


CANDIDATE / OFFICEHOLDER 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: 10 4 
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Edward	MI A.
	NICKNAME Wally	LAST Reyes	SUFFIX JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 5609 Honeybeebend		APT / SUITE #; CITY; Austin, TX
	STATE; 78744		ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 779-5575	EXTENSION
	MS / MRS / MR Ms.	FIRST Delores	MI E.
6 CAMPAIGN TREASURER NAME	NICKNAME Moreno	LAST	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); 6812 Sunderland		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	APT / SUITE #; Austin, TX		STATE; 78747
	AREA CODE (512)	PHONE NUMBER 351-0723	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 05	Day 08	Year 2014
	THROUGH		Month 06 / Day 30 / Year 2014
11 ELECTION	ELECTION DATE Month 11 / Day 04 / Year 2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) District 2

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr. Edward 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

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 202.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER 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 POLITICAL EXPENDITURES

\$ 799.59

CONTRIBUTION
BALANCE

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

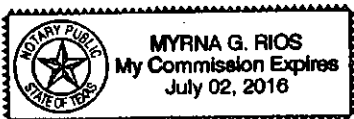
\$ 202.41

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 AFFIDAVIT



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.

Edward Reyes
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward Reyes, this the 15 day of July, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/23/2014		5 Payee name Murphy USA 7209			
6 Amount (\$) \$41.00		7 Payee address; City; State; Zip Code 710 East Austin, 78704 Benwhite TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) Gas-Meetings	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/23/2014		Payee name Papa John's			
Amount (\$) \$35.38		Payee address; City; State; Zip Code 500 W. William Cannon Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Provided lunch Campaign Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/23/2014		Payee name All Star Grocery			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 5303 Nuckles cross Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In District		Description (If travel outside of Texas, complete Schedule T) Gas-Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/24/2014		Payee name H E B			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 6607 S. IH 35 Austin, TX 78744			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift		Description (If travel outside of Texas, complete Schedule T) Gift Card - Door Prize	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: 2 of 3	2 FILER NAME Edward Reyes	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/24/2014	5 Payee name HEB	
6 Amount (\$) \$85.44	7 Payee address; City; State; Zip Code 6607 IH 35 Austin, TX 78744	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Meeting - Provided Foods
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/24/2014	Payee name Walmart	
Amount (\$) \$1.07	Payee address; City; State; Zip Code 710 E BenWhite Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Supplies - office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/24/2014	Payee name Walmart	
Amount (\$) \$1.59	Payee address; City; State; Zip Code 710 E BenWhite Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Supplies - office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/24/2014	Payee name Walmart	
Amount (\$) \$1.34	Payee address; City; State; Zip Code 710 E. Benwhite Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Supplies - office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: 3 of 3		2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/26/2014		5 Payee name Murphy USA 7209			
6 Amount (\$) \$30.01		7 Payee address; City; State; Zip Code 710 East Benwhite Austin TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel In District		(b) Description (If travel outside of Texas, complete Schedule T) Gas-meetings	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/30/2014		Payee name Signs Express			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 8400 Brodie lane Austin TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/10/2014		Payee name Square Inc			
Amount (\$) \$13.76		Payee address; City; State; Zip Code Online			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) On-Line Charges	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Edward A. Reyes Sr.	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 316 The Ranch Road Del Valle, TX 78617	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ray Sepeda	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5100 Lambs St. Austin, TX 78744	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Isabel Rios Lopez	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6713 Meadow Lake Austin, TX 78744	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gennelle Gutierrez	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5514 Navarro Creek Rd 78617	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Frances Acuna	Amount of contribution (\$) \$22.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5009 Brasswood Dr. Austin, TX 78744	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 6/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol J. Orton	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5605 Honeybee Bend Austin TX 78744		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Christine Ramirez	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5309 Presidio Rd. Austin, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Erica Reyes	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4509 E. St. Elmo Rd #3102 Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eloise Sepeda	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5100 Lambs Lane Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mikki Teneyuca	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 209 Natali St. Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Edward Reyes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susana Almanza	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6103 Larch Terrace Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Regina Trevino	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5609 Honeybee Bend Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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