

FORM COR-C/OH

**CORRECTION AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

7035

1 ACCOUNT #		2 Total pages filed: 14		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Richard	MI	Date Received	RECORD
	NICKNAME Rick	LAST Reed	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Legal	Totals
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 02 / 24 / 2008	THROUGH	Month Day Year 06 / 30 / 2008		

6 EXPLANATION OF CORRECTION

The original report failed to include information regarding the following political contribution that was made during the reporting period:

- a political contribution of \$200.00 made by Ken Vargas on March 1, 2008 (see page 6 of the corrected report).

The additional political contribution increases the amount of total political contributions from \$1,585, the amount originally reported, to \$1,785 (see page 2 of the corrected report).

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

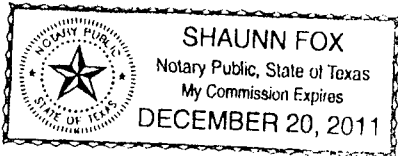
Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Rick Reed
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *[Signature]* this the 15 day of JANUARY, 2009, to certify which, witness my hand and seal of office.



Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00006613

2 PAGE #
1 of 12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Richard	MI MI	OFFICE USE ONLY
	NICKNAME Rick	LAST Reed	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 11614 Anatole Court Austin, TX 78748-2820	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Date Received				

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Glenn	MI MI	Date Hand-delivered or Date Postmarked
	NICKNAME Pete	LAST Steele	SUFFIX Jr.	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 3120 Central Mall Drive Port Arthur, TX 77642-8039	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Receipt #				

7 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 724-6644	EXTENSION
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8 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 checked="" 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)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			02/24/2008				06/30/2008

10 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Attorney
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13 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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Reed, Richard (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00006613

16 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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,785.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	24,109.24
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CONTRIBUTION BALANCE

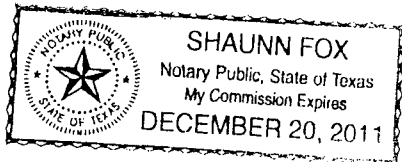
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	21,000.00
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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.



Richard Reed
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *[Signature]*, this the 15 day of January, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE # Schedule: 1/4 Report: 3/12	
2 FILER NAME Reed, Richard (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006613	
4 Date 02/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown, Joe (Hon.) 6 Contributor address; City; State; Zip Code 7846 Caruth Court Dallas, TX 75225-8132	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Senior Judge		10 Employer (See Instructions) The State of Texas	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browne, E. Wayles (Mr.) Contributor address; City; State; Zip Code 220 Morrill Hall Ithaca, NY 14853-4701	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) Cornell University	
Date 02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, James (Mr.) Contributor address; City; State; Zip Code 2826 Alamo Trail Temple, TX 76502-3832	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Computer Specialist		Employer (See Instructions) Federal Government	
Date 02/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves, Jeanne (Ms.) Contributor address; City; State; Zip Code 6818 Oasis Pass Austin, TX 78732-1211	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenway, Virginia (Ms.) Contributor address; City; State; Zip Code 811 Nueces Austin, TX 78701-2215	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney & Counselor at Law		Employer (See Instructions) Self-Employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/4 Report: 4/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00006613

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Harris, Robert Jr. (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

06/26/2008

6 Contributor address; City; State; Zip Code
2402 Bluffview Drive
Austin, TX 78704-5823

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney & Counselor at Law

10 Employer (See Instructions)
Self-Employed

Date

Full name of contributor out-of-state PAC (ID# _____)
Haynie, Leah (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

02/26/2008

Contributor address; City; State; Zip Code
3601 Manchaca Road
Apt. 211
Austin, TX 78704-5967

\$30.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Heller, Joyce (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

03/01/2008

Contributor address; City; State; Zip Code
685 Loma Verde Court
El Dorado Hills, CA 95762-3547

\$75.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Law Office of Jim Moore

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/11/2008

Contributor address; City; State; Zip Code
3500 Oak Lawn Avenue
Suite 700
Dallas, TX 75219-6719

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney & Counselor at Law

Employer (See Instructions)
Self-Employed

Date

Full name of contributor out-of-state PAC (ID# _____)
Long, Walter (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

02/26/2008

Contributor address; City; State; Zip Code
211 W. Live Oak
Austin, TX 78704-5114

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 5/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00006613

4 Date 02/26/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Lyke, Joanne (Ms.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$25.00

6 Contributor address; City; State; Zip Code
626 Monte Vista Drive
Dallas, TX 75223-1242

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 02/26/2008

Full name of contributor out-of-state PAC (ID# _____)
Lyon, Giles (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$20.00

Contributor address; City; State; Zip Code
212 Northwood Street
Houston, TX 77009-6126

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/27/2008

Full name of contributor out-of-state PAC (ID# _____)
Mecoy, Manfred (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$15.00

Contributor address; City; State; Zip Code
1204 Clearwood Court
Allen, TX 75002-2306

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/01/2008

Full name of contributor out-of-state PAC (ID# _____)
Nagy, Joanne (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$25.00

Contributor address; City; State; Zip Code
16500 Simonds Street
Granada Hills, CA 91344-3730

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date 04/14/2008

Full name of contributor out-of-state PAC (ID# _____)
Pouland, John (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$200.00

Contributor address; City; State; Zip Code
11813 Blue Creek Drive
Aledo, TX 76008-3505

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney & Counselor at Law

Self-Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 6/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00006613

4 Date 03/01/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Reed, Jerry (Mr.)

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1541 Shelton Street
Abilene, TX 79603-3425

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date 03/03/2008
Full name of contributor out-of-state PAC (ID# _____)
Shaub, Frances (Ms.)

Amount of contribution (\$) \$20.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
11821 Bittern Hollow
Apt. 7
Austin, TX 78758-3510

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/24/2008
Full name of contributor out-of-state PAC (ID# _____)
The Law Offices of Charles Tupper, Jr., P.C.

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
750 N. Saint Paul Street
Suite 610
Dallas, TX 75201-3202

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/01/2008
Full name of contributor out-of-state PAC (ID# _____)
Vargas, Ken (Mr.)

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)
Newspaper advertisement

Contributor address; City; State; Zip Code
P.O. Box 1602
Manchaca, TX 78652-1602

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Newspaper Editor & Publisher

Employer (See Instructions)
Self-Employed

Date 02/26/2008
Full name of contributor out-of-state PAC (ID# _____)
White, Randall (Mr.)

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1939 Mayflower Dr.
Dallas, TX 75208-3114

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Elettore, Inc.

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 7/12
2 FILER NAME Reed, Richard (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00006613
4 TOTAL OF UNITEMIZED LOANS: ⇒⇒⇒⇒⇒⇒		\$
5 Date of loan 02/25/2008	7 Name of lender Reed, Rick (Mr.) <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$20,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 11614 Anatole Court Austin, TX 78748-2820	10 Interest rate 1.0 %
		11 Maturity date 02/25/2009
12 Principal occupation / Job title (See Instructions) Attorney & Counselor at Law		13 Employer (See Instructions) Self-Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/5 Report: 8/12**2** FILER NAME Reed, Richard (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00006613**4** Date

04/30/2008**5** Payee name
Elettore, Inc.**6** Payee address; City; State; Zip Code
P.O. Box 222195
Dallas, TX 75222-2195**7** Amount
(\$)

\$828.00**8** Purpose of payment (See instructions regarding type of information required.)

Web Site Development, Hosting, etc.

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
FedEx Kinko'sAmount
(\$)

02/26/2008

Payee address; City; State; Zip Code
5601 Brodie Lane
Sunset Valley, TX 78745-2538

\$60.14

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

Express Package Service

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Opinion Analysts, Inc.Amount
(\$)

04/17/2008

Payee address; City; State; Zip Code
906 Rio Grande
Austin, TX 78701-2222

\$380.98

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

Voter List

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
PayPal, Inc.Amount
(\$)

02/26/2008

Payee address; City; State; Zip Code
2211 North First Street
San Jose, CA 95131-2021

\$1.17

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

Financial Transaction Fee

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 2/5 Report: 9/12**2** FILER NAME Reed, Richard (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00006613

4 Date	5 Payee name	7 Amount (\$)
02/26/2008	PayPal, Inc.	\$3.20
	6 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	

8 Purpose of payment (See instructions regarding type of information required.)

Financial Transaction Fee

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
02/26/2008	PayPal, Inc.	\$0.88
	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	

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

Financial Transaction Fee

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
02/26/2008	PayPal, Inc.	\$1.47
	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	

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

Financial Transaction Fee

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
02/26/2008	PayPal, Inc.	\$1.03
	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	

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

Financial Transaction Fee

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/5 Report: 10/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00006613

4 Date 02/26/2008	5 Payee name PayPal, Inc. 6 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	7 Amount (\$) \$6.10
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8 Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/26/2008	Payee name PayPal, Inc. Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	Amount (\$) \$1.03
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Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/27/2008	Payee name PayPal, Inc. Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	Amount (\$) \$3.20
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Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/27/2008	Payee name PayPal, Inc. Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	Amount (\$) \$3.20
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Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 11/12

2 FILER NAME Reed, Richard (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00006613

4 Date	5 Payee name	7 Amount (\$)
02/27/2008	PayPal, Inc. Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131-2021	\$0.74

<p>8 Purpose of payment (See instructions regarding type of information required.) Financial Transaction Fee</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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Date	Payee name	Amount (\$)
02/25/2008	The Campaign Group, Inc. Payee address; City; State; Zip Code 1600 Locust Street Philadelphia, PA 19103-6305	\$20,000.00

<p>Purpose of payment (See instructions regarding type of information required.) Television Advertisements</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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Date	Payee name	Amount (\$)
02/25/2008	Velocity Credit Union Payee address; City; State; Zip Code 9300 South IH 35 Bldg I Austin, TX 78748-1751	\$15.00

<p>Purpose of payment (See instructions regarding type of information required.) Wire transfer fee</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
--	---

Date	Payee name	Amount (\$)
02/29/2008	Voice Broadcasting Corp. Payee address; City; State; Zip Code 1527 S. Cooper Street Arlington, TX 76010-4105	\$943.00

<p>Purpose of payment (See instructions regarding type of information required.) Automated Telephone Calls</p> <p>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/></p>	<p>** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:</p> <p>Office sought: Office held:</p>
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/5 Report: 12/12**2** FILER NAME Reed, Richard (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00006613**4** Date

03/07/2008**5** Payee name
Voice Broadcasting Corp.

6 Payee address; City; State; Zip Code
1527 S. Cooper Street
Arlington, TX 76010-4105**7** Amount
(\$)

\$935.55**8** Purpose of payment (See instructions regarding type of information required.)
Automated Telephone Calls**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date

Payee name
Voice Broadcasting Corp.Amount
(\$)

03/07/2008

Payee address; City; State; Zip Code
1527 S. Cooper Street
Arlington, TX 76010-4105

\$924.55

Purpose of payment (See instructions regarding type of information required.)
Automated Telephone Calls**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held: