

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6809

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: 176
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Alonzo NICKNAME LAST SUFFIX Al Reyes	OFFICE USE ONLY Date Received: FEB 25 PM 4:07 COUNTY CLERK TRAVIS COUNTY TEXAS Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 586.4626		
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 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 454.5567		
9 REPORT TYPE	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 05 / 08 02 / 25 / 08		
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 <input type="checkbox"/> additional pages	** 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		

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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)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,205.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,372.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Alonzo Reyes
Signature of Candidate / Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alonzo Reyes, this the 25 day of February, 2008, to certify which, witness my hand and seal of office.

Perla Lopez Signature of officer administering oath
 Printed name of officer administering oath
 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: 2	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 0211/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Cuellar	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1912 William Cannon #712 Austin TX. 78744		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/19/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arthur Reyes	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109 McLeod Cedar Creek, TX. 78612		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/21/08	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 Austin TX. 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/22/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank & Abby Reyes	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1819 Parker Lane, Austin, TX 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) La Fonda del Sol / Guadalupe Ruiz	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) Food for Fundraiser
Contributor address; City; State; Zip Code 1912 E. 7th		(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	
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/23/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luis Gutierrez	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) Translation into Spanish
6 Contributor address: City; State; Zip Code 2202 Rick Whinery Dr. Austin, TX. 78728		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 02/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) La Fonda Del Sol / Guadalupe Ruiz	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable) Donated location for fundraiser
Contributor address: City; State; Zip Code 1912 E. 7th. St. Austin, TX. 78702		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 8/23/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Sandoval / Rocking Ruben D.J.	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable) Donated music for fundraiser
Contributor address: City; State; Zip Code 1019 Nile Austin, TX. 78702		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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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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: 1
2 FILER NAME Mr. Alonzo "Al" Reyes		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/11/08	5 Payee name La Voz Newspaper 6 Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX. 78760	7 Amount (\$) \$340.00
8 Purpose of payment (See instructions regarding type of information required.) Postage for mailer (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 02/18/08	Payee name Quik Print Shoal Creek Payee address; City; State; Zip Code 8311 Shoal Creek, Blvd. Austin, TX. 78757	Amount (\$) \$2,104.33
Purpose of payment (See instructions regarding type of information required.) Mailer set up 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 02/20/08	Payee name Quik Print Shoal Creek Payee address; City; State; Zip Code 8311 Shoal Creek, Blvd. Austin, TX. 78757	Amount (\$) \$1,891.68
Purpose of payment (See instructions regarding type of information required.) Mail cost (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/21/08	Payee name HDL Enterprises Payee address; City; State; Zip Code 400 W. 6th St. STE. 149 Weslaco, TX. 78596	Amount (\$) \$643.50
Purpose of payment (See instructions regarding type of information required.) 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 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 2/22/08	5 Payee name Quik Print Downtown 6 Payee address: City: State: Zip Code 410 Congress Avenue Austin, TX. 78701 7 Purpose of expenditure (See instructions regarding type of information required.) printing bilingual literature (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$226.25 <input checked="" type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED