CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

FORM C/OH COVER SHEET PG 1

·		·	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Edward	SUFFIX	Date Received
	Wally Reyes	TR	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING	5609 Honeybeckend		Date Hand-delivered or Postnard
ADDRESS change of address	Austin, TX	78744	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	R TIN
OFFICEHOLDER PHONE	(512) 779-5575		Date Processed CEI
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI/	Date Imaged P C C
NAME	Ms. Delores	SUFFIX	
	Moreno		02 RK
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
ADDRESS (residence or business)	4812 Sunderland		~ 4-11-7
(165)MC1100 OF SQUINGES,	Au	1 stin, TX	7874
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 351-0723		
		·	•
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	Month Day	Year
OOVERED	05/08/2014 THROUGH	Dle /3 0/	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Drimany		/
	11/04/2014 Primary	Runoff 📝	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
		Distr	ict Z
`	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		·				
14 C/OH NAME MC	Edwar	d Reyes 15	ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
a	SPECIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 202.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1002.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00					
	4. TOTAL	\$ 799.59				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 202.41			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00					
18 AFFIDAVIT	•					
	YRNA G. RIOS ommission Expires July 02, 2016	I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code. Signature of Candid	ormation required to be reported by			
AFFIX NOTARY-STAM	P / SEAL ABOVE					
Sworn to and substantial day Signature of officer admi	or July	me, by the said <u>FAWAYA</u> <u>RULS</u> , 20 14 , to certify which, witness my Printed name of officer administering oath	hand and seal of office. Alberta Title of officer administering oath			
		()	1			

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundra		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dist		
Fees	Printing Expense Office Overhead/R	tental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
1 3/3	Edward Reyes		
4 Date	5 Payee name		
. / /			
4/23/2014	Murphy USA 7209		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$41.00	710 East Austin, 78704 Benwhite TX		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	Travel In District	Gas-Meetings	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date ,	Payee name		
6/23/2014	l 🚗 ')	· · · · · · · · · · · · · · · · · · ·	
.W/23/AU1/	rapa John's		
Amount (\$)	Payee address: City; State; Zip Code		
\$ 35.38 €	500 W. William Cannon		
マ ンク.		78745	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF		· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE	Food Beverage Expense	Provided lunch Campaign Meeting	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Data	Bayes nome		
6/23/2014	All Star Grocery		
Amount (\$)	Payee address City; State: Zip Code		
.1 - 1 - 6	5303 Nuckles Cross		
×40.00	_		
A	Austia TX 7	8749	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	l		
EXPENDITURE	Travel In District	Gas-Meetry	
O	Candidate / Officeholder name	- 1	
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held	
Date,	Payee name		
6/24/2014	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
	6607 S. 1 H 35		
\$ 50.00	•	.1	
n 00. = 0	Austin TX 78	144	
01100000			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Git+	Gift Card - Door Prize	
		City Doore I. In	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

SCHEDULE F

· · · · · · · · · · · · · · · · · · ·	EXPENDITURE	CATEGORIES FOR BOX 8(a	1)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	e explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
.2 of 3	Edward Key	L	ļ
4 Date	5 Payee name		
6/24/2014	$H \in \mathcal{B}$		
6 Amount (\$)		ate; Zip Code	,
>- 111	6607 1H35		
85.44	Austin	. +x 78744	
			
8 PURPOSE OF	(a) Category (See categories listed at the to		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food	Campaign	Meetry-Provided Foods
9 Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/C	он		
Date ,	Payee name		
6/24/2014	Walmart		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Autount (#)	710 E BenWhite Bly		
¥1.07	ITO C DELIMINE BIN	•	21
* · · · ·		Austin, TA 78	704
PURPOSE	Category (See categories listed at the to	of this schedule) Descriptio	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	ورون ک	les office
	Candidate / Officeholder name		***************************************
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Omice sou	onice neig
!			
Date	Payee name		•
4/24/2014	Walmart	<u> </u>	
Amount (\$)	Payee address; City; St	· · · · · · · · · · · · · · · · · · ·	
x 1 59	710 E. Benwhite Bl	rd	,
4 1 · > 1	,	AustinIT/ 7870	$\boldsymbol{\mathcal{Y}}$
PURPOSE	Category (See categories listed at the to		(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Other	Sup	plies - Office
Complete ONLY if direct	Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit C/C	אל <u></u>	·	
Date	Payee name		
6/24/2014	Walmart		
Amount (\$)		ate; Zip Code	
	710 E. Benwhite		·
¥ 1.34	110 D. Benowith		70701
1 - 1		Austin, TX	18104
PURPOSE	Category (See categories listed at the to		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Suppl	les-office
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/			, amaina
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE A	SAIEEDED
	ATTACHADDITIONALC	OFIES OF I HIS SUREDULE A	NEEDEO

<u> </u>					
	EXPENDITURE C	ATEGORIES I	FOR BOX 8(a)	· - · · · · · · · · · · · · · · · · · · ·	
Advertising Expense		Salaries/Wages/Co	, ,	Loan Repayment/Rei	mbursement
Accounting/Banking		Solicitation/Fundrais	sing Expense	Transportation Equipr	nent & Related Expense
Consulting Expense		Travel In District		Contributions/Donatio	ns Made By
Event Expense	- ·	Travel Out Of Distr			older/Political Committee
Fees.	•	Office Overhead/Re	-	•	gory not listed above)
	The Instruction Guide e	explains how to d	omplete this for	n.	<u>-</u> .
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
3 of 3	toward Keye	S		•	
4 Date	5 Payee name	-			, .
6/26/20H	Murchy USA	7209		_	
			. 5		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			•
	710 East Benwhite	•			
\$30.01	A_1	ustin T	X 797	04	
<u> </u>			-1	·	
8 PURPOSE OF	(a) Category (See categories listed at the top o	f this schedule)	(b) Description (If travel outside of Texas, o	complete Schedule T)
EXPENDITURE	Travel In District		Gas-M	a tiles	
-				 -	055
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Date ,	Payee name			,	
le/30/2014	Signs Express			•	•
Amount (\$)	Payee address; City; State	e; Zip Code	•	4 - 1	
C 0 10 .	8400 Brodie lano		•		
\$500.00		~ ~ .			
·	Aust	in TX	<u> 18745</u>		•
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Texas, o	complete Schedule T) -
OF EXPENDITURE	Printing Expence.		Signs		. •
EAPENDITURE	mining expense		3 19113		3 . H 5
Complete ONLY if direct	Candidate / Officeholder name		Office sought	ï,	Office held
expenditure to benefit C/C	DH .				44
Date	Payee name	••••	· · · · · · · · · · · · · · · · · · ·	-,	
					•
6/10/2014	Squaresic				
Amount (\$)	Payee address City; State	e; Zip Code			•
112 71	12 12				
\$13.76	Online				
<u>'</u>	L				
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE		1	On-18.	. O la casa	
EXPENDITURE	Fees		UII LINE	. Charges	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	PH .				
Data					
Date	Payee name			•	
	,				
Amount (\$)	Payee address; City; State	e; Zip Code			þ.
•	· · · · · · · · · · · · · · · · · · ·	•			
	1,				
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description /	If travel outside of Texas, o	complete Schedule T\
OF			2000,000,		i i
EXPENDITURE	·	1			i,
Complete QNLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/		•		,	THE PERSON
	· · · · · · · · · · · · · · · · · · ·				
·	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	IEEDED	

P.O. Box 12070

SCHEDULE F

	· · · · · · · · · · · · · · · · · · ·				
	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	-	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/0	Contract Labor I	oan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundr	aising Expense	Fransportation Equipment & Related Expens	se .
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Di	strict	Candidate/Officeholder/Political Committ	tee
Fees	Printing Expense	Office Overhead/	Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guid	de explains how to	complete this for	n.	
1 Total pages Schedule F:	2 FILER NAME	. <u>-</u>		3 ACCOUNT # (Ethics Commission File	lers)
4 Date	5 Payee name		4		
			· 		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE		-			
6 6 1 0 0 1	Candidate / Officeholder nam		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/C			Office sought	Office neid	-
Date	Payee name				
Amount (\$)	Payee address; City; 5	State; Zip Code			
PURPOSE	Category (See categories tisted at the t	top of this schedule)	· Description (f travel outside of Texas, complete Schedule 1)	
OF EXPENDITURE					
	0-4/4		0.55		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	e	Office sought	Office held	
Date	Payee name				
	i dyes name			·	
Amount (\$)	Payee address; City; S	State; Zip Code	•		
DURDOSE	Category (See categories listed at the t	ton of this schedule)	Description //	If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Carago. 1 (see caregories listed at the	(Billiance cum to do.	2030(pilot) (i	22.27 30.0700 01 10x40, complete duradile 1)	į
EXPENDITURE					1
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	e e	Office sought	Office held	
Date	Payee name				
				· 	
Amount (\$)	Payee address; City; S	State; Zip Code			
			<u> </u>		
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE				· · · · · · · · · · · · · · · · · · ·	:
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam OH	e	Office sought	Office held	
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS N	IEEDED	
		- -			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

		···.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	Edward Reyes		3 ACCOUNT # (E	thics Commission Filers)
Date Date	5 Full name of contributorout-of-state PAC(ID#_ Edward A. Reyes Sr. 6 Contributor address; City; State; Zip Code 31 le The Ranch Road		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Del Valle, TX	78617	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	·	1.
10/0/2014	Full name of contributor out-of-state PAC (#D# Pay Sepecta		Amount of contribution (\$)	In-kind contribution description (if applicable)
Plais	Contributor address; City; State; Zip Code		\$100.00	
· <u></u>	Austin ,TX 7	9744	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_ 15abe/ Rios Lopez		Amount of contribution (\$)	In-kind contribution description (if applicable)
Wolzon	Contributor address; City; State; Zip Code 6713 Meadow Lake Austla, TX 7	ชา <i>น</i> ั	~°°°°	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
:	Dation / 300 title (See matrictions)	Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Sennelle Guttlerrez Contributor address; City; State; Zip Code 5514 Navarro Creek Rd	.,,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Col.	7'	6617	(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See		, sometime surface of
Date (10/2014)	Full name of contributor out-of-state PAC (ID#_ Frances Acuna Contributor address; City; State; Zip Code 5009 Brasslewood Dr.		Amount of contribution (\$)	In-kind contribution description (if applicable)
a/	Austin,	Tx 78744	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
		<u>.</u>		- · · · · · · · · · · · · · · · · · · ·

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

			Table Cab	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	
2 FILER NAME	FI ID		3 ACCOUNT # (E	thics Commission Filers)
	Edward Reyes			
4 Date	5 Full name of contributor ut-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
-1 1	Carol J. Orton		contribution (\$)	description (if applicable)
5/10/2014	6 Contributor address; City; State; Zip Code	. TX	#100-00	
	5605 Honeybee Bend Austin	78744	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		· · · · · · · · · · · · · · · · · · ·
	T	<u> </u>	Τ	
Date	Jil Christine Romerez)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/2014	Contributor address; City; State; Zip Code		\$200.00	
a.	Austin ,TX	78745	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
Dale	Erica Reyes		contribution (\$)	description (if applicable)
610/2014	Contributor address; City; State; Zip Code 4509 E. St. Hmo Rd		\$50.00	<u> </u>
	#3102 Austin ,TX	78744	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/10/2014	Contributor address: City; State; Zip Code		\$10.00	
	Austin, TX 78	144	(If travel outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or reads, complete corrective ty
Date	Full name of contributor out-of-state PAC (ID#	1	Amarratas	In kind or the Pro-
Date	Mikki Tenakusa		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/2014	Contributor address; City; State; Zip Code		\$50.00	,
	Contributor address; City; State; Zip Code 209 Natali St. Austin, TX	18748		
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	· · · · · · · · · · · · · · · · · · ·		, 	
				·

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		<u> </u>	<u> </u>	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	Edward Reyes		3 ACCOUNT # (E	thics Commission Filers)
10/2011	5 Full name of contributor □ out-of-state PAC(ID#_ SUSANQ A MANZA 6 Contributor address; City: State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>(</i> હા	6103 Larch Terrace Austin, TX	18741		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
@/10/2012/	Full name of contributor out-of-state PAC (ID#_ Regina Trevino Contributor address; City; State; Zip Code 569 Honeybee Bend		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Austin ,TX	78744	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC(ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (If applicable)
	Oshin Ballot additions, Only, Olato, 21p code		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				

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