

JAVIER

REYNA

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Javier MI: _____ NICKNAME: _____ LAST: Reyna SUFFIX: _____	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 10:50am FEB 26 2018 RECEIVED BY: <u>Audith</u> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: 633 Rey Salmon CITY: Brownsville, TX STATE: TX ZIP CODE: 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 203-7529 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Tony MI: _____ NICKNAME: _____ LAST: Torres SUFFIX: Jr.	Receipt # _____ Amount \$ _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 1304 Esperanza Ln. CITY: Brownsville, TX STATE: _____ ZIP CODE: 78520		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 466-9949 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 type="checkbox"/> July 15 <input checked="" 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 Day Year Month Day Year 02 / 06 / 2018 THROUGH 02 / 26 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of The Peace Pct 2 Place 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 COH 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.

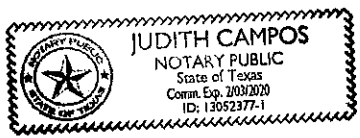
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 720. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,920
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,256.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,287.23
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.



Javier Reyna
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Javier Reyna, this the 26th day of Feb., 20 18, to certify which, witness my hand and seal of office.

Judith Campos Judith Campos Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

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>4,920</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>3,256.46</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>324.93</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: **4**

2 FILER NAME **Javier Reyna**

3 Filer ID (Ethics Commission Filers)

4 Date
2-8-18

5 Full name of contributor out-of-state PAC (ID#: _____)
Raul Diaz

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code
3701 Calle Nortenia Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)
CCSO - Detention officer

9 Employer (See Instructions)
Cameron County

Date
2-8-18

Full name of contributor out-of-state PAC (ID#: _____)
Laura Barbosa

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code
3701 Calle Nortenia Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
Secretary

Employer (See Instructions)
Garcia Law Firm

Date
2-8-18

Full name of contributor out-of-state PAC (ID#: _____)
Mary Garcia

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code
26204 Rd# 3462 San Benito, TX 78586

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
2-8-18

Full name of contributor out-of-state PAC (ID#: _____)
Erin Garcia

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code
905 E. Los Ebanos Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Law office of Erin Garcia, PLLC

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 of 4

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

2-8-18

5 Full name of contributor

Joe Garbee

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

7 Amount of contribution (\$)

100.00

6 Contributor address;

1404 Tennison Rkwy Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

Accounts Manager

9 Employer (See Instructions)

I.C. Solutions

Date

2-8-18

Full name of contributor

Rudy Pena

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

Amount of contribution (\$)

200.00

Contributor address;

PO Box 542373 Dallas, TX 75354

Principal occupation / Job title (See Instructions)

Salesman

Employer (See Instructions)

Prodigy Solutions

Date

2-12-18

Full name of contributor

Rick Zayas

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

Amount of contribution (\$)

500.00

Contributor address;

950 E. Van Buren Brownsville, TX 78500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self / Zayas + Hernandez

Date

2-7-18

Full name of contributor

Jaime Escobedo

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

Amount of contribution (\$)

300.00

Contributor address;

4680 Larkspur Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Security + surveillance

Employer (See Instructions)

Self Employed

(Mgmt Fund-Raiser)

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:

3 of 4

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

2-8-18

5 Full name of contributor

Juan Andrade

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

7 Amount of contribution (\$)

800.⁰⁰

6 Contributor address;

1727 Royal Oak Brownsville, TX 78520

City; State; Zip Code

(mynt Fund Raiser)

8 Principal occupation / Job title (See Instructions)

Bondsman

9 Employer (See Instructions)

Self Employed

Date

2-6-18

Full name of contributor

JAVIER Villarreal

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

Amount of contribution (\$)

300.⁰⁰

Contributor address;

2401 Wildflower Dr Suite "A" Brownsville, TX 78526

City; State; Zip Code

(mynt Fund-raiser)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LAW OFFICE OF JAVIER VILLARREAL, PLLC

Date

2-17-18

Full name of contributor

Antonio Muraira

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

Amount of contribution (\$)

400.⁰⁰

Contributor address;

6636 Woodland Ave Brownsville, TX 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Rancho Auto Plex & Collision Parts

Employer (See Instructions)

Self Employed

Date

2-17-18

Full name of contributor

Juan Barron

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

Amount of contribution (\$)

300.⁰⁰

Contributor address;

9005 Lomax Rd Los Fresnos, TX 78566

City; State; Zip Code

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:

4 of 4

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

2-20-18

Hector Ortiz

400.00

6 Contributor address;

City; State; Zip Code

2403 Boca Chica Blvd
Brownsville, TX 78520

8 Principal occupation / Job title (See Instructions)

RESTAURANT owner

9 Employer (See Instructions)

Self employed

Date

Full name of contributor

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

Amount of contribution (\$)

2-20

Domingo Diaz

400.00

Contributor address;

City; State; Zip Code

Po Box 1326
Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

LAW-ENFORCEMENT

Employer (See Instructions)

Cameron County

Date

Full name of contributor

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

Amount of contribution (\$)

2-8-18

Various Donors

720.00

Contributor address;

City; State; Zip Code

\$20 tickets
mynt Fund-Raiser

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

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: 3	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
4 Date 2-10-18	5 Payee name Juanita's Restaurant	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 3155 International Blvd. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense (Blockwalking Group)	(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 2-9-18	Payee name The Brownsville Herald	
Amount (\$) 1,425	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2-12-18	Payee name J. A. Sports	
Amount (\$) 270.63	Payee address; City; State; Zip Code 4627 Central Cir. Brownsville, TX 78521	
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
	9 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 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 of 3	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name Haidy Graphics
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-14-18	Payee name Walmart
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Amount (\$) 135.16	Payee address; City; State; Zip Code 3500 W. Alton Gbor Blvd Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense (T-shirts)	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 2-17-18	Payee name Antonios Mexican Restaurant
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Amount (\$) 463.81	Payee address; City; State; Zip Code 840 Paredes line Rd. Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense (Black-walking Group + meeting)	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
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: 3 of 3	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 2-20-18	5 Payee name Molar Heat Print
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 4676 Orchard Brownsville, TX 78520
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-22-18	Payee name Walmart
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Amount (\$) 72.93	Payee address; City; State; Zip Code 3500 W. Alton Floor Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Drinks Expense (For sign-holders)	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 2-26-18	Payee name Discover Card
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Amount (\$) 324.93	Payee address; City; State; Zip Code PO Box 30395 Salt Lake City, Utah 84130-0395
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	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

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: 3	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	\$
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5 Date 2-12-18	6 Payee name Stripes
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7 Amount (\$) 81.92	8 Payee address; City; State; Zip Code 840 E. Ruben Torres 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) Transportation Expense (fuel)	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-18	Payee name 7-11
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Amount (\$) 50.00	Payee address; City; State; Zip Code 1758 Boca Chica Brownsville, TX 78520
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TYPE OF EXPENDITURE	<input checked="" 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) Transportation Expense (fuel)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <i>2 of 3</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date <i>2-16-18</i>	6 Payee name <i>7-11</i>
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7 Amount (\$) <i>49.43</i>	8 Payee address; City; State; Zip Code <i>1758 Boca Chica Brownsville, TX 78520</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation Expense (Fuel)</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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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-20-18</i>	Payee name <i>Super Cream Restaurant</i>
------------------------	---

Amount (\$) <i>31.21</i>	Payee address; City; State; Zip Code <i>1014 Ruben Torres Blvd. Brownsville, TX 78520</i>
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TYPE OF EXPENDITURE	<input checked="" 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) <i>Food Expense</i>	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

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: <i>3 of 3</i>	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>2-21-18</i>	6 Payee name <i>Brownsville # 5 (00446) HeB-Gas</i>	
7 Amount (\$) <i>64.15</i>	8 Payee address; City; State; Zip Code <i>Brownsville, TX 78526</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation Expense (Fuel)</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
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2-25-18</i>	Payee name <i>Brownsville # 5 (00446) HeB-Gas</i>	
Amount (\$) <i>48.22</i>	Payee address; City; State; Zip Code <i>Brownsville, TX 78526</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Expense (Fuel)</i>	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED