Javier Reyna

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction 6 | tuide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Javier | MI . | OFFICE USE ONLY Date Received |
| | Reyna Reyna | SUFFIX - | CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE/#: 633 Rey Salomon Brownsville, TEXA | CITY; STATE; ZIP CODE | MAY 14 2018 1F374 |
| Onlinge of Fludiess | | B | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 203-7529 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST | MI MI | Receipt # Amount \$ Date Processed |
| 1473VIL | NICKNAME LAST TOFFES | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / S 1304 Esperanza | Ln Brownsville | e, TX 78520 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (956) 466-9949 | EXTENSION | |
| 9 REPORTTYPE | July 15 30th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | 62 / 27 / 3018 | THROUGH Month | Day Year 14 / 2018 |
| 11 ELECTION | ELECTION DATE Month Day Year ☐ Primary 05 / 22 / 2018 ☐ General | ELECTION TYPE Runolf Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | [The Peace |
| | | Justice of PC+2 | FThe Peace P1.2 |
| | go то | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 COOH NAME | Javie | r Keyna | Filer ID (Ethics Commission Filers) | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | FROM THIS BOX IS FOR NOTICE OF PORTICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO CAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | - | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| Additional Pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL PLEDGI | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,500.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNLES | \$ 835.3-1 | | | | |
| , , , , | 4. TOTAL | POLITICAL EXPENDITURES | \$ 11,619.56 | | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA | \$ 2,608.40 | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI DAY OF THE REPORTING PERIOD | \$ | | | |
| 18 AFFIDAVIT | | l swear, or affirm, under penalty of per | iver that the accompanying report is | | | |
| | Maribel Diaz NOTARY PUBLIN State of Texas My Comm. Exp. 05/1 | true and correct and includes all informunder Title 15, Election Code. | nation required to be reported by me | | | |
| | My Comm. Exp. 057 Notary ID: 130668 | 68-7 | + 7 | | | |
| | • | Signature of Candid | date or Officeholder | | | |
| , AFFIX NOTARY STAN | MP/SEALABOVE | JAVIER BEYNA | - 14th | | | |
| Sworn to and subsc | cribed before me, | to certify, which, witness my hand and seal of office. | , this the | | | |
| day of | Uh | , to certify without, with east my fland and seal of diffice. | Notary Public | | | |
| 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

| 20 Filer ID (Ethics Commission Filers) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBTOTAL AMOUNT |
| ry political contributions \$ 9,500 |
| NETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 4,000 |
| CONTRIBUTIONS \$ |
| \$ |
| AL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12,454.87 |
| NCURRED OBLIGATIONS \$ |
| SE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ |
| ITURES MADE BY CREDIT CARD \$ |
| L EXPENDITURES MADE FROM PERSONAL FUNDS \$ 200.00 |
| MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ |
| CAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ |
| CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ |
| SE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SITURES MADE BY CREDIT CARD SITURES MADE BY CREDIT CARD SITURES MADE FROM PERSONAL FUNDS MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SITURES MADE FROM POLITICAL CONTRIBUTIONS SITURES MADE FROM POLITICAL CONTRIBUTIONS |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME JAVIET REYNA | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributor out-of-state PAC (ID#:) 3-2-18 Adriana / Legrette 6 Contributor address; City; State; Zip Code 3472 Whingham Cf Brownsville, TX 78526 | 7 Amount of contribution (\$) $250, \underline{90}$ |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self | tions) |
| Date Full name of contributor out-of-state PAC (ID#:) Alfrelo De la Fuente Contributor address; City; State; Zip Code 1663 Zamora Dr. Brownsville, TR 78526 | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Self En | ons) Ployed |
| Date Full name of contributor Gout-of-state PAC (ID#: | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instruct BARSE Con | struction, LLC |
| Poste Full name of contributor Albert Vega Contributor address; City; State; Zip Code Post 1423 San Benito, TX 78586 | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Funeral Home Business Self Employer | · 1 |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional i | |

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 | | | | | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|--|--|
| The | Instruction Guide explains how to complete thi | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | Javier Reyna | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 4-11-18 | 5 Full name of contributor out-of-state Property VATIOUS DOMONS 6 Contributor address; City; State Myn + Bar + Gill Fund (a) | 7 Amount of contribution (\$) (DO. 00 (Mys) + Fund sais () | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | | | |
| Date 4-9-18 | Full name of contributor out-of-state PA Dr. Sakem Chughtai Contributor address; City; Stat 14 Edge water Pl. Brownsville, TA | , | Amount of contribution (\$) 200. (Mypt Fund Paiser) tions) 16 f. A. Amount of contribution (\$) | | | |
| • | nation / Job title (See Instructions) | Employer (See Instruc | raging, P.A. | | | |
| Date 4-3-18 | Full name of contributor out-of-state PADO Rica(dv Monde2 Contributor address; City; State 1900 N. Expressivay Rounsein | e; Zip Code 8520 | Amount of contribution (\$) HOO. /Myst Fund Raise() tions) | | | |
| | cation / Job title (See Instructions) | Employer (See Instruct LV TMagin | ng, LLC | | | |
| Date 4-12-18 | Full name of contributor out-of-state PA GUS ReyNA IT. Contributor address; City; State 1875 Pon Quixote Browns vil | C:/ID#- | Amount of contribution (\$) 500.00 (Mynt Fund Raiser) | | | |
| Principal occup | nation / Job title (See Instructions) Hy ChiCf | Employer (See Instruc | tions) | | | |
| :: :: | | | | | | |
| | ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see ins | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Judge Refiled Out-of-state PAC (ID#:_____ John T. Blaylock Contributor address; City; State; Zip Code 42 E. Harrison Harlingen, TX 78550 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Amount of contribution (\$) 250.00 Employer (See Instructions) Self Employed Principal occupation / Job title (See Instructions) Parra Furniture 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#: 5-2-18 Veronica Urbina 6 Contributor address; City; State; Zip Code 2425 Barnard Rd. Brownsvill, TX 78520 7 Amount of contribution (\$) 150.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Day Care Worker 9 Employer (See Instructions) 7 Mundo Feliz Amount of contribution (\$) 250.00 Principal occupation / Job title (See Instructions) Self Employed Employer (See Instructions) Full name of contributor Juan Andra de Contributor address; City; State; Zip Code 1727 Royal OAK Brownsnile, TX 78520 1,000.00 Selfemployed Principal occupation / Job title (See Instructions) Bondsman 5-7-18 Domingo Diaz Contributor address; City; State; Zip Code Po Box 1326 Hallingen, TX 78550 Principal occupation / Job title (See Instructions) Law-enforcement 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Javier KEGNA 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#:______) 5-8-18 JOE 120 PE 2 6 Contributor address; City; State; Zip Code 2 Conqui Stador Dr. Brownsville, TX 78520 7 Amount of contribution (\$) 300 00 9 Employer (See Instructions) Self Employed 8 Principal occupation / Job title (See Instructions) Insulance Salesman Date Full name of contributor S-8-18 Full name of contributor Gity; State; Zip Code 1350 El Fardin Heights Rd. Browns ville TX, 78526 Employer (See Instructions) Full (See Instructions) Amount of contribution (Fig. 1) Amount of contribution (Fig. 2) Amount of contribution (Fig. 3) Date Full name of contributor S-8-18 Jesus Canales Contributor address; City; State; Zip Code 7856. Harrison Brownsrille, TX 78540 300. Employer (See Instructions) Self Employed Principal occupation / Job title (See Instructions) Date Full name of contributor Jose Angel Rosas Contributor address; Y627 Central Cir Browns vill 78 Amount of contribution (\$) 0 J.A. Sports Owner Self Employed Principal occupation / Job title (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

| CONT | RIBUTIONS | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Th | ne Instruction Guide explains how to complete this form | n. | 1 Total pages Schedule A2: | |
| 2 FILER NAM | Javier Reyna | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 4000 | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#:) Eduar OU Gallegos 7 Contributor address; City; State; Zip Code 3901 N. Jackson Rd. W. Allen, X 78501 | | | 8 Amount of 9 In-kind contribution description 2,500 Radio Comercials Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| 3-6-18 | Full name of contributor out-of-state PAC (ID#: | de 78520 | Amount of Contribution \$ In-kind contribution description \$ Food for Event Check if travel outside of Texas. Complete Schedule T. | |
| | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | | er (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firn | m of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | **** | | |
| | | | | |
| | | | | |
| , | | | | |
| | | | | |
| • | | | | |
| | | | | |
| Lf | ATTACH ADDITIONAL COPIES OF | THIS SCHED | ULE AS NEEDED additional reporting requirements. | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (external page 1)

| Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Services The Instruction | Guide explai | | ges/Contract Labor mplete this form. | Other (enter a cat | tegory not listed above) |
|-----------------------------------------------------------|----------------------|-----------------------------------------------------|---------------------|-----------------------|---------------------------------------|--------------------------------------------------------|--------------------------|
| 1 Total pages Schedule F1: | 2 FILER N | | | | | 3 Filer ID (Et | hics Commission Filers) |
| 7 | | Javi | er K | eyNa | | | |
| 4 Date 2-26-18 | 5 Payeen | The Ho | me i | Depo |) + | | |
| 8 5. 92 | 7 Payee a 605 W.M | ddress; Ci Brylson B | rowns | Zip Gode , ille, T | X 78521 |) ; | |
| 8 PURPOSE OF EXPENDITURE | 1 | (See Categories lister Hising El | | | | outside of Texas. Comple tin, TX, officeholder liv | |
| 9 Complete ONLY if direct expenditure to benefit C/O | | late / Officeholder | name | | Office sought | | Office held |
| Date 2-27-18 | Payee na | u Bou | unsv | :16 | Heralo | 1 | |
| Amount (\$) 561.60 | Payee a | ddress; Ci Jan Buær | iy; State; 7 | Zip Code かんから | ille, TX | 78520 |) |
| PURPOSE OF EXPENDITURE | | v (See Categories listed | | | | outside of Texas. Comple tim, TX, officeholder liv | |
| Complete ONLY if direct expenditure to benefit C/OI | | late / Officeholder | name | <u> </u> | Office saught | | Office held |
| 3-5-18 | Payee n | Sams | | | | | |
| Amount (\$) 489.70 | Payee a 3750 V | odress; J.Alton Plo | ty; State; Or Br | Zip Code ついれら | ville, TX | 7852 | 0 |
| PURPOSE OF EXPENDITURE | _ | y (See Categories liste d + Bevé Even+Ex ~ | | s schedule) | | i outside of Texas. Compl stin, TX, officeholder li | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | l l | date / Officeholde | | Na | Office sought Jusが | ice of the | Peuce 2-2 |
| | ΑT | TACH ADDITIO | VAL COPIÉ | SOFTHIS | SCHEDULE AS N | EEDED | |

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics | Fees Office Ove Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Credit Card Payment | The Instruction Guide explains how to o | complete this form. | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME JAVIER RE | yNa | 3 Filer ID (Ethics Commission Filers) | | |
| ^{4 Date} 3-/0-/8 | 5 Payee name Haidy Graphi | c Desig | ns | | |
| 324.05 | 7 Payee address; Pity; State; Zip Code 2209 El Doraclu Rancholie | ju, 72c 785 | 75 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | | ıtside of Texas. Complete Schedule T. 1, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | | |
| 3-10-18 | Payee name West Brownsville Payee address; City; State: Zip Code 1995 Cottonwood Dr. B | Little . | Leagne | | |
| 500,00 | Payee address; City; State: Zip Code 1995 Cothunwood Dr. B | pounsville | , TX 78530 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | tside af Texas. Complete Schedule T. , TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | | |
| 3-13-18 | Payee name Carla Ocegnera | | | | |
| /00. 20 | Payee address; City; State; Zip Code | TX 7852 | 0 | | |
| PURPOSE OF EXPENDITURE | Sponsor Ship Advertising Expense | 1 | utside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overnead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Payee address; 2209 El Porado Ave 216.50 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Advertising PURPOSE OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE EXPENSE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Sams 3-30-18 Payee address; City; State; Zip Code 3750 W. Alton Gloor Brownsuille, TX 78520 46.39 Description -Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Beverages for Event Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 3750 W. Alter Glon Brownsville, TX 78520 Amount (\$) Description Advertising Frence Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Leaal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| Contributions/Donations Made E Candidate/Officeholder/Politica | | is/Memorials Expense vices | Printing Expense Salaries/Wages/Contra | | ut Of District Iter a category not listed above) |
|-------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|
| Credit Card Payment | - | struction Guide explains | 2 | • | |
| 1 Total pages Schedule F1: | 2 FILER NAME | JAvier | REY | NA 3 Filer | ID (Ethics Commission Filers) |
| 4 Date 4-6-18 6 Amount (\$) | 5 Payee name | iscover (| card | | |
| 6 Amount (\$) 558.37 | 7 Payee address; Po Box 3039 5 | City; State; Zik Salt Lake | City, UTA | 4 130-0395 | |
| 8 PURPOSE OF EXPENDITURE | | ories listed at the top of this so PADVEY HISTORY THE HID OF THE TEXT PREMS H | | cription Check if travel outside of Texas Check if Austin, TX, officel | • |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Offic | eholder name | Office | e sought | Office held |
| Date 4-7-18 | _ | 1. Sports | | | |
| 871.41 | Payee address; Y677 Central | City; State; Zip Circle Br | ownsville | , TX 78 | 291 |
| PURPOSE OF EXPENDITURE | Category (See Category) Adverti | orles listed at the top of this sc Sing Ense | | cription Check if travel outside of Texas Check if Austin, TX, officer | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Offic | eholder name | Office | e sought | Office held |
| Date 4-//-/8 | i | pez Me | | | |
| 98. 00 | Payee address; 2100 Central | B(Vd. | Brown | suilb,TX | 78520 |
| PURPOSE OF EXPENDITURE | Category (See Cate) Donati Food E | ories listed at the top of this so TOW XPENSE | · | cription Check if travel outside of Texa Check if Austin, TX, office | · |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Offi H | ceholder name | Offic | ce sought | Office held |
| | ATTACH AI | DDITIONAL COPIES | OF THIS SCHEDU | JLE AS NEEDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE EXPENSE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH United States Post office City; State; Zip Code Olmito, TX 78575 Payee address; 7955 N. Expression 77 Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee address: City; State; Zip Code Brownsville, TX 78520 Date Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel in District Pollina Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Ader tising Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH The Metro Leader 5-4-18 City; State; Zip Code Edingburgh, TX 78539' 3415 W. Alberta Rd. 477.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense ΩF EXPENDITURE EXPENSE Office held Office sought Complete ONLY if direct Candidate / Officebolder name expenditure to benefit C/OH Payee name Discover Card 5-8-18 Payee address; City; State; Zip Code PO Box 30395 Salt Lake City, Utah 24130-0395 Amount (\$) Category (See Categories listed at the top of this schedule) Description Transportation Fyel Expense Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Advertise Expense Office held Candidate DOfficeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | |
| 1 Total pages Schedule F1: | 3 Filor ID (Ethics Commission Filers) | | | | |
| 4 Date 5-8-18 | 5 Payee name Proden McCumber | | | | |
| 6 Amount (\$) /25. 2 | 7 Payee address; City; State; Zip Code 1724 Boca Chica Blvo Brownsville, TX 78520 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertisins Expense (b) Description 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 | | | | | |
| Date 5-8-18 | Payee name The Browns wille Herald | | | | |
| Amount (\$) 1, 770 00 | Payee address; City; State; Zip Code Brownsnile, TX 78520 1135 F. Van Buren St. Brownsnile, TX 78520 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Office holder name Office sought Office held | | | | |
| Date 5-9-18 | U:S. Postal Service | | | | |
| Amount (\$) 150 | Payee address; City; State; Zip Code 7955N. Expression 77 0/mito, 70 78575 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Obescription Check it ravel outside of Texas. Complete Schedule T. Check it Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Office holder name Office sought Office held H | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | al Committee 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 F4: | 2 FILER NAME Javier REYPH 3 Filer 1D (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UNITEM | IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 835.31 | | | | |
| 5 Date 3-6-18 | 6 Payee name Burger King | | | | |
| 7 Amount (\$) 140.73 | 8 Payee address; City; State; Zip Code 3100 Boca Chi (a Blvd Brownsnilb, TX 785) 0 | | | | |
| 9 TYPE OF EXPENDITURE | Political Non-Political | | | | |
| 10 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Food Expense For Volunteers Check if Austin, TX, officeholder living expense | | | | |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought Office held | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| TYPE OF EXPENDITURE | Political Non-Political | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought Office held H | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |
| | A TOTAL MANITONIA COLUMN OF THE COLUMN OF TH | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memoriats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| C | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
|----|-------------------------------------------------------------------------------|---------------------------------------|----------------------------------|--------------------|---------------------------------------|--|
| 1. | Total pages Schedule G: | 2 FILER NAME | avier F | Reyna | 3 Filer ID (Ethics Commission Filers) | |
| 4 | 3-24-18 | 5 Payee name | ry McH | ale | | |
| 6 | Amount (\$) OO. Reimbursement from political contributions intended | 7 Payee address; 995 Media Li | Kity; State; Zip Co | Brownsville | , TX 78520 | |
| 8 | DURROSE | (a) Category (See Categories li | sted at the top of this schedul | | | |
| | PURPOSE OF | Advertising | • • | | ide of Texas, Complete Schedule T. | |
| | EXPENDITURE | EXPER | se | Check if Austin, | TX, officeholder living expense | |
| 9 | Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeho DH | older name | Office sought | Office held | |
| | Date | Payee name | | | | |
| | Amount (\$) | Payee address; | City; State; Zip Co | ode | | |
| | Reimbursement from political contributions intended | | | | | |
| | DUPPACE | Category (See Categories li | isted at the top of this schedul | ļ [] | | |
| | PURPOSE OF | | | | side of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | Check if Austin, | TX, officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/4 | Candidate / Officeho DH | older name | Office sought | Office held | |
| | Date | Payee name | | | | |
| | Amount (\$) | Payee address; | City; State; Zip Co | ode | | |
| | Reimbursement from political contributions intended | | ÷ | | | |
| | DURBOSE | Category (See Categories I | isted at the top of this schedul | · | | |
| ĺ | PURPOSE OF | | | | side of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | L Check if Austin, | TX, officeholder living expense | |
| | Complete ONLY if direct expenditure to benefit C/ | Candidate / Officen | older name | Office sought | Office held | |
| F | | , , , , , , , , , , , , , , , , , , , | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |
| | | | | | | |