	N FINANCE R			FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	SU	SAN LAST	D. SUFFIX	OFFICEUSE ONLY  Date Received  Date Received  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / PO BOX; APT / SUI' PO Box 120098,	TE#; CITY;	STATE; ZIPCODE	Date Hand-delivered or Postro ked Z A C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE ( 210 ) 822-		EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	Mrs. Ba	rbara  Ast Anker	MI SUFFIX	Date imaged .
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLE		CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE ? ( 210) 492-40		EXTENSION	
9 REPORT TYPE		Oth day before election h day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 1 2012	THROUGH	Month Day	Year 2012
11 ELECTION	ELECTION DATE Mionati Cay Year	ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICEHELD (frany) Bexar County Cr District Attorn		13 OFFICE SOUGHT (if know	n)
		GO TO PAG	E 2	

Ausun, 16xas 707 11-2010

(312)403-3600

(100 1-000-735-2969)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Susan D. 1	Reed	15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI-	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	- * .
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ no fundraising
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$no fundraising
EXPENDITURE TOTALS	3. TOTAL F	ZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 16,568.55
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 126,354.57
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ <sub>0</sub>
18 AFFIDAVIT			
	NICA M. GUILLE Notary Public TATE OF TEXAS hission Exp. 03-16-20	13	
AFFIX NOTARY STAM	P / SEAL ABOVE	× × 7	
Sworn to and sub-		me, by the said	this the hand and seal of office.
Signature of officer admi	nistering path	Monica Guillen  Printed name of officer administering oath	Motory  Title of officer administering oath
a.ga.a.o or omoor admi		. The same of one of contrational and oath	and or omeer permitteeting order

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	<del></del>				
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	ST	JSAN D. REED			
_					
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		no fundraising activity th	is reportin		description (ii applicable)
		<i>,, ,</i> , , , , , , , , , , , , , , , , ,		g perrou	
		6 Contributor address; City; State; Zip Code			
					1
				(If traval outside	of Toyon, complete Schodule T
9	Principal occur	pation / Job title (See Instructions)	40 Employer (See	·	of Texas, complete Schedule T)
٦	r micipai occuj	batton / 300 title (See instructions)	10 Employer (See	mstructions)	
=				T	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				Contribution (4)	description (ii applicable)
		Contributor address; City; State; Zip Code			
l					1
				(If traval autoida	f Texas, complete Schedule T)
<b></b>	Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	or rexas, complete scriedule 1)
		,		,	
	Date	Full name of contributor	3	Amount of	In-kind contribution
	Date			contribution (\$)	description (if applicable)
					<u> </u>
Ī		Contributor address; City; State; Zip Code			
l					
ŀ					1
				(If travel outside	of Texas, complete Schedule T)
l	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				**************************************	
	Date	Full name of contributor		Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address: City Clate 7: Odd-			
		Contributor address; City; State; Zip Code			i 1
	Principal occur	Dation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Timolpai occap	oduon / dob title (oce matricelona)	Employer (See 1	nstractions)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				CONTRIBUTION (4)	description (ii applicable)
		Contributor address; City; State; Zip Code			
l		**			1 
				(If travel outside	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete this form.		1 Total pages Scho	edule B:
2 FILER NAME	<u> </u>		3 ACCOUNT # (Et	hics Commission Filers)
Susa	an D. Reed	-	,	,
<b>4</b> TOT	TAL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔	₽	<b>⇒ ⇒</b>	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description
	N/A	1	piedge (4)	(if applicable)
	7 Pledgor address; City; State; Zip Code			
ı,				of Texas, complete Schedule T)
10 Principal occ	upation / Job title (See Instructions) 11 Employe	er (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Employe	er (See In	nstructions)	, constant of the constant of
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,	 	
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions) Employe	er (See In	estructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
Dringing con	unction / lob title (Coe Instructions)			of Texas, complete Schedule T)
Fincipal occ	upation / Job title (See Instructions) Employ	er (See ir	nstructions)	Parket Mills Martin (Martin Martin Santan
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions) Employe	er (See In	estructions)	
If	ATTACH ADDITIONAL COPIES OF THIS SCI contributor is out-of-state PAC, please see instruction guid			requirements.

Te	xas Ethics Commis	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	LOANS				SCHEDULE E
	The	Instruction Guide explains how to	o complete this form.	1 Total pag	ges Schedule E:
2	FILER NAME Susa	an D. Reed		3 ACCOUN	IT # (Ethics Commission Filers)
4	ТОТА	L OF UNITEMIZED LOANS	: \$ \$ \$ \$ =	<b>⇒</b> ⇔	\$ 0000000
5	Date of loan	7 Name of lender n/a	out-of-state PAC (ID#	)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; St	ate; Zip Code		10 Interest rate
	Y N				11 Maturity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruc	ctions)	
14	Description of Coll	ateral	15 Check if personal fund	s were deposited	into political account
	none				
16	GUARANTOR INFORMATION	17 Name of guarantor		•	19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; Ci	ty; State; Zip Code		
20	Principal Occupati	on (See Instructions)	21 Employer (See Instruc	ctions)	
	Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; St	ate; Zip Code		Interest rate
	Y N				Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	tions)	
	Description of Colla	iteral	Check if personal funds	were deposited in	nto political account
	none				
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; Ci	ty; State; Zip Code	• • • • • • • •	
	Principal Occupati	on (See Instructions)	Employer (See Instructi	ons)	
	If lend	ATTACH ADDITIONAL der is out-of-state PAC, please se	COPIES OF THIS SCHEDULE As instruction guide for addition		uirements.

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

		E CATEGORIES I	•	•	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/R	
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense		pment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of Distr			eholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a ca	tegory not listed above)
	The Instruction Guid	e explains how to o	omplete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
23	Susan D. Reed				
4 Date	5 Payee name				
7/1/12	OfficeMax				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	Maria de la compansión de		. <del>Valorial de la constanta de</del>
64.17	255 E. Basse Rd.,	Suite 151	0, San A	ntonio, Tx	78209
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule T)
OF	office crowbood/s		• •		
EXPENDITURE	office overhead/	rental exp	OIIIC	ce supplies	5
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	e ·	Office soug	ht	Office held
Date	Payee name				
7/2/12	Public Storage				
Amount (\$)	Payee address; City; S	state; Zip Code			. ,
60	555 W. Sunset Rd	San Antor	nio Tra	78216	
	Jos W. Builbee Ru	, buil inicol	110, 1K	70210	
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	1 (If travel outside of Texa	s, complete Schedule T)
OF	office overhead/rem	ntal expens	se st	corage	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	<b>.</b>	Office soug	ht	Office held
Date	Payee name				
72/12	USPS Global Expres	ss Mail			
Amount (\$)	Payee address; City; S	tate; Zip Code			
10.85	1735 N Lynn St, 21	nd Flr, Arl	ington V	/A 22209	
PURPOSE	Category (See categories listed at the to	on of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF OR OSE	office overhead/rea		postag		-, <b>,</b>
EXPENDITURE	office overhead, fe	irear exp.	postag	C	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	e	Office soug	ht	Office held
D-4-	T Development				
Date 7/6/12	Payee name USPS Global Expre	ess Mail			
Amount (\$)		tate; Zip Code			
	1-0-				
4.90	1735 N Lynn St,	2nd Flr, A	clington	VA 22209	
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texa	s. complete Schedule T)
OF	2 3 , \200 valogorioo notod at tile to		2000 ipiloi	II divol odibide of Texa	o, complete conseque ()
EXPENDITURE		1			
Complete ONLY if direct expenditure to benefit Co		е	Office soug	ht	Office held
· · · · · · · · · · · · · · · · · · ·	4.T.T. 4.1.4.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.				
	ATTACH ADDITIONAL (	COPIES OF THIS S	CHEDULE AS	NEEDED	
www.othioo.ototo.tv.uo					

PULITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Loa raising Expense Tra Cor istrict /Rental Expense OTI	n Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Susan D. Reed	SEN Y TONONOMINANO (M. 1339) OMERICA (M. 1430) O TONONOS (M. 1440) MENERAL EL MANDE (M. 1440) EL MANDE (M. 1440) MENERAL EL MANDE	3 ACCOUNT # (Ethics Commission Filers)
Date 7/10/12	5 Payee name Amtrack .com		
Amount (\$)	7 Payee address; City; State; Zip Code		
27.00	60 Massachusetts Ave NE, W	ashington DC	20002
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Travel Out of District	train tick	et attending conferer
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7/10/12	Herff Travel Agency billed	by Airlinles	Rprting Corptaf
Amount (\$)	Payee address; City; State; Zip Code		
40.00	3000 Wilson Vlvd, Arlington	Va	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	travel outside district	travel age	ency fee
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name ЭН	Office sought	Office held
Date 7/10/12	Payee name DELTA AIRLINES		
Amount (\$)	Payee address; City; State; Zip Code		
460.71	Atlanta Airport, Atlanta GA	30320	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	travel outside district	attend con	ference
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 7/10/12	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
21.79	1 Post Office Drive, San An	tonio, Tx 78	3284
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office overhead/Rental expe	nse posta	je
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE		

Ausun, Texas 707 11-2070

(312)403-3000

(TDD 1-000-735-2969)

Texas Ettilos Commission

F.O. DOX 12070

POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Constitution/Fundral Services Solicitation/Fundral Food/Beverage Expense Travel In District Polling Expense Office Overhead/Funding Expense Office Overhead/Funding Expense Salaries/Wages/Constitution/Fundral Fundral F	ontract Labor Loan ising Expense Tran Cont rict C lental Expense OTH	ributions/Donat andidate/Office	oment & Related Expense
Total pages Schedule F:	2 FILER NAME Susan D. Reed	okkalen verili isi dinini siste i salamanda li kida alam pelo alam sama anangan, asambia sama	3 ACCOUNT	# (Ethics Commission Filers)
Date 7/14/12	5 Payee name Credit Secure		·	
Amount (\$)	7 Payee address; City; State; Zip Code			
15.93	535 Anton Blvd #100, Costa	Mesa Ca 9262	28	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Iftrav	vel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Accounting/Banking	Credit card	l securi	tly
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 7/16/12	Payee name AT&T Data			
Amount (\$)	Payee address; City; State; Zip Code		- The state of the	<del></del>
15.09	12525 Cingular Way, Alphare	etta , GA 30	0004	
PURPOSE	Callegory (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Office Overhead/Rental Expen	se communi	cation/	data
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name			
7/16/12	San Antonio Express News			
Amount (\$)	Payee address; City; State; Zip Code			
26.76	301 Ave. E, San Antonio, Tx	78205		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas	, complete Schedule T)
OF EXPENDITURE	Office Overhead/Rental Exp.	newspaper	subscri	iption
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name			The second secon
7/18/12	AT&T Easycharge Cons SW			
Amount (\$)	Payee address; City; State; Zip Code		THE REPORT OF THE PARTY OF THE	
278.89	208 S Akard St, Ste 110, Da	llas, Tx 752	202	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftrav	vel outside of Texas	, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp.	cellular	service	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	sing Expense Tran Cont rict C ental Expense OTH	t Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)
Date 7/21/12	5 Payee name OfficeMax		
Amount (\$) 79.96	7 Payee address; City; State; Zip Code 255 E. Basse, Suite 1510, Sa	n Antonio,	Tx 78209
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  office overhead/rental exp.	(b) Description (Iftration office su	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date 7 / 2 2	Payee name Bravo Bravo		
Amount (\$)	Payee address; City; State; Zip Code		
55.28	20 E Main St, Mystic CT 063	55	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	food/beverage expense	meal @ NDA	A Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 7/22/12	Payee name Delta Airlines		
Amount (\$)	Payee address; City; State; Zip Code		
25	Dep 680 1030 Delta Blvd, At	lanta Ga 30	354
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	travel outside district	baggage f	ee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date 7/24/12	Payee name Amtrack		
Amount (\$)	Payee address; City; State; Zip Code		
27.00	60 Massachusetts Ave NE, Was	hington, DC	20002
		D 112	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel outside district		rel outside of Texas, complete Schedule T) Ket attending confere

xas Etnics Commissio	DIT P.O. BOX 12070 Austin, Texas	76/11-20/0 (512)	403-2600 (1DD 1-600-735-2969
POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	Fundraising Expense Tra- istrict Co Of District head/Rental Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
Total pages Schedule F:	2 FILER NAME Susan D. Reed	et kan kentuar	3 ACCOUNT # (Ethics Commission Filers)
Date 7/26/12	5 Payee name Mystic Marriott		
Amount (\$)	7 Payee address; City; State; Zip Co	de	
562.30	625 North Rd, Groton CT (	06340	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul travel outside district		avel outside of Texas, complete Schedule T)  nse @ NDAA conference
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 7/29/12	Payee name Delta Airlines		
Amount (\$)	Payee address; City; State; Zip Co	ode	
25.00	Dept 680, 1030 Delta Blvd	l, Atlanta, GA	30354
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul travel outside district	Description (Ift	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Off	Office sought	Office held
Date	Payee name		
8/2/12	Public Storage	al a	
Amount (\$) 60.00	Payee address; City; State; Zip Co		16
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule office overhead/rental ex	'	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name 'OH	Office sought	Office held
Date 8/6/12	Payee name FTD Suchy Flowers San A	ntonio	
Amount (\$)	Payee address; City; State; Zip Co		
121.10	955 Cincinnati, San Anto	nio, Tx 78201	
PURPOSE	Category (See categories listed at the top of this schedul	e) Description (If t	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	gifts/awards/memorials	constitue	nt memorial

Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL	EXPENDITURES		SCHEDULE F
tentinat relations automorphism habitates chaloment annim het lancare les actues au commune transcent Het lancare les actues en la contraction de la commune de commune de commune de la commune de la commune consc La commune de la commune de	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Weges/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di- Printing Expense Office Overhead/	Contract Labor Li raising Expense T C strict (Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Total pages Schedule F:	The Instruction Guide explains how to	complete this form	3 ACCOUNT # (Ethics Commission Filer
rotal pages beneather;	Susan D. Reed		Account # (Ethics Commission Fried
Date 8/7/12	5 Payee name Romney Victor Inc		
Amount (\$)	7 Payee address; City; State; Zip Code		
250.00	228 S. Washington St, Alexa	andria VA 2	2314
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contributions/Donations by	event tio	cket/contribution
Complete ONLY if direct expenditure to benefit Co	Candidate/Officeholder	Office sought	Office held
Date 8/13/12	Payee name Texas Exes - San Antonio		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	2110 San Jacinto Blvd, Aust	in Tx 78712	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contributions/Donations	event tab	le sponsor
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held
Date 8/14/12	Payee name San Antonio Express News		
Amount (\$)	Payee address; City; State; Zip Code		
21.80	301 Avenue E, San Antonio,	Tx 78205	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exper	se newspa	per subscription
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date 8/14/12	Payee name Credit Secure		
Amount (\$)	Payee address; City; State; Zip Code	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
15.93	535 Anton Blvd #100, Costa M	Mesa, CA 92	626
DUDDOOF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE			
OF EXPENDITURE	accounting/banking	Clear C	ard security
OF	Candidate / Officeholder name	Office sought	Office held

Adstill, Texas 767 11-2070 (312) 403-3600 (100 1-600-753-2969)

F.O. DOX 12010

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Consumption Legal Services Solicitation/Fundrate Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Formula in the Instruction Guide explains how to	ontract Labor (ising Expense (itict Rental Expense (itict)	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) m.
Total pages Schedule F:	2 FILER NAME Susan D. Reed	elegentica del menero con electromento del Protocomo de escapación de electromento de electrom	3 ACCOUNT # (Ethics Commission Filers
Date 8/15/12	5 Payee name AT&T Data		
Amount (\$)	7 Payee address; City; State; Zip Code		
15.09	12525 Cingular Way, Alpharet	ta , GA 3	0004
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overheard/rental exp.	data	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 8/16/12	Payee name AT&T Easycharge Cons SW		
Amount (\$)	Payee address; City; State; Zip Code		
236.88	208 S. Akard St, Dallas, Tx	75202	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office Overhead/rental exp	cellular	service
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 8/17/12	Payee name FedEx Express		
Amount (\$)	Payee address; City; State; Zip Code		
12.88	3875 Airways Blvd, Memplhis	,TN 38116	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp.	postage	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officenoider name DH	Office sought	Office held
Date	Payee name		
7/18/12	Suchy's Florist		
Amount (\$)	Payee address; City; State; Zip Code		
77.85	955 Cincinnati, San Antonio,	Tx	
PURPOSE	Category (See categories listed at the top of this schedule)	Į.	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	gifts/awards/memorial expens	e const	ituent memorial
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULEAS N	IEEDED

Austin, Texas 767 11-2070

(312)403-3600

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ising Expense Tra Coi rict tental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Ex ontributions/Donations Made By Candidate/Officeholder/Political Cor FHER (enter a category not listed abo	nmittee
Total pages Schedule F:	2 FILER NAME	complete and roun.	3 ACCOUNT # (Ethics Commission	on Filers)
	Susan D. Reed			
1 Date 8/24/12	5 Payeename J Alexanders			
Amount (\$)	7 Payee address; City; State; Zip Code	and data remains a state of the		·
74.88	255 E Basse, San Antonio, T	x 78209		THE REMOVED TO SERVICE
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Ifter	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	food/beverage expense mee	eting to di	scuss officeholde	er isst
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date 8/31/12	Payee name Houston Street Bistro	Wild destruction to the second		Accounts
Amount (\$)	Payee address; City; State; Zip Code			
			_	ì
39.64	204 E. Houston St, San Anton	io, Tx 7820	)5	
PURPOSE	204 E. Houston St, San Anton  Category (See categories listed at the top of this schedule)		75 Tavel outside of Texas, complete Schedule T)	
	Category (See categories listed at the top of this schedule)	Description (lftr		1
PURPOSE OF	Category (See categories listed at the top of this schedule)  food/beverage expense mee  Candidate / Officeholder name	Description (lftr	ravel outside of Texas, complete Schedule T)	1
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule)  food/beverage expense mee  Candidate / Officeholder name	Description (Iftr	ravel outside of Texas, complete Schedule T)	1
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule)  food/beverage expense mee  Candidate / Officeholder name  OH  Payee name	Description (Iftr	ravel outside of Texas, complete Schedule T)	1
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule)  food/beverage expense mee  Candidate / Officeholder name  OH  Payee name  Public Storage	Description (If tr eting to di Office sought	ravel outside of Texas, complete Schedule T) SCUSS Officeholde Office held	1
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00	Category (See categories listed at the top of this schedule)  food/beverage expense mee  Candidate / Officeholder name  OH  Payee name Public Storage  Payee address; City; State; Zip Code	Description (If tree ting to di Office sought	ravel outside of Texas, complete Schedule T) SCUSS Officeholde Office held	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00	Category (See categories listed at the top of this schedule) food/beverage expense Mee  Candidate / Officeholder name  OH  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Antonia	Description (If tree ting to di Office sought	ravel cutside of Texas, complete Schedule T) SCUSS Officeholde  Office held	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF	Category (See categories listed at the top of this schedule) food/beverage expense mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Antoni  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name	Description (If translation)  Office sought  LO, Tx 7821  Description (If translation)	ravel cutside of Texas, complete Schedule T) SCUSS Officeholde  Office held	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top of this schedule) food/beverage expense mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Antoni  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name	Description (If tree ting to di Office sought  LO, Tx 7821  Description (If tree storage	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  office held  avel outside of Texas, complete Schedule T)	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule) food/beverage expense mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Anton:  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name  COH	Description (If tree ting to di Office sought  LO, Tx 7821  Description (If tree storage	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  office held  avel outside of Texas, complete Schedule T)	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule) food/beverage expense mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Anton:  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name  COH  Payee name	Description (If tree ting to di Office sought  LO, Tx 7821  Description (If tree storage	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  office held  avel outside of Texas, complete Schedule T)	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/3/12	Category (See categories listed at the top of this schedule) food/beverage expense Mee  Candidate / Officeholder name  OH  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Antoni  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name  OH  Payee name Apple Store Northstar	Description (If the string to discovered to	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  office held  avel outside of Texas, complete Schedule T)	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/3/12  Amount (\$) 215.17	Category (See categories listed at the top of this schedule) food/beverage expense Mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Anton:  Category (See categories listed at the top of this schedule)  office overhead/rental exp.  Candidate / Officeholder name  OH  Payee name Apple Store Northstar  Payee address; City; State; Zip Code	Description (If the tring to disconsisted to disconsisted to disconsisted to the triangle of triangle of the triangle of trian	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  office held  avel outside of Texas, complete Schedule T)	er issu
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/2/12  Amount (\$) 60.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 9/3/12  Amount (\$) 215.17	Category (See categories listed at the top of this schedule) food/beverage expense Mee  Candidate / Officeholder name  Payee name Public Storage  Payee address; City; State; Zip Code  555 W. Sunset Rd, San Antoni  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name  Coh  Payee name Apple Store Northstar  Payee address; City; State; Zip Code  7400 San Pedro, San Antonio,	Description (If the tring to disconsisted to disconsisted to disconsisted to the triangle of triangle of the triangle of trian	ravel outside of Texas, complete Schedule T)  SCUSS Officeholde  Office held  Office held  Office held  Office held	er iss

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	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D Printing Expense Office Overhead The Instruction Guide explains how the	raising Expense i istrict /Rental Expense	Contributions/Do Candidate/Off OTHER (enter a	quipment & Related Expense
Total pages Schedule F:	2 FILER NAME Susan D. Reed		3 ACCOUN	IT # (Ethics Commission Filers)
Date 9/5/12	6 Payeename Eventbrite			
Amount (\$)	7 Payee address; City; State; Zip Code			
27.37	651 Brannan St, Ste 110, Sa	n Fransico	CA 9417	0
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	1	-	xas, complete Schedule T) Aztec - Goodtas
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 9/4/12	Payee name USPS			
Amount (\$)	Payee address; City; State; Zip Code			
49.90	1 Post Office Dr., San Anto	onio, Tx 78	284	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp.	Description (	If travel outside of Te	xas, complete Schedule T)
OF	office overhead/rental exp.  Candidate/Officeholder name			xas, complete Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct	office overhead/rental exp.  Candidate/Officeholder name	postage		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	office overhead/rental exp.  Candidate/Officeholder name  Pavee pame	postage		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12	Candidate / Officeholder name  Payee name San Antonio Express News	postage Office sought		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$)	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code	postage Office sought  Tx 78205	f travel outside of Te	Office held  kas, complete Schedule T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$) 21.80  PURPOSE OF	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code  301 Avenue E, San Antonio,  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name	postage Office sought  Tx 78205	f travel outside of Te r subscr	Office held  kas, complete Schedule T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$) 21.80  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code  301 Avenue E, San Antonio,  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name	postage Office sought  Tx 78205  Description (inewspape)	f travel outside of Te r subscr	Office held  cas, complete Schedule T)  iption
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$)  21.80  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code  301 Avenue E, San Antonio,  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name  Candidate / Officeholder name  Payee name	postage Office sought  Tx 78205  Description (inewspape) Office sought	f travel outside of Te r subscr	Office held  cas, complete Schedule T)  iption
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$)  21.80  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/14/12  Amount (\$)	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code  301 Avenue E, San Antonio,  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name  Payee name AT&T Data  Payee address; City; State; Zip Code	postage Office sought  Tx 78205  Description ( newspape Office sought	f travel outside of Te r subscr	Office held  cas, complete Schedule T)  iption
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/11/12  Amount (\$)  21.80  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date 9/14/12  Amount (\$)  15.09	Candidate / Officeholder name  Payee name San Antonio Express News  Payee address; City; State; Zip Code  301 Avenue E, San Antonio,  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Candidate / Officeholder name  Payee name AT&T Data  Payee address; City; State; Zip Code 12525 Cingular Way, Alphare	postage Office sought  Tx 78205  Description ( newspape Office sought	f travel outside of Te r subscr 004	Office held  (as, complete Schedule T)  iption  Office held

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F.O. BOX 12070

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gitt/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ising Expense Loan Repayme Transportation Contributions/D rict Candidate/C ental Expense OTHER (enter	ent/Reimbursement Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Susan D. Reed	3 ACCO	UNT # (Ethics Commission Filers)
4 Date 9/14/12	5 Payee name Credit Secure	•	
3 Amount (\$) 15.93	7 Payee address; City; State; Zip Code 535 Anton Blvd #100, Costa M	esa, CA 92626	
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) accounting/banking	(b) Description (If travel outside of credit card sect	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 9/18/12	Payee name AT&T Easy Charge Cons SW		
Amount (\$) 163.42	Payee address: City; State; Zip Code 208 S Akard St., Dalls, Tx 7	5202	
PURPOSE OF EXPENDITURE	category (See categories listed at the top of this schedule) office overhead/rental exp	Description (If travel outside of cellular servi	ce
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name off	Office sought	Office held
Date 9/21/12	Payee name AT&T		
Amount (\$) 55.14	Payee address; City; State; Zip Code 7322 Jones Maltsberger Rd,	San Antonio, Tx	78209
PURPOSE OF	Category (See categories listed at the top of this schedule)  office overhead/rental exp.	Description (If travel outside of COMMUNICATION	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 9/21/12	Payee name AT&T		
Amount (\$) 439.52	Payee address; City; State; Zip Code 7322 Jones Maltsberger, San	n Antonio, Tx 782	209
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp.	Description (If travel outside of equipment expen	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Salaries/Wages/A Legal Services Solicitation/Fund: Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead.	Contract Labor Los raising Expense Tra Co strict	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
Total pages Schedule F:	The Instruction Guide explains how to	complete this form.	3 ACCOUNT # (Ethics Commission Filers)
,	SUSAN D. REED		Trooper a (Editor Commission Flore)
Date 10/9/12	<b>5</b> Payee name Public Storage		
Amount (\$)	7 Payee address; City; State; Zip Code		
60.00	555 W. Sunset Rd, San Anto	onio, Tx 78	3216
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp	storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10/9/12	Payee name San Antonio Express News		
Amount (\$)	Payee address; City; State; Zip Code	004-111-111-11-111-11-11-11-1-1-1-1-1-1-	WINDSHIP HERMAN AND AND AND AND AND AND AND AND AND A
21.80	301 Avenue E, San Antonio,	Tx 78205	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp	newspaper	subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10/14/12 <i>F</i>	Payee name T&T Data		
Amount (\$)	Payee address; City; State; Zip Code		
15.09	12525 Cingular Way, Alpha	retta GA 30	004
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/renal exp.	data serv	rice
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10/14/12	Payee name Credit Secure		
Amount (\$)	Payee address; City; State; Zip Code		
14.99	535 Anton Blvd, Costa Mesa,	CA 92626	
PURPOSE OF	Category (See categories listed at the top of this schedule) accounting/banking	Description (If to	avel outside of Texas, complete Schedule T)

expenditure to benefit C/OH

6743 E11103 C0111111331011 Ausun, rexas 787 11-2070 (512)463-5800 (1001-800-735-2989 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 Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Susan D. Reed 4 Date 5 Payee name 10/17/12 AT&T Easycharge Cons SW 6 Amount (\$) City; State; Zip Code 7 Payee address; 208 S Akard St, Dallas, Tx 75202 132.45 PURPOSE (a) Category (See categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) OF office overhead/rental exp. cellular service **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 10/18/12 USPS Amount (\$) Payee address; City; State; Zip Code 136.00 1 Post Office Dr, San Antonio, Tx 78284 Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) office overhead/rental exp post box rental **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 10/26/12 Payee name Pizza Hut Amount (\$) Payee address: City; State; Zip Code 55.77 730 S. Santa Rosa, San Antonio, Tx 78204 **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF food/beverage expense **EXPENDITURE** meeting in office Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/10/12 J Alexanders Amount (\$) Payee address; City; State; Zip Code 69.74 255 E Basse Rd, San Antonio, Tx 78209 Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) food/beverage expense meeting to discuss office issues **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

exas Etimos Commissio	Austin, Texas 7671	1-20/0 (512)	463-5800	(1001-800-735-2989
POLITICAL	EXPENDITURES			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gitt/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Loa alsing Expense Tra Cor trict Rental Expense OTI	ntributions/Dona Candidate/Offic	ipment & Related Expense
Total pages Schedule F:	2 FILER NAME Susan D. Reed		3 ACCOUNT	# (Ethics Commission Filers)
Date 11/3/12	5 Payee name Public Storage			
3 Amount (\$)	7 Payee address; City; State; Zip Code			
60.00	555 W. Sunset, San Antonio,	Tx 78216		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead/rental exp	(b) Description (if tra	avel outside of Texa	is, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	ta aniikka ayoo waxaa ayoo gaaya gaay gaaya gaaya	Office held
Date 11/6/12	Payee name Bolners Grocery		And the second s	
Amount (\$)	Payee address; City; State; Zip Code			
149.26	2900 S Flores, San Antonio,	Tx 78204		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	food/beverage expense	take out f	or offi	ce meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name วิห	Office sought		Office held
Date 11/6/12	Payee name San Antonio Express News			
Amount (\$)	Payee address; City; State; Zip Code			
21.80	301 Avenue E, San Antonio, T	x 78205		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	office overhead/rental esp	newspaper	subscr	iption
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 11/12/12	Payee name UT MD Anderson Childrens Ar	t Project		
Amount (\$)	Payee address; City; State; Zip Code			
679.81	1100 Holcmbe Blvd, Houston,	Tx 77030		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	gifts/awards/memorials	staff xmas		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Al Brail Collection of Lawry Lawry and a december of the control of the collection o	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense Accounting Expense Accounting Expense Accounting Expense Point Expense	POLITICAL	EXPENDITURES			SCHEDULE F
Accounting Expense Accounting Expense Accounting Expense Consisting Expense Point Expe		EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Susan D. Reed   6 Payee name   11/13/12   ATAT Data   12525 Cingular Way, Alpharetta, GA 30004   12525 Cingul	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/F	ontract Labor Los ising Expense Tra Con trict Rental Expense OT	insportation Equ ntributions/Dona Candidate/Offic	nipment & Related Expense ations Made By reholder/Political Committee
Amount (\$) 7 Payee address; City; State; Zip Code  15.09 12525 Cingular Way, Alpharetta, GA 30004  PURPOSE Complete ONLY if direct conception (Control of Trace) Complete Only if direct control of Control of Trace)  Payee name Credit Secure  Complete ONLY if direct control of	Total pages Schedule F:			3 ACCOUNT	「# (Ethics Commission Filer
Amount (\$) 7 Payee address; City: State: Zip Code  12525 Cingular Way, Alpharetta, GA 30004  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditions to benefit COH  Payee address: City: State: Zip Code  15.93 535 Anton Blvd, Costa Messa, CA 92626  PURPOSE OF EXPENDITURE  Cardidate / Office hold or harmount (\$) Payee address: City: State: Zip Code  15.93 535 Anton Blvd, Costa Messa, CA 92626  PURPOSE OF EXPENDITURE  Cardidate / Office hold or name  Office sought  Office sought  Office hold  Office hold  Offi					And the state of t
PURPOSE OF EXPENDITURE Office overhead/rental exp Office sought Office held of the schedule of					UNITED TO SECURITION OF THE SE
Office overhead/rental exp data service  Complete ONLY if direct expenditure to benefit CIOH  Payee narmo Credit Secure  Amount (\$)	15.09		tta, GA 300	04	
Complete ONLY if direct expenditure to benefit CiOH  Candidate / Officeholder name  Office sought  Office held  Payee addresse;  City: State: Zip Code  15.93  Description (if teavel outside of Texas, complete Schedule T) credit card security  Candidate / Officeholder name  Office sought  Office sought  Office held  Office sought  Office held  Office held  Office sought  Office held  Office held  Office held  Office sought  Office held			(b) Description (If tra	avel outside of Texa	as, complete Schedule T)
Date 11/14/12 Credit Secure  Amount (\$) Payee address; City: State: Zip Code  15.93 535 Anton Blvd, Costa Messa, CA 92626  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Office sought  Office held  Date 11/16/12 Payee address; City: State: Zip Code  Candidate / Office holder name  Office sought  Office held  Date 11/16/12 Payee name  At&T Easycharge Cons SW  Amount (\$) Payee address; City: State: Zip Code  208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Office sought  Office overhead/rental exp.  Category (See categories listed at the top of this schedule) Office sought  Candidate / Office holder name  Office sought  Office sought  Office held  Candidate / Office holder name  Office sought  Office held  Description (if travel cubside of Texas, complete Schedule T) Office held  Candidate / Office holder name  Office sought  Office sought  Office held  Payee name  11/19/12 San Antonio Food Bank  Amount (\$) Payee address: City: State: Zip Code  900.00 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE Office Office helder office helder of this schedule office sought of Travel cubside of Texas, complete Schedule T) City State: Zip Code  900.00 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE Office helder office helder office helder office sought office sought office helder office helder office helder office sought office helder office helder office helder office sought office helder office sought office helder off		office overhead/rental exp	data serv	ice	
Amount (\$)  Payee address; City: State: Zip Code  15.93  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Payee address; City: State: Zip Code  Category (See categories listed at the top of this schedule) of Credit card security  Candidate / Office holder name  Office sought  Office held  Payee name  At&T Easycharge Cons SW  Amount (\$)  Payee address; City: State: Zip Code  218.92  Payee address; City: State: Zip Code  Category (See categories listed at the top of this schedule) of Code sought  Office held  Description (If travel outside of Texas, complete Schedule T) office held  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T) office overhead/rental exp.  Category (See categories listed at the top of this schedule) office overhead/rental exp.  Category (See categories listed at the top of this schedule) office sought  Office overhead/rental exp.  Category (See categories listed at the top of this schedule) office sought  Office held  Payee name  San Antonio Food Bank  Payee address: City: State: Zip Code  900.00  Faxe address: City: State: Zip Code  San Antonio Food Bank  Payee address: City: State: Zip Code  San Antonio Food Bank  Payee address: City: State: Zip Code  Description (If travel outside of Texas, complete Schedule T) office held  Description (If travel outside of Texas, complete Schedule T) office held  Payee name  San Antonio Food Bank  Payee address: City: State: Zip Code  Description (If travel outside of Texas, complete Schedule T) office held  Office held  Office held  Office held  Office held  Office held			Office sought		Office held
PURPOSE EXPENDITURE  Category (See categories listed at the top of this schedule) accounting/banking  Candidate / Office holder name  Candidate / Office holder name  Category (See categories listed at the top of this schedule) accounting/banking  Candidate / Office holder name  Candidate / Office holder name  Office sought  Office hold  Payee name At&T Easycharge Cons SW  Amount (\$)  Payee address; City; State; Zip Code  218.92  208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) of fice overhead/rental exp.  Candidate / Office holder name  Candidate / Office holder name  Candidate / Office holder name  Date 11/19/12  Payee name At&T Easycharge Cons SW  Amount (\$)  Purpose Office overhead/rental exp.  Category (See categories listed at the top of this schedule) of fice sought  Candidate / Office holder name  Office sought  Office hold  Payee name San Antonio Food Bank  Amount (\$)  Payee address: City; State; Zip Code  900.00  Category (See categories listed at the top of this schedule) of fice sought  Office hold  Payee address: City; State; Zip Code  900.00  Category (See categories listed at the top of this schedule) of fice sought  Office hold  Office hold  Contribution  Contribution  Office hold		1 -		THE PROPERTY OF THE PROPERTY O	A STATE OF THE STA
PURPOSE OF EXPENDITURE  Candidate / Office holder name  Category (See categories heled at the top of this schedule) accounting / banking  Candidate / Office holder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code			
Complete QNLY if direct expenditure to benefit C/OH  Date 11/16/12 Payee name At&T Easycharge Cons SW  Amount (\$) Payee address; City: State: Zip Code 218.92 208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Date 11/19/12 Candidate / Officeholder name Coffice sought Complete Schedule T)  Date 208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Date 11/19/12 Payee name Candidate / Officeholder name Coffice sought Complete Schedule T)  Date 11/19/12 San Antonio Food Bank  Amount (\$) Payee address: City: State: Zip Code 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE Category (See categories listed at the top of this schedule) of Schedule T) Contribution  Complete QNLY if direct Candidate / Officeholder name Contribution  Complete QNLY if direct Candidate / Officeholder name Contribution  Complete QNLY if direct Candidate / Officeholder name Office sought Office held	15.93	535 Anton Blvd, Costa Messa	a, CA 92626		
Date 11/16/12	OF				
Armount (\$) Payee address; City; State; Zip Code  218.92 208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 11/19/12 Payee name San Antonio Food Bank  Amount (\$) Payee address; City; State; Zip Code  900.00 Payee name San Antonio Food Bank  Payee address; City; State; Zip Code  900.00 Description (if travel outside of Texas, complete Schedule T) Office held  Description (if travel outside of Texas, complete Schedule T) Office held  Description (if travel outside of Texas, complete Schedule T) Office held  Date 11/19/12 San Antonio Food Bank  Amount (\$) Payee address; City; State; Zip Code  900.00 Description (if travel outside of Texas, complete Schedule T) Office held  PURPOSE OF EXPENDITURE  Candidate / Office holder name Office sought Office held  Complete ONLY if direct Candidate / Office holder name Office sought Office held			Office sought		Office held
Amount (\$) Payee address; City; State; Zip Code  218.92 208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE Categories listed at the top of this schedule) Office overhead/rental exp. Cellular service  Complete ONLY if direct expenditure to benefit C/OH  Payee name  11/19/12 Payee name  11/19/12 San Antonio Food Bank  Amount (\$) Payee address; City; State; Zip Code  900.00 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Office sought Contribution  Complete ONLY if direct Candidate / Office hold  Complete ONLY if direct Candidate / Officeholder name Office sought Office held  Complete ONLY if direct Candidate / Officeholder name Office sought Office held		1			
218.92  208 S Akard St, Dallas, Tx 75202  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) office overhead/rental exp. cellular service  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Date  11/19/12  Payee name  San Antonio Food Bank  Amount (\$)  Payee address: City; State; Zip Code  900.00  Furpose  Officeholder name  Category (See categories listed at the top of this schedule)  Office sought  Description (if travel outside of Texas, complete Schedule T)  Office held  Description (if travel outside of Texas, complete Schedule T)  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held					
Office overhead/rental exp. cellular service  Complete ONLY if direct expenditure to benefit C/OH  Date 11/19/12		, , , , , , , , , , , , , , , , , , , ,	5202		
Office overhead/rental exp. cellular service  Complete ONLY if direct expenditure to benefit C/OH  Date 11/19/12	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texa	is, complete Schedule T)
Date 11/19/12  Payee name San Antonio Food Bank  Amount (\$)  Payee address: City: State: Zip Code  900.00  5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Office sought  Office held	OF	1			,
Amount (\$) Payee address: City; State; Zip Code  900.00 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE OF Category (See categories listed at the top of this schedule) OF Complete ONLY if direct Candidate / Office hold			Office sought	<del>en Till 19 in 18 feb</del> (19 feb) et de reconservada analous antice en conservada	Office held
900.00 5200 W Old US Highway 90, San Antonio, Tx 78227  PURPOSE Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Texas, complete Schedule To Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (See categories listed at the top of this schedule) of Category (		Payee name San Antonio Food Bank			
PURPOSE OF Category (See categories listed at the top of this schedule)  OF GIFTS/awards/memorials  Complete ONLY if direct  Candidate / Office hold	Amount (\$)	Payee address; City; State; Zip Code	PMIEWWW.MANAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
OF EXPENDITURE gifts/awards/memorials contribution  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	900.00		San Antonio	Tx 78	227
Office Teld	OF				is, complete Schedule T)
			Office sought		Office held

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POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	alsing Expense Tra Co trict Rental Expense OT	ntributions/Donati Candidate/Officet HER (enter a cate	ment & Related Expense
Total pages Schedule F:	2 FILER NAME Susan D. Reed	rikostalok bereka Garus puntuk induser serence se esemen penyes persepanjunga dengenda	3 ACCOUNT#	Ethics Commission Filers
Date 11/20/12	5 Payeename Texas Exes			
Amount (\$)	7 Payee address; City; State; Zip Code	**************************************	***************************************	
750	2110 San Jacinto Blvd, Aus	tin, Tx 78	712	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) gifts/awards/memorials	(b) Description (If to contribut		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 11/24/12	Payee name OfficeMax			
Amount (\$)	Payee address; City; State; Zip Code			The state of the s
51.01	255 E. Basse Rd, San Antoni	o, Tx 78209	)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp	Description (Ifter supplies	avel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 11/26/12	Payee name New Life Christian Ministr	*		
Amount (\$)	Payee address; City; State; Zip Code			
300	6610 US Highway 90, San Ant	onio, Tx 78	227	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas,	complete Schedule T)
OF EXPENDITURE	gifts/awards/memorials	contribution	on/Jarel	's Toy Chest
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Ale although the second se	Office held
Date 11/29/12	Payee name Michaels			
Amount (\$)	Payee address; City; State; Zip Code		<del></del>	
20.12	255 E. Basse Rd			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if tra	avel outside of Texas,	complete Schedule T)
OF EXPENDITURE	office overhead/rental exp	supplies		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor Loan R raising Expense Transport Contrib strict Can Rental Expense OTHER	Pepayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee & (enter a category not listed above)
Total pages Schedule F:	The Instruction Guide explains how to		ACCOUNT # (Ethics Commission Filers)
, sar pagas consum,	Susan D. Reed	*	ACCOUNT # (Ethics Commission Filers)
Date 12/08/12	6 Payeename Omni Austin Southpark	AT 10 TO	The state of the s
Amount (\$)	7 Payee address; City; State; Zip Code	CORNER DE L'ATTENNA MONTANTE DE LA PRINCIPA DE MANTE DE L'ARCE DE	
470.48	4140 Governors Row, Austin	Tx 78744	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel)	outside of Texas, complete Schedule T)
OF EXPENDITURE	travel outside district	)	se - TDCAA Board/con
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date 12/11/12	Payee name Costco		
Amount (\$)	Payee address; City; State; Zip Code		
230.74	1201 N Loop 1604 E, San Ar	ntonio, Tx 782	32
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel of	outside of Texas, complete Schedule T)
OF EXPENDITURE	food/beverage expense	Christmas st	aff lunch
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date 12/13/12	Payee name Apple Web Store		
Amount (\$)	Payee address; City; State; Zip Code		
2539.86	12545 Riata Vista Cir, Aus	stin, Tx	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel o	outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp	computer re	placement
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office sought	Office held
Date 12/13/12	Payee name AT&T Data		
Amount (\$)	Payee address; City; State; Zip Code	administrative incorrection and the december to a security of the problem of the other state design or work and	
15.09	12525 Cingular Way, Alphare	etta GA 3000	4
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel o	outside of Texas, complete Schedule T)
OF EXPENDITURE	office overhead/rental exp	data servi	ce
	Candidate / Officeholder name	Office sought	Office held

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TEXAS ETTICS CONTINISSION

P.O. BOX 12070 -

POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co	1 /	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ising Expense ( rict ental Expense (	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	<sup>2</sup> FILER NAME Susan D. Reed	ONITADO CANCILISTA O TRACESCO ESTA ANTICADO CANCILIDAD CANCILIDAD CANCILIDAD CANCILIDAD CANCILIDAD CANCILIDAD	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/14/12	5 Payeename Credit Secure		
6 Amount (\$) 15.93	7 Payee address; City; State; Zip Code 535 Anton Blvd., Costa Mesa	CA 92626	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  office overhead/rental exp.		(If travel outside of Texas, complete Schedule T)  Card security
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
Date 12/17/12	Payee name HEB		
Amount (\$)	Payee address; City; State; Zip Code	the second secon	
157.06	999 E. Basse Rd, San Antonio	o, Tx 7820	)9
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage expense	Description ( office (	If travel outside of Texas, complete Schedule T) Christmas party
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name off	Office sought	Office held
Date 12/19/12	Payee name AT&T EasyCharge Conss SW		
Amount (\$)	Payee address; City; State; Zip Code		
209.57	208 S Akard St, Dallas, Tx 7	5202	
PURPOSE OF	Category (See categories listed at the top of this schedule)	•	if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	office overhead/rental exp. Candidate/Officeholdername OH	Cellula: Office sought	r service : Office held
Date 12/20/12	Payee name HEB		
Amount (\$) 22.23	Payee address; City; State; Zip Code 999 E Basse RD, San Anton	io, Tx 78	209
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food beverage expense		of travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
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Texas Ethics Commission

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POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEGORI	ES FOR BOX 8/a	* 1	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	es/Contract Labor ndraising Expense rict District ad/Rental Expense	Loan Repayment/ Transportation Equ Contributions/Don Candidate/Offic OTHER (enter a c	uipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Susan D. Reed	and distribution and common parameters and distribution are annual to the physical supplying gifting	3 ACCOUN	T # (Ethics Commission Filers)
4 Date 12/20/12	5 Payee name Norton Software		enter a constant de la constant de l	
6 Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>		
43.24	20330 Stevens Creek Blvd,	Cupertino	CA 95014	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	n (If travel outside of Tex	ras, complete Schedule T)
EXPENDITURE	office overhead/rental exp	comput	er securi	ty
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	iht	Office held
Date	Payee name	O THE STATE OF THE		and the state of t
12/20/12	USPS			
Amount (\$)	Payee address: City; State: Zip Code	•		
39.95	1735 N Lynn St, Arlingto	on VA 22209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental		n (If travel outside of Tex Dostage	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Off	Office soug	ıht 	Office held
Date 12/22/12	Payee name OfficeMax	MARANANIA MARANANIA ANA MARANANIA MARANANIA MARANANIA MARANANIA MARANANIA MARANANIA MARANANIA MARANANIA MARANA		
Amount (\$)	Payee address; City; State; Zip Code	•		
97.80	255 E Basse, San Antonio,	Tx 78209		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	office overhead/rental ex	p suppli	ies	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officenolder name DH	Office soug	int	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE				. ,
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht	Office held
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POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEG	ORIES FOR BOX 8(	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitb'Awards/Memorials Expense Salaries/No. Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Out	Vages/Contract Labor n/Fundraising Expense District it Of District erhead/Rental Expense	Loan Repayment/R Transportation Equi Contributions/Donat Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 8 / 14 / 12	<b>6</b> Payee name Childsafe			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		to the state of th
500.00	7130 US Hwy 90 W, San	Antonio, Tx	78227	
8 PURPOSE	(a) Category (See categories listed at the top of this sched	(b) Description	on (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	contribution/donation	suppor	t "Cultivat	ion Event"
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sou	ght	Office held
Date	Payee name			
9/19/12	Republican Party of Bex	ar County		
Amount (\$)	Payee address; City; State; Zip (			
100.00	900 NE Loop 410, Suite	D-105, San	Antonio, T	x 78209
PURPOSE	Category (See categories listed at the top of this sched	lule) Descriptio	n (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	contribution/donation	contri	bution to	local party
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght	Office held
Date	Payee name			
8/1/12	Club Giraud			
Amount (\$)	Payee address; City; State; Zip C	Code	<u> </u>	
230.27	707 N. St Mary's St., S	an Antonio,	Tx 78205	
PURPOSE	Category (See categories listed at the top of this sched	ule) Description	on (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	event expense	co-spoi	nsor recept	ion
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou		Office held
Date	Payee name			
8/14/12	Girls, Inc.			
Amount (\$)	Payee address; City; State; Zip C	Code		
150.00	1209 South Saint Mary	s Street, Sa	an Antonio,	Tx 78210
PURPOSE	Category (See categories listed at the top of this sched	lule) Descriptio	on (If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	contribution/donation	donati	on/attend l	uncheon event
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE A	S NEEDED	

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(100 1-000-730-2909)

rexas Etnics Commission - F.O. Dox 12070

POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gitt/Awards/Memorials Expense Legal Services Solicitation/Fundra Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	ising Expense Trai Con rict ( tental Expense OTh	tributions/Donat Candidate/Office	oment & Related Expense
Total pages Schedule F:	2 FILER NAME Susan Reed	ngga manggaping dingga Camara Balayana kata bapat sa Balayang ng mga mga kata ng mga mga mga mga mga mga mga m	3 ACCOUNT	# (Ethics Commission Filers
Date 8/2/12	5 Payee name The Univ. of Texas MD Ander	son Cancer	Center	
Amount (\$)	7 Payee address; City; State; Zip Code			
200.00	PO Box 4470, Houston, Texas	77210		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Contributions/Donations	(b) Description (Iftra attend Oct		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date 7/18/12	Payee name Alamo City Repubican Womens	CLlub		
Amount (\$)	Payee address; City; State; Zip Code			The state of the s
200.00	2014 Adobe Trail, San Antoni	.o, Tx 7823	32	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas	, complete Schedule T)
OF EXPENDITURE	advertising expense	ad in ros	ter	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/6/12	VFW Post/Youth Committee			
Amount (\$)	Payee address; City; State; Zip Code		<del></del>	
150.00	10 Tenth St., San Antonio,	Tx 78215		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas	, complete Schedule T)
OF EXPENDITURE	contribution/donation	support fi	undraisi	.nq
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 8/13/12	Payee name Republican Party of Bexar Co	ounty		
Amount (\$)	Payee address; City; State; Zip Code			
250.00	900 NE Loop 410, Suite D-10	5, San Anto	nio, Tx	78209
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas	, complete Schedule T)
EXPENDITURE	contribution/donation	sponsor i	fund rai	sing event
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held

POLITICAL	EXPENDITURES		SCHEDULE F		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	tontract Labor Loan Repairing Expense Transportation Contribution Candid Rental Expense OTHER (e	ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By ate/Officeholder/Political Committee onter a category not listed above)		
Total pages Schedule F:	2 FILER NAME	3 A	CCOUNT # (Ethics Commission Filers)		
	Susan D. Reed				
Date	5 Payee name	enderen siddekkilandekilandekilander enderderen eran en en en en en en egyere anteren en 🌡 eren eren en eregybere			
8/14/12	Girl Scouts of Southwest Tex	kas			
Amount (\$)	7 Payee address; City; State; Zip Code				
150.00	811 N. Coker Loop, S	an Antonio, Tx	78216		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outs	ide of Texas, complete Schedule T)		
OF EXPENDITURE	contribution/donation	attend Trefoi	1 event		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
10/3/12	Harland Clarke Printing				
Amount (\$)	Payee address: City; State; Zip Code				
52.20	10931 Laureate Drive, San	Antonio, Tx 78	3249		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)		
OF EXPENDITURE	accounting/banking	check printi	ng		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9/18/12	Friends of Nelson Wolff				
Amount (\$)	Payee address; City; State; Zip Code				
500.00		* - T- 70246			
500.00	PO Box 461753, San Anton.	10, TX /0240			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)		
OF EXPENDITURE	Contribution/donation	contribution	attend event		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
10/28/12	Bexar County Republican Wor	mens Club			
Amount (\$)	Payee address; City; State; Zip Code	WALL CAR			
30.00	7803 Braun Circle, San Antonio, Tx 78250				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)		
OF EXPENDITURE	fees	annual dues			

annual dues

Office held

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

fees

Candidate / Officeholder name

**EXPENDITURE** 

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

POLITICAL	SCHEDULE F				
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	Susan Reed  5 Payee name				
12/3/12	San Antonio Bar Association				
Amount (\$)	7 Payee address; City; State; Zip Code	\$			
125	5th Floor, Bexar County Co	urthouse, San Antonio, Tx 78205			
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	fees	dues			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date	Payee name				
12/18/21	S.A.L.E				
Amount (\$)	Payee address; City; State; Zip Code				
250.00	P.O. Box 200230, San Antoni	.o, Tx 78220			
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	contribution/donation attend Cowgirls Luncheon/donation				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
11/30/12	Ernest Hajek				
Amount (\$)	Payee address; City; State; Zip Code				
250.00	101 W. Nueva St, Fouth Flo	or, San Antonio, Tx 78205			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	event expense	support for office Xmas party			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
12/20/12	Bexar County Family Justice	Center Foundation			
Amount (\$)	Payee address; City; State; Zip Code				
1,500.00	903 W. Martin #48-2, San	Antonio, Tx 78207			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	contribution/donation	donation/sponsor gala			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

Austin, rexas 707 11-2070

(012)400-0000

(100 1-000-735-2969)

Texas Etitics Continuesion

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POLITICAL	EXPENDITURES		;	SCHEDULE F
	EXPENDITURE	CATEGORIES FOR BOX 8	3(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Rei Transportation Equipm Contributions/Donatic Candidate/Officeh OTHER (enter a cate	ment & Related Expense
Total pages Schedule F:	The Instruction Guide 6	explains how to complete this		(Ethics Commission Filers)
	Susan D. Reed			,
Date	<b>5</b> Payee name			
7/24/12	Itunes			
Amount (\$)	7 Payee address; City; State	e; Zip Code		
111.33	12545 Riata Vista (	Circle, Austin,	Tx 78727	
PURPOSE	(a) Category (See categories listed at the top of	f this schedule) (b) Descript	tion (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	office overhead/rent	al exp. presen	tation/trial	programs/app
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ught	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zìp Code		
PURPOSE OF	Category (See categories listed at the top of	Tthis schedule) Descript	tion (If travel outside of Texas,	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ught	Office held
Date	Payee name			
Date	- ayee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE	Category (See categories listed at the top of	fthis schedule) Descript	tion (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		HAMARINE CONTROL OF A STATE OF THE STATE OF
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule) Descript	tion (If travel outside of Texas,	complete Schedule T)
	<u> </u>		ught	Office held

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
1	Susan D. Reed				
4 Date	5 Payee name				
	N/A				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
·Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	ine instruction Guide explains now to e	complete this form.	
1 Total pages Schedule I:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Susan D. Reed		
4 Date	5 Payee name		
	N/A		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See i	instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See i	nstructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See	instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See	instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

#### **PAYMENT FROM POLITICAL CONTRIBUTIONS** TO A BUSINESS OF C/OH

SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	ine instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Susan D. Reed		
4 Date	5 Business name		
	N/A		
6 Amount (\$)	7 Business address; City; State; Zip Code		
(,,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
experiently to benefit 6/0			
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
, ,	, ,, ,		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	п		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
, ( <del>4</del> )	buomoso address, Sky, Skale, Zip Sode		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
LAFENDITORE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
Timodile (4)	business address, City, State, Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trans	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

## INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

### SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Schedule	K·		
The	1	I			
P FILER NAME Su	3 ACCOUNT # (Ethics C	ics Commission Filers)			
<b>4</b> Date	ate 5 Name of person from whom amount is received				
	The Bank of San Antonio		(\$)		
Jul-Dec. 2012	6 Address of person from whom amount is received; City; State; Zip Code 8000 IH 10 West 78230	€ *	3149.04		
		y .			
***************************************	7 Purpose for which amount is received interest				
Date	Name of person from whom amount is received		Amount (\$)		
12/11/12	э	\$17-52			
	301 Avenue E, San Antonio, Tx 78205				
	Purpose for which amount is received		The second commence of		
	Changed subscription delilvery method	, received cre	edit		
Date	Name of person from whom amount is received		Amount (\$)		
	Auditor Bexar County,, Texas	· · · · · · · · · · · · · · · · · · ·			
8/31/12	101 W. Nueva, San Antonio, Tx 78205		51,222.29		
	Purpose for which amount is received reimburse officel	nolder expense	for		
	attendance at National District Attorn	ey's Assoc, S	ummer Conf.		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip Code	€			
		CONTROL OF MARKANIA AND AN ANALYSIS AND AN ANALYSIS AND AN ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND AN			

IN-KIND CONTRIBUTION OR POLITICAL EXPE FOR TRAVEL OUTSIDE OF TEXAS	ENDITURE SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Sch	hedule D 👿 Schedule F 📗 Schedule G
Schedule H Schedule N COH-UC CO	DH-T PAC-C PAC-E
6 Dates of travel 7 Name of person(s) traveling Susan D. Reed	
7/22 - 7/29/12 Departure city or name of departure location San Antonio, Texas	
9 Destination city or name of destination location	
Mystic Conneticut	
10 Means of transportation	nce, seminar, or other event)
air National District Attorne	ey's Association Summer Conferer
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Sch	hedule D Schedule F Schedule G
Schedule H Schedule N COH-UC CO	DH-T PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
	hedule D Schedule F Schedule G  H-T PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference	e, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEI	DULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this local	T ACCOUNT # (Ethic Commission Flors)	2 Total pages filed
antino (de) como como mismo contractor contractor de contr			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SUSAN	<b>)</b>	OFFICE USE ON TO
**************************************	NICKNAME LACT		
	A BED		DECKAR
The state of the s			
<pre>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</pre>	PO Box 120098, San Antonio	STATE ZPC00E , TX 78212	Date Hand deliver Post Aved 75
L. change of middess			TREASURY AND AND AND
5 CANDIDATE/	AREA CODE PHONE NUMBER	conditions consisting and an included an extension of the condition of the	3.
OFFICEHOLDER PHONE	(210) 822-3416		Date Processed
6 CAMPAIGN	MS/ARS/WR		Date Images
TREASURER NAME	Mrs. Barbara		
	NOGRAMS	<b>377</b>	
	Banker		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #	The state of the s	ektere kapiran mila para ang kapiran mang apara ang mang mang mang mang mang mang mang
TREASURER ADDRESS		gradient to the state of the st	
(residence or business)	230 Geddington, San Antoni	o, Tx 78249	
		경기 : [1] : 1 : [2] : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	
8 CAMPAIGN	PROF NAMER	komment ste programent ste soor het in televier in volument in televier soon en in het soon en skriver in soon en in soon en soon en in soon en	ak energi dadam 1994 da mangangan dagam maga kayan gapang ayang mengunyang ang negunyang ang negunyang negunyang mendunyang mendunya
TREASURER PHONE	(210) 492-4022		
# REPORT TYPE	T January 15 T 30th day before election	- PERSON	randonia en la compania de la compa Professione de la compania de la co
	A November 1	November 1	land treatment appointment (sittle-trades only)
	July 15 Sin day before election	Expedded \$500	Final report (Altaca COH FR)
10 PERIOD COVERED	Month Day Year	9,400,80 Desperance of the second of the sec	
South Smith Sill South Sill South South	7 /1 /2012 THROUGH	12 /31 /	2012
agi danana kasha kata kata kata kata masa masa kata kata kata kata kata kata kata k			
11 ELECTION	ELECTIONDATE ELECTIONTYPE		
	Month Co. New J. D. Princey	Section Control of Con	Grego D Serve
120FF10F	OFFEEHD (1999)	entige de representation consistence interest de consistence de co	
	Bexar County Criminal		
	District Attorney		
	t Paris American Bern Alexander Bern (1987), been berokeel die de Like Confession (1987). It is the second of the		
nterante (1844, 1854 e esta de canda sommé projeté en prope de la deservar y un tra retire de programme e transf		au de en	the substitute of the substitu
	GOTOPAG		

## FORM COR-C/OH

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT#		ĺ	2 Total page 4	es fileat			OFFICE	USEONLY
3	CANDIDATE / OFFICEHOLDER NAME		first <b>usan</b> LAST <b>R</b> 6	eed.	Ţ	MI <b>) .</b> SUF	 FFIX	Date Received	
4	ORIGINAL REPORT TYPE	X January 15 July 15	FYO	off eeded \$500 limi	LI	ner (specif	)·)		
		30th day before election		day after treasu				Date Hand-delivered or	Postmarked
	·	8th day before election		roinfament (diffice al report	noider orliÿ)			Receipt #	Amount
5	ORIGINAL PERIOD COVERED	Month Day Yes	THI	ROUGH	Month 12	Day	Year 2012	Date Processed  Date Imaged	
6	EXPLANATION OF CO See attache	RRECTION	)12						
7	* AFFIDAVIT			r affirm, u true and c		alty of p	erjury, tl	nat this correct	ted
		Ch	neck OI	NLY if app	licable:				
	Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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.								
	MONICA M. GUILLEN Notary Public STATE OF TEXAS Commission Exp. 03-16-2013  Other reports (excluding semiannual reports due on or after September 1, 2011): 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								
		AMP / SEAL ABOVE	Cuca	7			i,	ith -	<u> </u>
	1 579	ed before me, by the said	<b>5450</b>	Nec	<u>Cl</u>	, this	the 19	day of	MOUGAL.
	Signature of officer adn		<u></u>	of office. <u>NOVICC</u> name of offic	6 er administe	(/e/\_		Noto	r administering oath
				77777, 28 <sup>00</sup> 7, 167, 188, 188, 18					. commoning ball
	R	emember To Attach A Needed 1						eport Form	

# CORRECTION STATEMENT REFERENCE SEMI-ANNUAL REPORT 1/14/2013

In reconciling accounts preparing the semi-annual report which was filed on 1/7/13, the preparer mistakenly believed that on 12/17/12, \$6001.02 from a campaign account had been paid against a personal American Express card instead of the officeholder American Express card. The payments were made thru the bill pay electronic service of the bank. The card number did not appear on the memo of transfer. To correct the mistaken belief, a transfer was made from officeholder's personal bank account to officeholder's campaign account. A report was filed on 1/7/13, which reflected the credited \$6001.02 transfer in relation to "maintained funds". At the time of transfers all accounts had more than \$6001.02 as balances. After filing the report on 1/7/13, a reconciliation of the January American Express statements, both personal and officeholder, reflected the \$6001.02 had been paid originally against the officeholder card not the personnel account card as originally believed and that the transfer of funds on 12/17/12 believed to have been made in error was not in error and was properly made. Consequently, \$6001.02 of personnel funds had been transferred to and was residing in the "maintained funds" accounts for the officeholder. To correct this mistake, a reverse transfer of the \$6001.02 was made on 1/11/13 and thus maintained funds were decreased accordingly. A proper reconciliation of accounts shows that the amount available for campaign funds on 12/31/12 was \$120,353.55 and this correction is filed to properly report that amount. The correction is made prior to the deadline for filing the report. The report is amended in reference to page two and the maintained funds.

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

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sus	an D. Reed	16	ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL COMMITTEES TO SUPPORT THE E'S OR OFFICEHOLDER'S KNOWLEDGE OR RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ no fundraising			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ no fundraising			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 16,568.55			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 120,353.55					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
	NICA M. GUILL Notary Public ATE OF TEXAS mission Exp. 03-16-2		rmation required to be reported by			
AFFIX NOTARY STAM  Sworn to and subs  Uh  day	scribed before		, this the			
Monice &	Juille	manica Guilla	Notan			
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath			