

JAVIER

REYNA

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

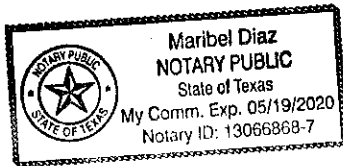
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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	\$ 1,400
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,410
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,359.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,623.69
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 5th day of February, 2018, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Maribel Diaz Title of officer administering oath Notary Public

SUBTOTALS - C/OH

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

19 FILER NAME *Javier Reyna* 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>4,410.⁰⁰</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>800.⁰⁰</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>8,359.⁶²</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>434.¹³</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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Javier Reyna**

3 Filer ID (Ethics Commission Filers)

4 Date
1-19-18

5 Full name of contributor out-of-state PAC (ID#: _____)
Samuel REYES

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code
P.O. Box 5788 McAllen, TX 78502

(Spanky's Fund-raiser)

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

9 Employer (See Instructions)
SELF-EMPLOYED

Date
1-19-18

Full name of contributor out-of-state PAC (ID#: _____)
Parra Loan Company

Amount of contribution (\$)

120.00

Contributor address; City; State; Zip Code

744 E. Washington Brownsville, TX 78500

(Spanky's Fund-raiser)

Principal occupation / Job title (See Instructions)
Parra Furniture / owner

Employer (See Instructions)
Self Employed

Date
1-19-18

Full name of contributor out-of-state PAC (ID#: _____)
Juan Martinez

Amount of contribution (\$)

120.00

Contributor address; City; State; Zip Code

554 E. Jackson Brownsville, TX 78500

(Spanky Fund-raiser)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Guribaldo + Maria Garza

Amount of contribution (\$)

120.00

Contributor address; City; State; Zip Code

7301 W. Lakeside Olmito, TX 78575

(Spanky's Fund-raiser)

Principal occupation / Job title (See Instructions)

REtired

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

1-19-18

5 Full name of contributor

Various donors

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

7 Amount of contribution (\$)

1,400.⁰⁰

6 Contributor address;

City; State; Zip Code

Brownsville, TX

[Spunky's fund-raiser]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-19-18

Full name of contributor

Rey Cisneros

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

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

950 E. Van Buren Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-employed

Date

1-19-18

Full name of contributor

Ruben Herrera

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-employed

Date

1-19-18

Full name of contributor

Antonio Muraira

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

Amount of contribution (\$)

300.⁰⁰

Contributor address;

City; State; Zip Code

6636 Woodland Ave. Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Rancho Auto-plex & Collision Parts

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Javier Reyna

3 Filer ID (Ethics Commission Filers)

4 Date

1-24-18

5 Full name of contributor

Jerry Rojas

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

7 Amount of contribution (\$)

300.00

6 Contributor address;

513 S. Commerce

City; State; Zip Code

Hurlingen, TX 78550

8 Principal occupation / Job title (See Instructions)

Restaurant owner / ~~Sabor de Golfo~~

9 Employer (See Instructions)

Self-employed

Date

1-24-18

Full name of contributor

Jose Lambarri

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

Amount of contribution (\$)

500.00

Contributor address;

300 U.S. 281

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Lambarri Tire Shop LLC

Employer (See Instructions)

Self-employed

Date

1-24-18

Full name of contributor

Antonio Muraira

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

Amount of contribution (\$)

200.00

Contributor address;

6636 Woodland Ave

City; State; Zip Code

Brownsville, TX 78526

Principal occupation / Job title (See Instructions)

Rancho Auto-Plex + Collision Parts

Employer (See Instructions)

Self-employed

Date

2-2-18

Full name of contributor

Arturo Martinez

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

Amount of contribution (\$)

350.00

Contributor address;

2500 N. Expressway

City; State; Zip Code

Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

CAMPERS Restaurant / owner

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Javier Reyna</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>800.00</u>
5 Date <u>1-25-18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodrigo Almanza</u>	8 Amount of Contribution \$ <u>200.00</u>
7 Contributor address; City; State; Zip Code <u>7376 Bur Oak Brownsville, TX 78526</u>		9 In-kind contribution description <u>Printing Flyer/ mail letter</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Law enforcement - Investigator</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Cameron County</u>
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date <u>1-25-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rodrigo Almanza</u>	Amount of Contribution \$ <u>600.00</u>	In-kind contribution description <u>Push-cards for campaign</u>
Contributor address; City; State; Zip Code <u>7376 Bur Oak Brownsville, TX 78526</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Law-enforcement Investigator</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Cameron County</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date: 1-19-18	5 Payee name: U.S. Post office
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6 Amount (\$): 1,862.⁰⁰	7 Payee address; City; State; Zip Code: 7955 Olmito, TX 78575 N. Expressway 77
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense [Stamps]	(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: 1-22-18	Payee name: J.A. Sports
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Amount (\$): 866.⁰⁰	Payee address; City; State; Zip Code: 4627 Central Cir Brownsville, TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 1-24-18	Payee name: Brownsville, Herald
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Amount (\$): 3,145.⁰⁰	Payee address; City; State; Zip Code: 1135 E. Van Buren Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Javier Reyna	Office sought: Justice of The Peace 2-2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-18	5 Payee name Haidy Graphics Design	
6 Amount (\$) 108.00	7 Payee address; City; State; Zip Code 2209 El Dorado Ave. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-27-18	Payee name Juanita's Restaurant		
Amount (\$) 140.00	Payee address; City; State; Zip Code 3155 International Brownsville, TX 78520		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense (Block Walking Group)	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 1-30-18	Payee name Haidy Graphic Designs		
Amount (\$) 433.00	Payee address; City; State; Zip Code 2209 El Dorado Ranchoveriejo, TX 78575		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-18	5 Payee name U.S. Post Office	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 7955 N. Expressway 77 Olmito, TX 78575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense [Stamps]	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-1-18	Payee name Metro Leader
Amount (\$) 911.00	Payee address; City; State; Zip Code 3415 W. Alberta Rd Edinburg, TX 78539

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-3-18	Payee name Myn + Bar + Grill
Amount (\$) 210.49	Payee address; City; State; Zip Code 600 Spring Mart Blvd Brownsville, TX 78520

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense [Block-walking Group]	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
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4 Date 2-5-18	5 Payee name Discover Card
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6 Amount (\$) 434.13	7 Payee address; City; State; Zip Code PO Box 30395 Salt Lake City, UT 84130-0395
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Javier Reyna	Office sought Justice of The Peace 2-2	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Javier Reyna	3 Filer ID (Ethics Commission Filers)
4 Date 2-4-18	5 Payee name WalMart	
6 Amount (\$) 29.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3500 W. Alton Gloor Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement (white T-shirts)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-16-18	Payee name Office Depot	
Amount (\$) 15.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 515 E. Morrison St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense (Mailing Material)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-4-18	Payee name Sam's Club	
Amount (\$) 6.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3750 W. Alton Gloor Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense (Mailing material)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 2</i>	2 FILER NAME <i>Javier Reyna</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-20-18</i>	5 Payee name <i>What-A-Burger</i>	
6 Amount (\$) <i>193.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2103 Ruben Torres Blvd. Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i> <i>[Food For Black-walkers]</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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>01/22, 23, 29, /18</i>	Payee name <i>EXXON EXPRESS</i>	
Amount (\$) <i>123.24</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>865 N. Expressway Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation</i> <i>(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-3-18</i>	Payee name <i>Martinez Express</i>	
Amount (\$) <i>66.29</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2300 N. Expressway Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation</i> <i>(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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED