

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

8868

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 	2 Total pages filed: <p style="text-align: center; font-size: 1.2em;">10</p>	OFFICE USE ONLY														
3 CANDIDATE / OFFICEHOLDER NAME <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">XXXXXXXX MR</td> <td style="width: 30%; border: none;">FIRST Richard</td> <td style="width: 30%; border: none;">MI D</td> </tr> <tr> <td style="border: none;">NICKNAME Rick</td> <td style="border: none;">LAST Reed</td> <td style="border: none;">SUFFIX</td> </tr> </table>	XXXXXXXX MR	FIRST Richard	MI D	NICKNAME Rick	LAST Reed	SUFFIX	Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____									
XXXXXXXX MR	FIRST Richard	MI D														
NICKNAME Rick	LAST Reed	SUFFIX														
4 ORIGINAL REPORT TYPE <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report					
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5 ORIGINAL PERIOD COVERED <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 15%; text-align: center;">THROUGH</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">21</td> <td style="text-align: center;">2016</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2016</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	02	21	2016		06	30	2016		
Month	Day	Year	THROUGH	Month	Day	Year										
02	21	2016		06	30	2016										

RECEIVED
 JUL 18 8 PM 4:00
 ETHICS COMMISSION

6 EXPLANATION OF CORRECTION The original C/OH Campaign Finance Report filed for this period did not include information regarding several in-kind political contributions that were made on behalf of my campaign on February 25, 2016. I received information about those contributions on July 5, 2016, after I had filed the original report for this period. That information is reported on Page 1 of Schedule A2 of the corrected report that is being filed herewith; the amount of those political contributions is included in the total political contributions reported in Section 16 on Page 2 of the corrected report; and the amount of those political contributions is included in the schedule subtotals reported in Section 20 on Page 3 of the corrected report. I hereby swear, under penalty of perjury, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

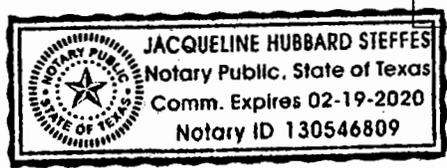
7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Dale Reed, this the 7th day of July, 2016, to certify which, witness my hand and seal of office.

Printed name of officer administering oath
Braven Associates
Title of officer administering oath

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

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 9

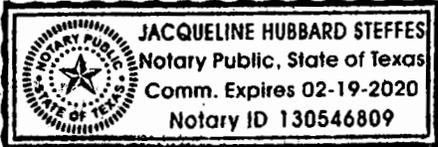
13 C / OH NAME Reed, Richard	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		<table border="1" style="width:100%"> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
<input type="checkbox"/> GENERAL										
<input type="checkbox"/> SPECIFIC										
COMMITTEE ADDRESS										
COMMITTEE CAMPAIGN TREASURER NAME										
COMMITTEE CAMPAIGN TREASURER ADDRESS										

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,612.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,055.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Dale Reed, this the 7th day of July, 2016, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering	Jacqueline Hubbard Steffes Printed name of officer administering	Branch Associate Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Reed, Richard		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,612.75
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 692.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 363.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/9	
2 FILER NAME Reed, Richard		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/25/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird Farrelly Criminal Defense	8 Amount of contribution (\$) \$626.70	9 In-kind contribution description Payment of Invoice No. KK-16 104 made to Sympson Reporting
7 Contributor address; City; State; Zip Code 2312 Western Trails Boulevard Suite 102-A Austin, TX 78745-1677		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird Farrelly Criminal Defense	Amount of contribution (\$) \$368.45	In-kind contribution description Payment of Invoice No. CS-16 1201 made to Sympson Reporting
Contributor address; City; State; Zip Code 2312 Western Trails Boulevard Suite 102-A Austin, TX 78745-1677		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird Farrelly Criminal Defense	Amount of contribution (\$) \$617.60	In-kind contribution description Payment of Invoice No. CS-16 1203 made to Sympson Reporting
Contributor address; City; State; Zip Code 2312 Western Trails Boulevard Suite 102-A Austin, TX 78745-1677		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/9		2 FILER NAME Reed, Richard		3 Filer ID	
4 Date 03/02/2016		5 Payee name ActBlue			
6 Amount (\$) \$3.75		7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/02/2016		Payee name Facebook			
Amount (\$) \$25.04		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fee for promoting Facebook post urging Travis County Democrats to vote for Margaret Moore	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/31/2016		Payee name Facebook			
Amount (\$) \$4.96		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025-1456			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fee for promoting Facebook post urging Travis County Democrats to vote for Margaret Moore	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/9		2 FILER NAME Reed, Richard		3 Filer ID	
4 Date 02/29/2016		5 Payee name FedExOffice			
6 Amount (\$) \$37.06		7 Payee address; City; State; Zip Code 5601 Brodie Lane Suite 1210 Austin, TX 78745-2540			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/29/2016		Payee name FedExOffice			
Amount (\$) \$6.05		Payee address; City; State; Zip Code 5601 Brodie Lane Suite 1210 Austin, TX 78745-2540			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
Date 03/03/2016		Payee name Litle & Co.			
Amount (\$) \$1.38		Payee address; City; State; Zip Code 900 Chelmsford Street Lowell, MA 01851-8100			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/9	2 FILER NAME Reed, Richard	3 Filer ID
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4 Date 03/29/2016	5 Payee name Moore, Margaret (Ms.)
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 501 N. IH 35 Suite 209A Austin, TX 78702-3233
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense \$500 campaign contribution to Margaret Moore's campaign for Travis County District Attorney
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/29/2016	Payee name Travis County Democratic Party
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Amount (\$) \$113.86	Payee address; City; State; Zip Code 1311 East 6th Street Suite B Austin, TX 78702-3368
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution of funds remaining in campaign account.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 8/9	2 FILER NAME Reed, Richard	3 Filer ID
4 Date 04/11/2016	5 Payee name File & ServeXpress	
6 Amount (\$) \$187.56 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 500 E. John Carpenter Freeway Suite 250 Irving, TX 75062-3972	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Service Fees
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name _____ Office sought _____ Office held _____		
Date 03/28/2016	Payee name Raney, Paul (Mr.)	
Amount (\$) \$170.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1026 Clayton Lane Apartment 4207 Austin, TX 78723-4213	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subpoena Service Fees
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name _____ Office sought _____ Office held _____		
Date 03/28/2016	Payee name Raney, Paul (Mr.)	
Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1026 Clayton Lane Apartment 4207 Austin, TX 78723-4213	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Fees
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name _____ Office sought _____ Office held _____		

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME Reed, Richard	2 Filer ID rick.reed@maverickcounsel.com
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder ****

A CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.



 Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder