

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>John</u> MI: <u>C</u> NICKNAME: _____      LAST: <u>Reed</u> SUFFIX: _____	<div style="text-align: center; border: 2px solid blue; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">APR 04 2024</div> <div style="text-align: center; font-size: 0.8em;">BY: <u>[Signature]</u>      4:20pm</div> <div style="text-align: center; font-size: 0.8em;">Date Hand-delivered or Date Postmarked: <u>4/4/24</u>      4:20pm</div> <div style="text-align: center; font-size: 0.8em;">Receipt # _____      Amount \$ _____</div> <div style="text-align: center; font-size: 0.8em;">Date Processed _____</div> <div style="text-align: center; font-size: 0.8em;">Date Imaged _____</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <u>700 Morelos Avenue</u> <u>Rancho Viejo, TX 78575</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956)      343-6415		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>John</u> MI: <u>C</u> NICKNAME: _____      LAST: <u>Reed</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <u>700 Morelos Avenue</u> <u>Rancho Viejo TX 78575</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956)      313-6415		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <u>2</u> / <u>8</u> / <u>2024</u> THROUGH <u>4</u> / <u>4</u> / <u>2024</u>		
11 ELECTION	ELECTION DATE Month      Day      Year <u>5</u> / <u>4</u> / <u>24</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Post Commissioner</u>	13 OFFICE SOUGHT (if known) <u>Post Commissioner</u>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

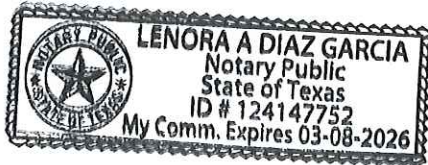
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,050
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,546. <sup>29</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,503. <sup>71</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**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 John C. Reed this the 4th day of April,

2024, to certify which, witness my hand and seal of office.

John C. Reed Garcia Lenora A. Diaz Garcia Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>John Reed</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>35,050</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-0-</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>30,546.29</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-0-</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>-0-</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-0-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

# 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>11</b>
2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Roberts</b>	7 Amount of contribution (\$) <b>\$ 100</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Boyle TX 78520</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>2/8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Lemunyon</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address; City; State; Zip Code [Redacted] <b>McLean VA 22101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/6/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Tipton</b>	Amount of contribution (\$) <b>\$ 5,000</b>
Contributor address; City; State; Zip Code [Redacted] <b>Ranch Viejo TX 78575</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-9-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martinez Tijerina PLLC</b>	Amount of contribution (\$) <b>\$ 1,000</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions)		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-20-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Teresa Hoskins</b>	7 Amount of contribution (\$) <b>\$1,000</b>
6 Contributor address; City; State; Zip Code <b>Brownsville TX 78520</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-21-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Reed</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code <b>SAN ANTONIO, TX 78218</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Daniels</b>	Amount of contribution (\$) <b>\$300</b>
Contributor address; City; State; Zip Code <b>Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Perez</b>	Amount of contribution (\$) <b>\$400</b>
Contributor address; City; State; Zip Code <b>Brownsville TX 78521</b>		
Principal occupation / Job title (See Instructions)		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

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2 FILER NAME <b>Tom Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-27-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jonathan Sakulenzki</b>	7 Amount of contribution (\$) <b>\$ 1,000</b>
6 Contributor address; City; State; Zip Code <b>mission TX 78574</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trenton Habasen Ruck</b>	Amount of contribution (\$) <b>\$ 1,000</b>
Contributor address; City; State; Zip Code <b>McAllen TX 78594</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Josse Seunz</b>	Amount of contribution (\$) <b>\$ 2,500</b>
Contributor address; City; State; Zip Code <b>Weslaco, TX 78596</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-4-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alfredo de la Fuente</b>	Amount of contribution (\$) <b>\$ 2,550</b>
Contributor address; City; State; Zip Code <b>Brownsville, TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>John Reed</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rose Anne Nuckols</i> 6 Contributor address; City; State; Zip Code <i>Bayview TX 78566</i>	7 Amount of contribution (\$) <i>\$ 250</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-13-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mellena Conner</i> Contributor address; City; State; Zip Code <i>Brownsville, TX 78520</i>	Amount of contribution (\$) <i>\$ 300</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-13-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Bryant</i> Contributor address; City; State; Zip Code <i>SPI TX 78597</i>	Amount of contribution (\$) <i>\$ 1,000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Gravo</i> Contributor address; City; State; Zip Code <i>Brownsville, TX 78520</i>	Amount of contribution (\$) <i>\$ 2,000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>John Reed</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-18-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Halft Associates - State PAC</i>	7 Amount of contribution (\$) <i>\$2,500</i>
6 Contributor address; City; State; Zip Code <i>Richardson TX 75081</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Reed</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>Suite 100 Houston TX 77002</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Urbanovsky</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>Los Fresnos TX 78566</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Pierce</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>Brownsville, TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rudy Ramirez</i>	7 Amount of contribution (\$) <i>\$500</i>
<i>3-20-24</i>	6 Contributor address; City; State; Zip Code <i>McAllen, TX 78504</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathon Sakulenski</i>	Amount of contribution (\$) <i>\$500</i>
<i>3-19-24</i>	Contributor address; City; State; Zip Code <i>Mission TX 78574</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Calce</i>	Amount of contribution (\$) <i>\$500</i>
<i>3-26-24</i>	Contributor address; City; State; Zip Code <i>Addison TX 75001</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Edge</i>	Amount of contribution (\$) <i>\$500</i>
<i>3-27-24</i>	Contributor address; City; State; Zip Code <i>Rancho Viejo TX 78575</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-27-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Herrera</b>	7 Amount of contribution (\$) <b>\$ 350</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78520</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-29-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jorge Emilio De la Garza</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78521</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Parker</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brownsville TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacquelyn Demsey</b>	Amount of contribution (\$) <b>\$ 300</b>
Contributor address; City; State; Zip Code [Redacted] <b>Hartensen TX 78552</b>		
Principal occupation / Job title (See Instructions)		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>		

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# SCHEDULE A1

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2 FILER NAME <span style="font-size: 1.5em; color: blue;">John Reed</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="color: blue;">3-29-24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Robert White</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em; color: blue;">\$ 500</span>
6 Contributor address; City; State; Zip Code <span style="color: blue;">Brownsville, TX 78521</span>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <span style="color: blue;">3-27-24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">TAVIER UERA</span>	Amount of contribution (\$) <span style="font-size: 1.5em; color: blue;">\$ 250</span>
Contributor address; City; State; Zip Code <span style="color: blue;">Rancho Viejo TX 78575</span>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="color: blue;">3-27-24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Markus Villanueva</span>	Amount of contribution (\$) <span style="font-size: 1.5em; color: blue;">\$ 100</span>
Contributor address; City; State; Zip Code <span style="color: blue;">Brownsville, TX 78521</span>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="color: blue;">3-27-24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Robert Lee OSTOS</span>	Amount of contribution (\$) <span style="font-size: 1.5em; color: blue;">\$ 1,000</span>
Contributor address; City; State; Zip Code <span style="color: blue;">Brownsville, TX 78526</span>		
Principal occupation / Job title (See Instructions)		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

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2 FILER NAME <i>John Reed</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-27-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Beaman</i>	7 Amount of contribution (\$) <i>\$ 200</i>
6 Contributor address; City; State; Zip Code <i>mission TX 78572</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-27-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Lofton</i>	Amount of contribution (\$) <i>\$ 1,000</i>
Contributor address; City; State; Zip Code <i>Harlingen TX 78550</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rayston, Rayzor, Vickery &amp; Williams LLP</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Reed</i>	Amount of contribution (\$) <i>\$ 250</i>
Contributor address; City; State; Zip Code <i>Houston, TX 77002</i>		
Principal occupation / Job title (See Instructions)		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>		

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2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-1-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rolando Rubiano</b> 6 Contributor address; City; State; Zip Code <b>Harlingen, TX 78550</b>	7 Amount of contribution (\$) <b>\$ 500</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-1-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Green</b> Contributor address; City; State; Zip Code <b>Leanna Vista TX 78578</b>	Amount of contribution (\$) <b>\$ 300</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-1-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Swantner</b> Contributor address; City; State; Zip Code <b>Brownsville, TX 78520</b>	Amount of contribution (\$) <b>\$ 100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-2-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lorelei Helmke</b> Contributor address; City; State; Zip Code <b>Boerne TX 78006</b>	Amount of contribution (\$) <b>\$ 500</b>
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.

# 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:
2 FILER NAME <u>John Reed</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-3-24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Patrick Browe</u>	7 Amount of contribution (\$) <u>2500</u>
6 Contributor address; City; State; Zip Code [Redacted] <u>Denver, CO 80206</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4-3-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Hudson</u>	Amount of contribution (\$) <u>1,000</u>
Contributor address; City; State; Zip Code [Redacted] <u>Brownsville, TX 78521</u>		
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)

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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 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</b>	2 FILER NAME <b>John Reed</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-12-24</b>	5 Payee name <b>Breeden McLumber Group</b>	
6 Amount (\$) <b>3,000</b>	7 Payee address; City; State; Zip Code <b>PO Box 5686 Brownsville TX 78523</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Ads</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

Date <b>2-15-24</b>	Payee name <b>Cobalt Digital marketing</b>		
Amount (\$) <b>785.00</b>	Payee address; City; State; Zip Code <b>5700 Sam Houston Cir Austin Texas 78731</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Facebook</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

Date <b>2-16-24</b>	Payee name <b>Cobalt Digital marketing</b>		
Amount (\$) <b>1,822.51</b>	Payee address; City; State; Zip Code <b>5700 Sam Houston Cir Austin Texas 78731</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Facebook</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

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## 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 FILER NAME <i>John Reed</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-28-24</i>	5 Payee name <i>Carisma Print &amp; Design</i>	
6 Amount (\$) <i>1937.68</i>	7 Payee address; City; State; Zip Code <i>2100 Central Blvd Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>push cards / door hangers</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

Date <i>3-4-24</i>	Payee name <i>Albert Escobedo</i>		
Amount (\$) <i>2,664</i>	Payee address; City; State; Zip Code <i>2727 Old Alice Road #32 Brownsville TX 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Phone Banking / walkers</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

Date <i>3-4-24</i>	Payee name <i>Cobalt Digital marketing</i>		
Amount (\$) <i>1,757.75</i>	Payee address; City; State; Zip Code <i>5700 Sam Houston Cir Austin TX 78731</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Face book</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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 FILER NAME <i>John Reed</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-24</i>	5 Payee name <i>Carisma Print &amp; Design</i>	
6 Amount (\$) <i>378.87</i>	7 Payee address; City; State; Zip Code <i>2100 Central Blvd Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Push cards</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
Date <i>3-18-24</i>	Payee name <i>Albert Escobedo</i>	
Amount (\$) <i>2,250<sup>00</sup></i>	Payee address; City; State; Zip Code <i>2727 Old Alice Road #32 Brownsville TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Phone Bankers / Block walkers</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
Date <i>3-25-24</i>	Payee name <i>Albert Escobedo</i>	
Amount (\$) <i>2142.73</i>	Payee address; City; State; Zip Code <i>2727 Old Alice Road #32 Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Phone Bankers / Block walkers</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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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>John Reed</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-29-24</i>	<b>5</b> Payee name <i>Albert Escobedo</i>	
<b>6</b> Amount (\$) <i>3,950</i>	<b>7</b> Payee address; City; State; Zip Code <i>2727 Old Alice Road #32 Brownsville TX 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Phone Bankers Block walkers</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>4-2-24</i>	<b>Payee name</b> <i>Cobalt Digital Marketing</i>	
<b>Amount (\$)</b> <i>1757.75</i>	<b>Payee address; City; State; Zip Code</b> <i>5700 Sam Houston Cir Austin TX 78731</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Facebook</i>
	<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
<b>Date</b> <i>4-2-24</i>	<b>Payee name</b> <i>Marcela Trevino</i>	
<b>Amount (\$)</b> <i>8,100</i>	<b>Payee address; City; State; Zip Code</b> <i>624 N Expressway 77 Brownsville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Signs</i>
	<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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