 3750 West Alton Gloor Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(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 9-4-17	Payee name J.A. Sports
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Amount (\$) 373.46	Payee address; City; State; Zip Code 4627 Central Cirde Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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 10-17-17	Payee name Cameron County Child Advocacy Center
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Amount (\$) 250.00	Payee address; City; State; Zip Code 1390 W. Expressway 83 San Benito, TX 78586
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Advertising Expense	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: 40 + 8	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 11-11-17	5 Payee name J.A. Sports
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6 Amount (\$) 216.50	7 Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 11/11/17	Payee name Michaels
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Amount (\$) 77.94	Payee address; City; State; Zip Code 571 E. Morrison Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense (T-shirts)	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 11-22-17	Payee name Cameron County Democrat Party
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 531 E. St. Frances Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fees	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: **5 of 8** 2 FILER NAME **JAVIER REYNA** 3 Filer ID (Ethics Commission Filers)

4 Date **11-24-17** 5 Payee name **Molar Heat Print**

6 Amount (\$) **100.00** 7 Payee address; City; State; Zip Code
4676 Orchid Brownsville, TX 78520

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

Advertising Expense/printing Expense (shirts) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12-9-17** Payee name **J. A. Sports**

Amount (\$) **97.43** Payee address; City; State; Zip Code
4627 Central Circle Brownsville, TX 78520

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12-9-17** Payee name **Valle Noticias**

Amount (\$) **500.00** Payee address; City; State; Zip Code
2032 Resaca Dr. Brownsville, TX 78526

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: 6 of 8	2 FILER NAME JAVIER REYNA	3 Filer ID (Ethics Commission Filers)
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4 Date 12-11-17	5 Payee name Fiesta Graphics
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6 Amount (\$) 310.00	7 Payee address; City; State; Zip Code 205 Paredes line Rd. Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (CAPS)	(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 12-11-17	Payee name Sams CLUB
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Amount (\$) 64.82	Payee address; City; State; Zip Code 3750 W. Alton Blvd Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense [Envelopes]	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 12-15-17	Payee name Brownsville Herald
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Amount (\$) 1,545.00	Payee address; City; State; Zip Code 1135 E. Van Buren St. Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	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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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 8	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 12-20-17	5 Payee name Haidy Designs
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6 Amount (\$) 378.81	7 Payee address; City; State; Zip Code 9985 Anacua Circle Brownsville, TX 78520 A-3
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 12-23-17	Payee name Alexis Lerma
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Amount (\$) 100.00	Payee address; City; State; Zip Code 30 Providencia Circle Brownsville, TX 78520 S-5
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor (video)	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 12-26-17	Payee name J.A. Sports
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Amount (\$) 411.35	Payee address; City; State; Zip Code 4627 Central Circle Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	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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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: 8 of 8	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 1-9-18	5 Payee name Valle Noticias
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2032 Resaca Dr. Brownsville, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 1	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 12-24-17	5 Payee name Face Book Ads
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6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 HackerWay Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 12-11-17	Payee name Office Depot
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Amount (\$) 17.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 515 E. Morrison St. Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense / Advertising Expense	(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 1-9-18	Payee name Sam's Club
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Amount (\$) 21.62 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3750 W. Alton Gloor Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Mail-out expense	(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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