

# 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: <span style="font-size: 2em; color: blue;">118</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; color: blue;">John</span> <span style="font-size: 1.5em; color: blue;">C</span> ..... NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em; color: blue;">Reed</span>	<b>OFFICE USE ONLY</b>  Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.5em;">                     RECEIVED                      APR 26 2024                      BY: <span style="color: blue;">[Signature]</span> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <span style="font-size: 1.2em; color: blue;">700 Morelos Avenue Rancho Viejo, TX 78575</span>	Date Hand-delivered or Date Postmarked <span style="font-size: 1.2em; color: blue;">4/26/24 7:48am</span>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em; color: blue;">(936) 343-6415</span>	Receipt #	Amount \$								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; color: blue;">John</span> <span style="font-size: 1.5em; color: blue;">C</span> ..... NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em; color: blue;">Reed</span>	Date Processed  Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <span style="font-size: 1.2em; color: blue;">700 Morelos Avenue Rancho Viejo, TX 78575</span>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em; color: blue;">(936) 343-6415</span>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <span style="font-size: 1.5em; color: blue;">4 / 5 / 2024</span> THROUGH <span style="font-size: 1.5em; color: blue;">4 / 26 / 2024</span>										
11 ELECTION	ELECTION DATE Month      Day      Year <span style="font-size: 1.5em; color: blue;">5 / 4 / 2024</span>	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) <span style="font-size: 1.2em; color: blue;">Port Commissioner</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.2em; color: blue;">Port Commissioner</span>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.										
<table style="width:100%; border: none;"> <tr> <td style="width:20%;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
<input type="checkbox"/> GENERAL	COMMITTEE NAME										
<input type="checkbox"/> SPECIFIC	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 <u>John Reed</u>		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)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>21,500</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,099</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>401</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

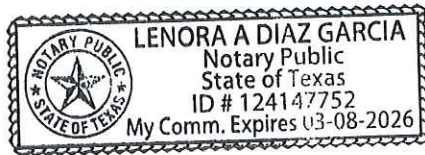
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by John Reed this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] 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\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*John Reed*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,500
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,099
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

# 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>5</b>
2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-15-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Walsdorf</b>	7 Amount of contribution (\$) <b>\$ 1,000</b>
6 Contributor address; City; State; Zip Code <b>[Redacted] Los Fresnos TX 78566</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-15-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Ray</b>	Amount of contribution (\$) <b>\$ 5,000</b>
Contributor address; City; State; Zip Code <b>[Redacted] Brownsville TX 78526</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-15-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marshall Ray</b>	Amount of contribution (\$) <b>\$ 2,500</b>
Contributor address; City; State; Zip Code <b>[Redacted] Brownsville TX 78520</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elwyn Ideman</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address; City; State; Zip Code <b>[Redacted] 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

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>5</b>
2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-15-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gregory Quinsenberg</b>	7 Amount of contribution (\$) <b>\$ 250</b>
6 Contributor address; City; State; Zip Code <b>Harlingen TX 78552</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-15-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chastaner Houston</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address; City; State; Zip Code <b>Brownsville, TX 78526</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruben Torres</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>Ramona Viejo, TX 78575</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Narciso Escareno</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <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

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>5</b>
2 FILER NAME <b>John Reed</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-22-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M.R. Villarreal</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>[REDACTED] Rancho Viejo, TX 78575</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-22-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gordon Magdalena</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] Harlingen, TX 78550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-26-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Lee Fuentes</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] Westlaco, TX 78596</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-26-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nicholas Munoz</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Contributor address; City; State; Zip Code <b>[REDACTED] McAllen, TX 78504</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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME John Reed		3 Filer ID (Ethics Commission Filers)
4 Date 4-26-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza Badiozzamani 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ McAllen TX 78501	7 Amount of contribution (\$) \$2,500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Cisneros Contributor address: _____ City: _____ State: _____ Zip Code: _____ McAllen TX 78503	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Cano Contributor address: _____ City: _____ State: _____ Zip Code: _____ Edinburg TX 78542	Amount of contribution (\$) \$1,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green out Pool Services LLC Contributor address: _____ City: _____ State: _____ Zip Code: _____ Mission TX 78574	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: # 5
2 FILER NAME John Reed		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oregon Insurance Agency LLC 6 Contributor address; City; State; Zip Code Westaco TX 78596	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S2 Engineering PLLC Contributor address; City; State; Zip Code Mission TX 78574	Amount of contribution (\$) \$1,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>John Reed</u>	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------	---------------------------------------

4 Date <u>4-5-2024</u>	5 Payee name <u>Albert Escobedo</u>
------------------------	-------------------------------------

6 Amount (\$) <u>\$4,350</u>	7 Payee address; City; State; Zip Code <u>2727 Old Alice Road #32</u> <u>Brownsville, TX 78521</u>
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Block walkers</u> <u>Phone Bankers</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <u>4-12-2024</u>	Payee name <u>Albert Escobedo</u>
-----------------------	-----------------------------------

Amount (\$) <u>\$4,350</u>	Payee address; City; State; Zip Code <u>2727 Old Alice Road #32</u> <u>Brownsville, TX 78521</u>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Block walkers</u> <u>Phone Bankers</u>
	<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
--	-------------------------------	---------------	-------------

Date <u>4-5-2024</u>	Payee name <u>Robert Tyler</u>
----------------------	--------------------------------

Amount (\$) <u>\$1,000</u>	Payee address; City; State; Zip Code <u>72 Pizarro Avenue</u> <u>Rancho Viejo, TX 78575</u>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Phone Bankers</u>
	<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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>John Reel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-12-24</i>	5 Payee name <i>Robert Tyler</i>	
6 Amount (\$) <i>\$1,000</i>	7 Payee address; <i>72 Pizzano Avenue</i> City; State; Zip Code <i>Randallville, TX 78575</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Phone Bankers</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>4-5-24</i>	Payee name <i>Democrats of S. Cameron County</i>		
Amount (\$) <i>\$100</i>	Payee address; <del><i>72 Pizzano</i></del> City; State; Zip Code <i>Lakeway Drive</i> <i>Brownsville, TX 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Program Guide</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>4-22-24</i>	Payee name <i>Albert Escobedo</i>		
Amount (\$) <i>\$3,949.00</i>	Payee address; City; State; Zip Code <i>2727 Old Alice Road #32</i> <i>Brownsville, TX 78521</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Text messages</i> <i>Internet Ads</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>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 FILER NAME <i>John Reed</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-22-24</i>	5 Payee name <i>Albert Escobedo</i>	
6 Amount (\$) <i>\$4,350</i>	7 Payee address; City; State; Zip Code <i>2727 Old Alice Road #32 Brownsville, TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Block walkers Phone Bankers</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>4-24-24</i>	Payee name <i>Robert Tyler</i>		
Amount (\$) <i>\$1,000</i>	Payee address; City; State; Zip Code <i>72 Pizarro Avenue Rancho Viejo, TX 78575</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Phone Bankers</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

Date <i>4-26-24</i>	Payee name <i>Robert Tyler</i>		
Amount (\$) <i>\$1,000</i>	Payee address; City; State; Zip Code <i>72 Pizarro Avenue Rancho Viejo, TX 78575</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Phone Bankers</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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**