

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6676

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Alonzo NICKNAME LAST SUFFIX Al Reyes	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 272, Del Valle, TX 78617	Date Received 2008 JAN 11 PM 1:54 FILED FOR RECORD CLERK TRAVIS COUNTY TEXAS	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 586.4626	Date Hand-delivered or Date E-mailed Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Sylvia NICKNAME LAST SUFFIX Cantu		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 605 Irma, Austin, TX 78752		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 454.5567		
9 REPORT TYPE	<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 (officeholder only) <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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 06 / 07 12 / 31 / 07		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 08	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Constable, Precinct 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

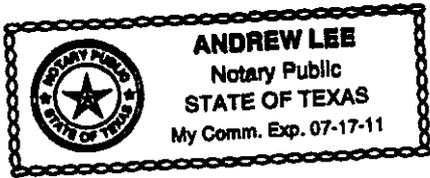
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr. Alonzo "Al" Reyes	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,570.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,370.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,574.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,795.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Alonzo "Al" Reyes
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alonzo Reyes this the 15th day of January, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Andrew Lee
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/15/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of Rene Reyes	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2306 E. Cesar Chavez, Austin, TX 78702		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia or John Lucio	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1008 E. Lone Star Drive, Buda, TX 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Cantu	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 Irma St., Austin, TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arthur Reyes	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 McLeod Place, Cedar Creek, TX 78612		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reyes Trucking, Inc.	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 144 Pope Bend Road South, Unit A, Cedar Creek, TX 78612		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission file#)	
4 Date 8/16/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard McCain	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 7100 Grove Crest Lane, Austin, TX 78734		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Papst	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1504 Pagedale Drive, Cedar Park, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jorge Camarillo	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5229 Coppermead Lane Austin, TX 78721		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/20/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graciela B. Tenorio	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 109 Ansleys Way, Kyle, TX 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blair and Allison Dancy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4933 Stass Drive, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/11/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salvador and Anita Reyes 6 Contributor address; City; State; Zip Code 144 Pope Bend Road South, Unit A, Cedar Creek, TX 78612	7 Amount of contribution (\$) \$2,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John and Hilda Reyes Contributor address; City; State; Zip Code 1214 Harrison Lane, Austin, TX 78742	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 505 W. 12th., Austin, TX 78701	Amount of contribution (\$) \$300.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Voter file access
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cisco Bakery Contributor address; City; State; Zip Code 1511 E. Sixth Street, Austin, TX 78702	Amount of contribution (\$) \$200.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Food Preparation
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Burns Contributor address; City; State; Zip Code 2551 Spring Valley Drive, Dripping Springs, TX 78620	Amount of contribution (\$) \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Kevin Thomas O'Hanlan	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 808 West Avenue, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryon Curtis	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Website Design
Contributor address: City: State: Zip Code 4600 Cedar Grove Drive, Austin, TX 78744		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/17/07	5 Payee name Nuevo Leon Restaurant 6 Payee address; City; State; Zip Code 1501 E. 6th, Austin, TX 78702	7 Amount (\$) \$270.62
8 Purpose of payment (See instructions regarding type of information required.) Food for fund raiser (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/24/07	Payee name Worley Printing Payee address; City; State; Zip Code 3217 North IH-35, Austin, TX 78732	Amount (\$) \$394.85
Purpose of payment (See instructions regarding type of information required.) Pamphlets and fund raiser announcements (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/29/07	Payee name Design Graphics Payee address; City; State; Zip Code 12404 Hwy 155 South, Tyler, TX 75705	Amount (\$) \$2,372.03
Purpose of payment (See instructions regarding type of information required.) Yard signs and 4x8 signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/29/07	Payee name Reyes Trucking, Inc. Payee address; City; State; Zip Code 144 Pope Bend Road South, Unit A, Cedar Creek, TX 78612	Amount (\$) \$2,000.00
Purpose of payment (See instructions regarding type of information required.) Return Incorporation check (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission files)
4 Date 8/29/07	5 Payee name Gill Studios 6 Payee address: City: State: Zip Code P.O. Box 2909, Shawnee Mission, KS 66201	7 Amount (\$) \$271.78
8 Purpose of payment (See instructions regarding type of information required.) Campaign Bumper Stickers (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/06/07	Payee name The Home Depot Payee address: City: State: Zip Code 3600 IH-35 South, Austin, TX 78701	Amount (\$) \$96.45
Purpose of payment (See instructions regarding type of information required.) Supplies for signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/07/07	Payee name The Home Depot Payee address: City: State: Zip Code 3600 IH-35 South, Austin, TX 78701	Amount (\$) \$57.15
Purpose of payment (See instructions regarding type of information required.) Supplies for signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/08/07	Payee name Lowe's Home Improvement Payee address: City: State: Zip Code 5510 South IH-35, Austin, TX 78745	Amount (\$) \$197.71
Purpose of payment (See instructions regarding type of information required.) Supplies for signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/20/07	5 Payee name Worley Printing 6 Payee address: City: State: Zip Code 3217 North IH-35, Austin, TX 78732	7 Amount (\$) \$1,643.51
8 Purpose of payment (See instructions regarding type of information required.) Pamphlets (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/28/07	Payee name Sam's Club Payee address: City: State: Zip Code 5107 South IH-35, Austin, TX 78744	Amount (\$) \$235.42
Purpose of payment (See instructions regarding type of information required.) Supplies for fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/28/07	Payee name Mrs. Bairds Bread Payee address: City: State: Zip Code 705 Tillary, Austin, TX 78702	Amount (\$) \$15.03
Purpose of payment (See instructions regarding type of information required.) Bread for fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/28/07	Payee name Sam's Club Payee address: City: State: Zip Code 5107 South IH-35, Austin, TX 78744	Amount (\$) \$63.50
Purpose of payment (See instructions regarding type of information required.) Supplies for fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/27/07	5 Payee name Austin / Travis County Health Department 6 Payee address; City: State; Zip Code P.O. Box 1088, Austin, TX 78767	7 Amount (\$) \$35.00
8 Purpose of payment (See instructions regarding type of information required.) Permit for fundraiser (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/29/07	Payee name United States Postmaster Payee address; City: State; Zip Code 8225 Cross Park Drive, Austin, TX 78754	Amount (\$) \$41.00
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/01/07	Payee name East End Poultry Payee address; City: State; Zip Code 2615 East 6th Street, Austin, TX 78702	Amount (\$) \$260.00
Purpose of payment (See instructions regarding type of information required.) Supplies for fundraiser (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/14/07	Payee name La Voz Payee address; City: State; Zip Code P.O. Box 19457, Austin, TX 78760	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Advertisement Space (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/19/07	5 Payee name The Home Depot 6 Payee address; City; State; Zip Code 3600 South IH-35, Austin, TX 78701	7 Amount (\$) \$28.84
8 Purpose of payment (See instructions regarding type of information required.) Supplies for signs (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/07	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1311 East Sixth Street, Austin, TX 78702	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Filing Fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/21/07	Payee name Travis County Democratic Party Payee address; City; State; Zip Code 1311 East Sixth Street, Austin, TX 78702	Amount (\$) \$145.00
Purpose of payment (See instructions regarding type of information required.) Advertisement Space (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) Advertisement Space (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

Mr. Alonzo "Al" Reyes

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/9/07

5 Payee name

Bank of America

6 Payee address; City: State: Zip Code

P.O. Box 25118, Tampa, FL 33622

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign bank account start-up.

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$100.00

Reimbursement from political contributions intended

Date

7/18/07

Payee name

Yahoo Internet Services

Payee address; City: State: Zip Code

701 First Avenue, Sunnydale, CA 94089

Purpose of expenditure (See instructions regarding type of information required.)

Website subscription fees

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$53.76

Reimbursement from political contributions intended

Date

9/28/07

Payee name

Texas Democratic Party

Payee address; City: State: Zip Code

505 West 12th, Austin, TX 78701

Purpose of expenditure (See instructions regarding type of information required.)

Payment for voter access list

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$75.00

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED