

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>			<b>1 ACCOUNT #</b> <small>(Ethics Commission Filers)</small>	<b>2 Total pages filed:</b>										
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI MS .                                      ANA <hr style="border-top: 1px dotted #000;"/> NICKNAME                              LAST                              SUFFIX  <p style="text-align:center">REYES</p>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <span style="font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</span>  <span style="font-size: 1.5em; color: red; font-weight: bold;">JAN 15 2014</span>  <span style="font-size: 1.2em; color: blue; opacity: 0.5;">CITY MANAGER'S OFFICE</span> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:70%;"><small>Date Received</small></td> <td></td> </tr> <tr> <td><small>Date Hand-delivered or Postmarked</small></td> <td></td> </tr> <tr> <td><small>Receipt #</small></td> <td><small>Amount</small></td> </tr> <tr> <td colspan="2"><small>Date Processed</small></td> </tr> <tr> <td colspan="2"><small>Date Imaged</small></td> </tr> </table>			<small>Date Received</small>		<small>Date Hand-delivered or Postmarked</small>		<small>Receipt #</small>	<small>Amount</small>	<small>Date Processed</small>		<small>Date Imaged</small>	
<small>Date Received</small>														
<small>Date Hand-delivered or Postmarked</small>														
<small>Receipt #</small>	<small>Amount</small>													
<small>Date Processed</small>														
<small>Date Imaged</small>														
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 2628 VALWOOD PKWY FARMERS BRANCH, TX 75234													
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 972 )                      282-1912													
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI MS .                                      AMELIA <hr style="border-top: 1px dotted #000;"/> NICKNAME                              LAST                              SUFFIX  <p style="text-align:center">BALADEZ</p>													
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 2500 VALWOOD PKWY FARMERS BRANCH, TX 75234													
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 972 )                      484-3765													
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment <small>(officeholder only)</small> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)													
<b>10 PERIOD COVERED</b>	Month    Day    Year                      THROUGH                      Month    Day    Year 07 / 02 / 2013                      12 / 31 / 2013													
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 05 / 11 / 2013	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special												
<b>12 OFFICE</b>	OFFICE HELD (if any) FARMERS BRANCH CITY COUNCIL DISTRICT 1	<b>13 OFFICE SOUGHT</b> (if known)												

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**

**15 ACCOUNT #** (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

GENERAL

SPECIFIC

COMMITTEE NAME

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 \$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 350.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,047.10

4. TOTAL POLITICAL EXPENDITURES \$ 1,318.30

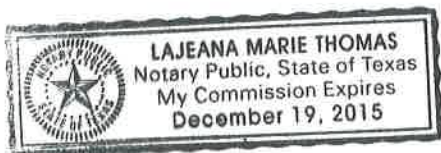
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,036.91

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.

*Ana Reyes*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ana Reyes, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

*Lajeana M. Thomas*  
Signature of officer administering oath

Lajeana M. Thomas  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A: 1	
<b>2</b> FILER NAME ANA REYES		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 12/17/13	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA ROCHA <b>6</b> Contributor address; City; State; Zip Code 2804 LEISURE LANE CARROLLTON, TX 75006	<b>7</b> Amount of contribution (\$) 100.00	<b>8</b> In-kind contribution description (if applicable)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 12/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD MEIER Contributor address; City; State; Zip Code 1123 N. CLINTON AVE. DALLAS, TX 75208	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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 (\$)	In-kind contribution description (if applicable)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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 (\$)	In-kind contribution description (if applicable)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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 (\$)	In-kind contribution description (if applicable)
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME ANA REYES	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/11/2013	<b>5</b> Payee name TEXAS MUNICIPAL LEAGUE
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<b>6</b> Amount (\$) 170.00	<b>7</b> Payee address; City; State; Zip Code 1821 RUTHERFORD LN., STE. 400, AUSTIN, TX 78754
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) NEWLY ELECTED OFFICIALS CONF.
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/2013	Payee name MARRIOTT AUSTIN NORTH
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Amount (\$) 101.20	Payee address; City; State; Zip Code 2600 LA FRONTERA BLVD. ROUND ROCK, TX 78681
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description (If travel outside of Texas, complete Schedule T) LODGING FOR TML CONFERENCE
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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	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 (If travel outside of Texas, complete Schedule T)
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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	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 (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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