

**JAVIER**

**REYNA**

**SEMI-ANNUAL  
REPORT  
JANUARY 18, 2022**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **19**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Javier

NICKNAME

LAST

SUFFIX

Reyna

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

633 Rey Salomon Brownsville, TX 78501

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 203-7529

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Antonio "Tony"

NICKNAME

LAST

SUFFIX

Torres

JR.

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1304 Esperanza Lane Brownsville, TX 78520

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 466-9949

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (Officeholder Only)



July 15



8th day before election



Exceeded Modified Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year  
06 / 18 / 2021

THROUGH

Month Day Year  
01 / 13 / 2022

11 ELECTION

ELECTION DATE

Month Day Year  
03 / 01 / 2022

ELECTION TYPE



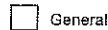
Primary



Runoff



Other Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct 2 P12

14 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 Pages

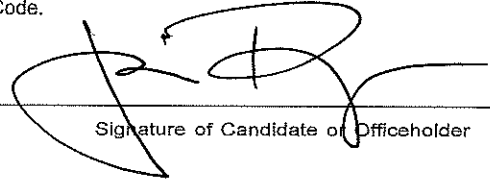
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<i>Javier Reyna</i>	<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<i>4,456.11</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>15,456.11</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>10,242.21</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>5,213.90</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

**(2) Unsworn Declaration**

My name is Javier Reyna, and my date of birth is Nov 16, 1968  
 My address is 633 Rey Salomon (street), Bramsville (city), TX (state), 78521 (zip code) (country)  
 Executed in Cameron County, State of Texas, on the 13 day of January, 20 22 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Javier Reyna</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>15,456.11</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2,700</i>
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	\$ <i>10,242.21</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,493.03</i>
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1-7

2 FILER NAME **Javier Reyna**

3 Filer ID (Ethics Commission Filers)

4 Date

7/1/2021

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

**Samuel Reyes**

7 Amount of contribution (\$)

1,000

6 Contributor address; City; State; Zip Code  
**PO Box 5788 McAllen TX 78502**

8 Principal occupation / Job title (See Instructions)  
**Eagle Rgv Insurance / owner**

9 Employer (See Instructions)  
**owner**

Date

6/29/2021

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

**Luis Villarreal**

Amount of contribution (\$)

1,000

Contributor address; City; State; Zip Code  
**5420 Southmost Rd Brownsville, TX 78521**

Principal occupation / Job title (See Instructions)  
**Prime Power Services**

Employer (See Instructions)  
**owner**

Date

9/17/2021

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

**Rusty Brechot, Jr.**

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code  
**709 Escandon Rancho Viejo, TX 78575**

Principal occupation / Job title (See Instructions)  
**Banker**

Employer (See Instructions)

Date

9/16/2021

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

**Albert Vega**

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code  
**PO Box 1423 San Benito TX 78586**

Principal occupation / Job title (See Instructions)  
**Funeral Home Director**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2-7</b>
2 FILER NAME <b>Javier Reyna</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Lambarri</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address; City; State; Zip Code <b>300 U.S. Hwy 281 Brownsville, TX 78520</b>		
8 Principal occupation / Job title (See Instructions) <b>TIRE SHOP OWNER</b>		9 Employer (See Instructions)
Date <b>9/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonia Bartniki</b>	Amount of contribution (\$) <b>1,000</b>
Contributor address; City; State; Zip Code <b>3215 Alton Ct Brownsville, TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>BARSE CONSTRUCTION</b>		Employer (See Instructions) <b>OWNER</b>
Date <b>9/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cipriano Reyna</b>	Amount of contribution (\$) <b>6000</b>
Contributor address; City; State; Zip Code <b>1344 Esperanza Lr. Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Private Investigator/owner</b>		Employer (See Instructions) <b>REYNA INVESTIGATIVE SVS.</b>
Date <b>10/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gus Reyna Jr.</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>1875 DON QUIXOTE Brownsville, TX 78521</b>		
Principal occupation / Job title (See Instructions) <b>Retired LAW enforcement</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3-7

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/2021

5 Full name of contributor

Juan Gallegos

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500

6 Contributor address;

5640 CAVAZOS Rd. City: Brownsville, TX State: Zip Code 78526

8 Principal occupation / Job title (See Instructions)

Gallegos Electric

9 Employer (See Instructions)

Owner

Date

10/9/2021

Full name of contributor

Carmen Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

3254 BOCA CHICA City: Brownsville, TX State: Zip Code 78520

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

Doña Carmen's

Date

10/15/21

Full name of contributor

Rick Zayas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

950 E. Van Buren St. City: Brownsville, TX State: Zip Code 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/18/21

Full name of contributor

Jaime Parra

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

144 E. Washington City: Brownsville, TX State: Zip Code 78520

Principal occupation / Job title (See Instructions)

Parra Furniture & Loan Co.

Employer (See Instructions)

Owner

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**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: <b>4-7</b>
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2 FILER NAME <b>Javier Regna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/19/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reberca Fernandez Gomez</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address; City; State; Zip Code <b>1659 Artemisa Brownsville TX 78526</b>		

8 Principal occupation / Job title (See Instructions) <b>None - Retired</b>	9 Employer (See Instructions)
--	-------------------------------

Date <b>10/12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Antonio Vereb</b>	Amount of contribution (\$) <b>50</b>
Contributor address; City; State; Zip Code <b>1676 Westminster Brownsville TX 78521</b>		

Principal occupation / Job title (See Instructions) <b>NONE - Retired</b>	Employer (See Instructions)
--	-----------------------------

Date <b>10/11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfredo Dela Fuente</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code <b>1663 Zamora Dr. Brownsville TX 78526</b>		

Principal occupation / Job title (See Instructions) <b>Welder</b>	Employer (See Instructions) <b>Self Employed</b>
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Date <b>10/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julio Alvarez</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code <b>735 W. OCEAN BLVD Los Fresnos TX 78566</b>		

Principal occupation / Job title (See Instructions) <b>Business Owner</b>	Employer (See Instructions) <b>AAA Construction</b>
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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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5-7

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/21

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

Katelynne Caballero

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

300 Windwoodway Brownsville TX 78526

8 Principal occupation / Job title (See Instructions)

Unemployed-

9 Employer (See Instructions)

Date

11/15/21

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

Ronald Saenz

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

1355 Palm Blvd Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Business Owner, Restaurant

Employer (See Instructions)

Date

11/19/21

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

Carlos Villarreal

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

1900 N. Expressway Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Mengar Pain Management employee

Employer (See Instructions)

Date

11/19/21

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

Aaron Guerra

Amount of contribution (\$)

400

Contributor address; City; State; Zip Code

5000 N. 23 Street McAllen TX 78504

Principal occupation / Job title (See Instructions)

Chiropractor's Office Employee

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6-7</b>
2 FILER NAME <b>Javier Reyna</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/30/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arnulfo Garza</b>	7 Amount of contribution (\$) <b>100</b>
6 Contributor address; City; State; Zip Code <b>1188 Guadalupe Cir. Brownsville, TX 78526</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>12/5/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rene Lerma</b>	Amount of contribution (\$) <b>600</b>
Contributor address; City; State; Zip Code <b>1314 Magnolia Ct. Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner / Self Employed</b>		Employer (See Instructions)
Date <b>12/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Martinez</b>	Amount of contribution (\$) <b>350</b>
Contributor address; City; State; Zip Code <b>2500 N. Expressway Brownsville, TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>Restaurant owner - Business man</b>		Employer (See Instructions)
Date <b>12/6/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Chambers</b>	Amount of contribution (\$) <b>200</b>
Contributor address; City; State; Zip Code <b>6 W. Henderson Indian Lake TX 78566</b>		
Principal occupation / Job title (See Instructions) <b>Business Man - Security Co. Owner</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7-7</b>
2 FILER NAME <b>JAVIER REYNA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/30/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VARIOUS DONORS (TACO EVENT)</b>	7 Amount of contribution (\$) <b>4,456.11</b>
6 Contributor address; City; State; Zip Code <b>Fundraiser @ Mr. Taco</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

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>1,500</u>	
5 Date <u>9/8/2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan Andrade Jr.</u>	8 Amount of Contribution \$ <u>1,500</u>	9 In-kind contribution description <u>Advertisement Expense/signs</u>
7 Contributor address; City; State; Zip Code <u>1036 E. 7th St. Brownsville TX 78520</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) <u>Bondsman</u>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <u>Self Employed</u>	
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>10/30/2021</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rene Sanchez</u>	Amount of Contribution \$ <u>1,200</u>	In-kind contribution description <u>Food for fundraiser</u>
Contributor address; City; State; Zip Code <u>1034 McDavid 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) <u>owner of Mr. TACO</u>		Contributor's job title (FOR JUDICIAL)(See Instructions) <u>Self Employed</u>	
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)			

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**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1-6</i>	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/17/2021</i>	5 Payee name <i>HAIDY GRAPHIC DESIGNS</i>	
6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>2403 E 1 Dorado Ave Rancho Viejo TX 78575</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement Expense</i>	(b) Description <i>MR. TACO EVENT tickets</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>9/18/2021</i>	Payee name <i>Carisma Print and Design</i>		
Amount (\$) <i>1,000</i>	Payee address; City; State; Zip Code <i>2165 U.S. Military Hwy 281 Brownsville TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement Expense</i>	Description <i>Signs</i>	
	(c) <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 <i>9/16/21</i>	Payee name <i>Youth Build Brownsville</i>		
Amount (\$) <i>160.00</i>	Payee address; City; State; Zip Code <i>815 Arthur St. Brownsville TX 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description <i>Youth Build Student Donation</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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: <b>2-6</b>	2 FILER NAME <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/17/2021</b>	5 Payee name <b>Carisma Print + Design</b>
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6 Amount (\$) <b>915.29</b>	7 Payee address; <b>same</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement expense</b>	(b) Description <b>Signs + Decals</b>
	(c) <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
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Date <b>10/2/2021</b>	Payee name <b>Carisma Print + Design</b>
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Amount (\$) <b>482.80</b>	Payee address; <b>same</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>Signs + Decals</b>
	<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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Date <b>10/8/2021</b>	Payee name <b>Haidy Graphic Designs</b>
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Amount (\$) <b>454.65</b>	Payee address; <b>same</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>CARDS</b>
	<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**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: <b>3-6</b>	2 FILER NAME <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/7/2021</b>	5 Payee name <b>Fiesta Graphics</b>
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6 Amount (\$) <b>97.42</b>	7 Payee address; City; State; Zip Code <b>205 Paredes Ln Road Brownsville TX 78521</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	(b) Description <b>logo - printing</b>
	(c) <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
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Date <b>10/22/2021</b>	Payee name <b>Carisma Print &amp; Designs</b>
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Amount (\$) <b>292.28</b>	Payee address; City; State; Zip Code <b>Same</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>Decals</b>
	<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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Date <b>11/3/2021</b>	Payee name <b>Carisma Print &amp; Designs</b>
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Amount (\$) <b>871.41</b>	Payee address; City; State; Zip Code <b>Same</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>Signs</b>
	<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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: <b>4-6</b>	2 FILER NAME <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/15/2021</b>	5 Payee name <b>Pro Vision Productions</b>
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6 Amount (\$) <b>600</b>	7 Payee address: <b>30 Providencia Ct. #5</b>	City: <b>Bourneville, TX</b>	State:	Zip Code <b>78526</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Filming + Editing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-18-2021</b>	Payee name <b>Democratic Party</b>
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Amount (\$) <b>1,000</b>	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description <b>Filing Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/19/2021</b>	Payee name <b>Fiest Graphics</b>
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Amount (\$) <b>227.32</b>	Payee address; <b>Same</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>CAPS printed w/Logo</b>
	<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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <b>5-6</b>	2 FILER NAME <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/29/2021</b>	5 Payee name <b>HAIDY Graphic Design</b>
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6 Amount (\$) <b>303.10</b>	7 Payee address; <b>Same</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	(b) Description <b>Cards</b>
	(c) <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
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Date <b>11/29/2021</b>	Payee name <b>Carisma Print + Design</b>
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Amount (\$) <b>930.95</b>	Payee address; <b>Same</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>SIGNS</b>
	<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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Date <b>12/27/2021</b>	Payee name <b>Carisma Print + Design</b>
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Amount (\$) <b>1,567.03</b>	Payee address; <b>Same</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>MAILER</b>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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: <b>6-6</b>	2 FILER NAME <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/4/2022</b>	5 Payee name <b>Molar Heat Print</b>
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6 Amount (\$) <b>600</b>	7 Payee address; <b>4676 Orchid Street</b> City: <b>Brownsville, TX</b> State: Zip Code <b>78526</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	(b) Description <b>T-Shirts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/3/2022</b>	Payee name <b>RGV Express Signs</b>
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Amount (\$) <b>589.96</b>	Payee address; <b>28 Cela</b> City: <b>Brownsville, TX</b> State: Zip Code <b>78520</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <i>1-2</i>	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/12/2021</i>	5 Payee name <i>Hord Photography</i>
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6 Amount (\$) <i>270.02</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>1805 FM 802 St. A-9</i> <i>Brownsville, TX 78526</i>	City; <i>Brownsville</i>	State; <i>TX</i>	Zip Code <i>78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement Expense</i>	(b) Description <i>Photograph for Campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Various</i>	Payee name <i>Sam's Club</i>
------------------------	---------------------------------

Amount (\$) <i>912.41</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>3570 W. Alton Glor</i>	City; <i>Brownsville</i>	State; <i>TX</i>	Zip Code <i>78500</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRANSPORTATION</i>	Description <i>Fuel</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Various</i>	Payee name <i>Facebook Ads</i>
------------------------	-----------------------------------

Amount (\$) <i>110</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1 Hackerway</i>	City; <i>Menlo Park</i>	State; <i>California</i>	Zip Code <i>94025</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Post Boost</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: <b>2-2</b>	2 FILER NAME: <b>Javier Reyna</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>10/19/2021</b>	5 Payee name: <b>Gabriela Salinas</b>
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6 Amount (\$): <b>200</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>Brownsville, Texas 77821</b>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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