

Javier

Reyna

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Javier Reyna 15 Filer ID (Ethics Commission Filers)

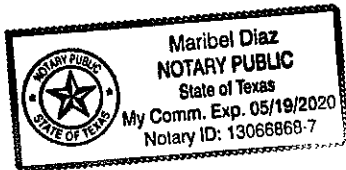
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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)	\$ 9,500. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 835.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,619.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,608.40
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAVIER REYNA, this the 14th day of May, 20 18, to certify which, witness my hand and seal of office.

[Handwritten Signature] Signature of officer administering oath
 Maribel Diaz Printed name of officer administering oath
 Notary Public 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	\$ 9,500
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,000
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	\$ 12,454.87
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 200.00
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: **5**

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

3-2-18

5 Full name of contributor

Adriana Negrette

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

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

3472 Nottingham Ct Brownsville, TX 78526

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Bondsman

9 Employer (See Instructions)

Self

Date

3-2-18

Full name of contributor

Alfredo De la Fuente

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

1663 Zamora Dr. Brownsville, TX 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Welder

Employer (See Instructions)

Self Employed

Date

3-22-18

Full name of contributor

Sonia Bartniki

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

Amount of contribution (\$)

1,500.⁰⁰

Contributor address;

7444 Burr Oak Loop Brownsville, TX 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

BARSE Construction, LLC

Date

4-3-18

Full name of contributor

Albert Vega

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

PO BOX 1423 San Benito, TX 78586

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Funeral Home Business

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:
2 FILER NAME Javier Reyna		3 Filer ID (Ethics Commission Filers)
4 Date 4-11-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARIOUS DONORS	7 Amount of contribution (\$) 600.⁰⁰ <i>(Mynt Fundraiser)</i>
6 Contributor address; City; State; Zip Code Mynt Bartbill Fundraiser (50.⁰⁰ ticket sales)		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-9-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Saleem Chugh tai	Amount of contribution (\$) 200.⁰⁰ <i>(Mynt Fundraiser)</i>
Contributor address; City; State; Zip Code 14 Edgewater Pl. Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) EXPRESS Imaging, P.A.
Date 4-3-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Ricardo Mendez	Amount of contribution (\$) 400.⁰⁰ <i>(Mynt Fundraiser)</i>
Contributor address; City; State; Zip Code 1900 N. EXPRESSWAY Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) LV Imaging, LLC
Date 4-12-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gus Reyna Jr.	Amount of contribution (\$) 500.⁰⁰ <i>(Mynt Fundraiser)</i>
Contributor address; City; State; Zip Code 1875 Don Quixote Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Deputy Chief		Employer (See Instructions) Cameron County

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 <i>Javier Reyna</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-11-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Escobedo</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>4680 Lakspur Brownsville, TX 78521</i>	<i>(Myrt Fundraiser tickets)</i>
8 Principal occupation / Job title (See Instructions) <i>Security Company Owner</i>		
		9 Employer (See Instructions) <i>Self Employed</i>
Date <i>4-11-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Honorable Felix Reio</i>	Amount of contribution (\$) <i>300.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>53 Shadow Brook Brownsville, TX 78521</i>	
Principal occupation / Job title (See Instructions) <i>Retired Judge</i>		Employer (See Instructions) <i>Retired</i>
Date <i>4-12-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John T. Blaylock</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>422 E. Harrison Harlingen, TX 78550</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>4-13-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Parra</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4374 Martinal Rd. Brownsville, TX 78526</i>	
Principal occupation / Job title (See Instructions) <i>Parra Furniture</i>		Employer (See Instructions) <i>Self Employed</i>

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

3 Filer ID (Ethics Commission Filers)

4 Date

5-2-18

5 Full name of contributor

Veronica Urbina

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

7 Amount of contribution (\$)

150.⁰⁰ -

6 Contributor address;

2425 Barnard Rd.

City; State; Zip Code

Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

Day Care Worker

9 Employer (See Instructions)

Mundo Feliz

Date

5-2-18

Full name of contributor

Ruben Cortez Jr. Campaign

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

Amount of contribution (\$)

250.⁰⁰ -

Contributor address;

735 Habana St.

City; State; Zip Code

Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

5-5-18

Full name of contributor

Juan Andrade

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

Amount of contribution (\$)

1,000.⁰⁰

Contributor address;

1727 Royal Oak

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Bondsman

Employer (See Instructions)

Self Employed

Date

5-7-18

Full name of contributor

Domingo Diaz

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

Po Box 1326

City; State; Zip Code

Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Law-enforcement

Employer (See Instructions)

Cameron County

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

5-8-18

5 Full name of contributor

Joel Lopez

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

7 Amount of contribution (\$)

300.⁰⁰

6 Contributor address;

2 Conquistador Dr. Brownsville, TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Insurance Salesman

9 Employer (See Instructions)

Self Employed

Date

5-8-18

Full name of contributor

Anna Liza Gallegos

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

1350 El Jardin Heights Rd. Brownsville TX, 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Gallegos Electric Inc.

Date

5-8-18

Full name of contributor

Jesus Canales

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

Amount of contribution (\$)

300.⁰⁰

Contributor address;

845 E. Harrison Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

Date

5-10-18

Full name of contributor

Jose Angel Rosas

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

4627 Central Cir Brownsville TX 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

J.A. Sports Owner

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Javier Reyna</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>4000</u>
5 Date <u>3-6-18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eduardo Gallegos</u>	8 Amount of Contribution \$ <u>2,500</u> 9 In-kind contribution description <u>Radio commercials</u>
7 Contributor address; City; State; Zip Code <u>3901 N. Jackson Rd. McAllen, TX 78501</u>		<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)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
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 <u>3-6-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rene Sanchez</u>	Amount of Contribution \$ <u>1,500</u> In-kind contribution description <u>Food for Event</u>
Contributor address; City; State; Zip Code <u>5633 Wild Bird Ln. Brownsville, TX 78520</u>		<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)		Contributor's job title (FOR JUDICIAL) (See Instructions)
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: 7	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 2-26-18	5 Payee name The Home Depot
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6 Amount (\$) 85.92	7 Payee address; City; State; Zip Code 605 W. MORRISON Brownsville, TX 78521
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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 2-27-18	Payee name The Brownsville Herald
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Amount (\$) 561.60	Payee address; City; State; Zip Code 1135 E. Van Buren Brownsville, TX 78520
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-5-18	Payee name Sams
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Amount (\$) 489.70	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) Food + Beverages + Event 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Javier Reyna	Office sought Justice of the Peace 2-2	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JAVIER REYNA	3 Filer ID (Ethics Commission Filers)
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4 Date 3-10-18	5 Payee name Haidy Graphic Designs
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6 Amount (\$) 324.00	7 Payee address; City; State; Zip Code 2209 El Dorado Rancho Viejo, TX 78575
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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 3-10-18	Payee name West Brownsville Little League
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Amount (\$) 500.00	Payee address; City; State; Zip Code 1295 Cottonwood Dr. Brownsville, TX 78520
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-13-18	Payee name Carla Ocegnera
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Amount (\$) 100.00	Payee address; City; State; Zip Code Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship 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 <u>ONLY</u> 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 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:	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-18-18</i>	5 Payee name <i>Hardy Graphic Designs</i>
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6 Amount (\$) <i>216.50</i>	7 Payee address; City; State; Zip Code <i>2209 El Dorado Ave Rancho Viejo Ave 78575 Texas</i>
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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
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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>3-30-18</i>	Payee name <i>Sams</i>
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Amount (\$) <i>46.39</i>	Payee address; City; State; Zip Code <i>3750 W. Alton Bloor Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Beverages for event</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>4-5-18</i>	Payee name <i>Sams</i>
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Amount (\$) <i>47.52</i>	Payee address; City; State; Zip Code <i>3750 W. Alton Bloor Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense (labels)</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 **JAVIER REYNA** 3 Filer ID (Ethics Commission Filers)

4 Date **4-6-18** 5 Payee name **Discover Card**

6 Amount (\$) **558.37** 7 Payee address; City; State; Zip Code
PO Box 30395 Salt Lake City, UTAH 84130-0395

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)
Food expense / Advertising / Transportation Fuel expense (b) Description
 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 **4-7-18** Payee name **J.A. Sports**

Amount (\$) **871.41** Payee address; City; State; Zip Code
4627 Central Circle Brownsville, TX 78521

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Advertising Expense 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 Candidate / Officeholder name Office sought Office held

Date **4-11-18** Payee name **Lopez Meat Market**

Amount (\$) **98.00** Payee address; City; State; Zip Code
2100 Central Blvd. Brownsville, TX 78520

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Donation Food Expense 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 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 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:	2 FILER NAME JAVIER REYNA	3 Filer ID (Ethics Commission Filers)
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4 Date 4-11-18	5 Payee name Haidy Graphic Designs
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6 Amount (\$) 324.75	7 Payee address; City; State; Zip Code 2209 El Dorado Ave Rancho Viejo TX 78575
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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 4-19	Payee name United States Post office
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Amount (\$) 500.00	Payee address; City; State; Zip Code 7955 N. Expressway 77 Olmito, TX 78575
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-24-18	Payee name Breeden/McCumber
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Amount (\$) 3,415	Payee address; City; State; Zip Code 1724 Boca Chica Blvd Brownsville, TX 78520
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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 <u>ONLY</u> 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 **JAVIER REYNA** 3 Filer ID (Ethics Commission Filers)

4 Date **4-26-18** 5 Payee name **United States Post Office**

6 Amount (\$) **400.00** 7 Payee address; City; State; Zip Code **7955 N. Expressway Olmito, TX 78575**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Advertising EXPENSE (stamps)** (b) Description 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 **5-4-18** Payee name **The Metro Leader**

Amount (\$) **477.00** Payee address; City; State; Zip Code **3415 W. Alberta Rd. Edingburgh, TX 78539**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising EXPENSE** 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 Candidate / Officeholder name Office sought Office held

Date **5-8-18** Payee name **Discover Card**

Amount (\$) **417.67** Payee address; City; State; Zip Code **PO Box 30395 Salt Lake City, Utah 84130-0395**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Transportation Fuel EXPENSE / Advertise EXPENSE** 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Javier Reyna		3 Filer ID (Ethics Commission Filers)	
4 Date 5-8-18		5 Payee name Breeden/McCumber			
6 Amount (\$) 125.00		7 Payee address; City; State; Zip Code 1724 Boca Chica Blvd Brownsville, TX 78520			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-8-18		Payee name The Brownsville Herald			
Amount (\$) 1,770.00		Payee address; City; State; Zip Code 1135 E. Van Buren St. Brownsville, TX 78520			
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	
Date 5-9-18		Payee name U.S. Postal Service			
Amount (\$) 150		Payee address; City; State; Zip Code 7955 N. Expressway 77 Olmito, TX 78575			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising Expense (stamps)		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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 835.31
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5 Date 3-6-18	6 Payee name Burger King
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7 Amount (\$) 140.73	8 Payee address; City; State; Zip Code 3100 Boca Loma Blvd Brownsville, TX 78520
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense For Volunteers	(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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11 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
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 ONLY 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: <u>1</u>	2 FILER NAME <u>Javier Reyna</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-24-18</u>	5 Payee name <u>Gerry McHale</u>	
6 Amount (\$) <u>200.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>995 Media Luna #312 Brownsville, TX 78520</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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