

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">33</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black; text-align: center;">FIRST SUSAN</td> <td style="width:20%; border-bottom: 1px solid black; text-align: center;">MI D.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black; text-align: center;">LAST REED</td> <td style="border-bottom: 1px solid black; text-align: center;">SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST SUSAN	MI D.	NICKNAME	LAST REED	SUFFIX	<div style="border: 2px solid black; padding: 5px;"> OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED IN MY OFFICE JACQUELYN F. CALLAHAN ELECTIONS ADMINISTRATOR 2013 JAN -7 PM 4:47 BEXAR COUNTY </div> </div>												
MS / MRS / MR	FIRST SUSAN	MI D.																			
NICKNAME	LAST REED	SUFFIX																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">ADDRESS / PO BOX</td> <td style="width:20%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:20%; border-bottom: 1px solid black;">CITY</td> <td style="width:20%; border-bottom: 1px solid black;">STATE</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">PO Box 120098, San Antonio, Tx 78212</td> </tr> </table>		ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	PO Box 120098, San Antonio, Tx 78212													
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:20%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td style="padding: 5px;">(210)</td> <td style="padding: 5px;">822-3416</td> <td style="padding: 5px;"></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(210)	822-3416														
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%; border-bottom: 1px solid black;">APT / SUITE #</td> <td style="width:20%; border-bottom: 1px solid black;">CITY</td> <td style="width:20%; border-bottom: 1px solid black;">STATE</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="padding: 5px;">230 Geddington, San Antonio, Tx 78249</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #	CITY	STATE	ZIP CODE	230 Geddington, San Antonio, Tx 78249													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2012</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2012</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	1	2012		12	31	2012				
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">OFFICE HELD (if any)</td> <td style="width:50%; border-bottom: 1px solid black;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="padding: 5px;">Bexar County Criminal District Attorney</td> <td style="padding: 5px;"></td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)	Bexar County Criminal District Attorney															
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Bexar County Criminal District Attorney																					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Susan D. Reed

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

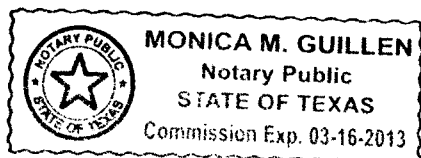
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ no fundraising
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ no fundraising
EXPENDITURE TOTALS	3. 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	\$ 126,354.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan D. Reed

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan D. Reed, this the 7th day of January, 20 13, to certify which, witness my hand and seal of office.

Monica Guillen

Signature of officer administering oath

monica Guillen

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="text-align: center;">SUSAN D. REED</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="text-align: center;">no fundraising activity this reporting period</div>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center; font-size: 1.2em;">1</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.1em;">Susan D. Reed</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒			\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.1em;">N/A</div>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
---	---------------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0000000
5 Date of loan	7 Name of lender n/a <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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
Fees	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: 23		2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/1/12		5 Payee name OfficeMax			
6 Amount (\$) 64.17		7 Payee address; City; State; Zip Code 255 E. Basse Rd., Suite 1510, San Antonio, Tx 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) office supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2/12		Payee name Public Storage			
Amount (\$) 60		Payee address; City; State; Zip Code 555 W. Sunset Rd, San Antonio, Tx 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental expense		Description (If travel outside of Texas, complete Schedule T) storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2/12		Payee name USPS Global Express Mail			
Amount (\$) 10.85		Payee address; City; State; Zip Code 1735 N Lynn St, 2nd Flr, Arlington VA 22209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/6/12		Payee name USPS Global Express Mail			
Amount (\$) 4.90		Payee address; City; State; Zip Code 1735 N Lynn St, 2nd Flr, Arlington VA 22209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/12		5 Payee name Amtrack .com			
6 Amount (\$) 27.00		7 Payee address; City; State; Zip Code 60 Massachusetts Ave NE, Washington DC 20002			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel Out of District		(b) Description (If travel outside of Texas, complete Schedule T) train ticket attending conference	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name Herff Travel Agency billed by Airlines Rprting Corptaf			
Amount (\$) 40.00		Payee address; City; State; Zip Code 3000 Wilson Vlvld, Arlington Va			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) travel agency fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name DELTA AIRLINES			
Amount (\$) 460.71		Payee address; City; State; Zip Code Atlanta Airport, Atlanta GA 30320			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) attend conference	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/10/12		Payee name USPS			
Amount (\$) 21.79		Payee address; City; State; Zip Code 1 Post Office Drive, San Antonio, Tx 78284			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead/Rental expense		Description (If travel outside of Texas, complete Schedule T) postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	--------------------------------------	---

4 Date 7/14/12	5 Payee name Credit Secure
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6 Amount (\$) 15.93	7 Payee address; City; State; Zip Code 535 Anton Blvd #100, Costa Mesa Ca 92628
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Credit card securitly
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/16/12	Payee name AT&T Data
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Amount (\$) 15.09	Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta , GA 30004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) communication/data
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/16/12	Payee name San Antonio Express News
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Amount (\$) 26.76	Payee address; City; State; Zip Code 301 Ave. E, San Antonio, Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Exp.	Description (If travel outside of Texas, complete Schedule T) newspaper subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18/12	Payee name AT&T Easycharge Cons SW
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Amount (\$) 278.89	Payee address; City; State; Zip Code 208 S Akard St, Ste 110, Dallas, Tx 75202
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp.	Description (If travel outside of Texas, complete Schedule T) cellular service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/21/12		5 Payee name OfficeMax			
6 Amount (\$) 79.96		7 Payee address; City; State; Zip Code 255 E. Basse, Suite 1510, San Antonio, Tx 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/22		Payee name Bravo Bravo			
Amount (\$) 55.28		Payee address; City; State; Zip Code 20 E Main St, Mystic CT 06355			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) meal @ NDAA Conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/22/12		Payee name Delta Airlines			
Amount (\$) 25		Payee address; City; State; Zip Code Dep 680 1030 Delta Blvd, Atlanta Ga 30354			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) baggage fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/24/12		Payee name Amtrack			
Amount (\$) 27.00		Payee address; City; State; Zip Code 60 Massachusetts Ave NE, Washington, DC. 20002			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) train ticket attending conference	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/26/12		5 Payee name Mystic Marriott			
6 Amount (\$) 562.30		7 Payee address; City; State; Zip Code 625 North Rd, Groton CT 06340			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) travel outside district		(b) Description (If travel outside of Texas, complete Schedule T) hotel expense @ NDAA conference	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/29/12		Payee name Delta Airlines			
Amount (\$) 25.00		Payee address; City; State; Zip Code Dept 680, 1030 Delta Blvd, Atlanta, GA 30354			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) travel outside district		Description (If travel outside of Texas, complete Schedule T) baggage fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/12		Payee name Public Storage			
Amount (\$) 60.00		Payee address; City; State; Zip Code 555 W. Sunset Rd, San Antonio, Tx 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) storage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/6/12		Payee name FTD Suchy Flowers San Antonio			
Amount (\$) 121.10		Payee address; City; State; Zip Code 955 Cincinnati, San Antonio, Tx 78201			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) gifts/awards/memorials		Description (If travel outside of Texas, complete Schedule T) constituent memorial	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/7/12		5 Payee name Romney Victor Inc			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 228 S. Washington St, Alexandria VA 22314			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations by		(b) Description (If travel outside of Texas, complete Schedule T) event ticket/contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Candidate/Officeholder		Office sought Office held	
Date 8/13/12		Payee name Texas Exes - San Antonio			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2110 San Jacinto Blvd, Austin Tx 78712			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations		Description (If travel outside of Texas, complete Schedule T) event table sponsor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/12		Payee name San Antonio Express News			
Amount (\$) 21.80		Payee address; City; State; Zip Code 301 Avenue E, San Antonio, Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental expense		Description (If travel outside of Texas, complete Schedule T) newspaper subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/12		Payee name Credit Secure			
Amount (\$) 15.93		Payee address; City; State; Zip Code 535 Anton Blvd #100, Costa Mesa, CA 92626			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) accounting/banking		Description (If travel outside of Texas, complete Schedule T) credit card security	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/15/12		5 Payee name AT&T Data			
6 Amount (\$) 15.09		7 Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta , GA 30004			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overheard/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) data	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/12		Payee name AT&T Easycharge Cons SW			
Amount (\$) 236.88		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 Overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) cellular service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/17/12		Payee name FedEx Express			
Amount (\$) 12.88		Payee address; City; State; Zip Code 3875 Airways Blvd, Memphis ,TN 38116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Suchy's Florist			
Amount (\$) 77.85		Payee address; City; State; Zip Code 955 Cincinnati, San Antonio, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) gifts/awards/memorial expense		Description (If travel outside of Texas, complete Schedule T) constituent memorial	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/24/12		5 Payee name J Alexanders			
6 Amount (\$) 74.88		7 Payee address; City; State; Zip Code 255 E Basse, San Antonio, Tx 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) food/beverage expense		(b) Description (If travel outside of Texas, complete Schedule T) meeting to discuss officeholder issues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/31/12		Payee name Houston Street Bistro			
Amount (\$) 39.64		Payee address; City; State; Zip Code 204 E. Houston St, San Antonio, Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) meeting to discuss officeholder issues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/2/12		Payee name Public Storage			
Amount (\$) 60.00		Payee address; City; State; Zip Code 555 W. Sunset Rd, San Antonio, Tx 78216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) storage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/3/12		Payee name Apple Store Northstar			
Amount (\$) 215.17		Payee address; City; State; Zip Code 7400 San Pedro, San Antonio, Tx 782216			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) phone repair	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)				
4 Date 9/5/12		5 Payee name Eventbrite						
6 Amount (\$) 27.37		7 Payee address; City; State; Zip Code 651 Brannan St, Ste 110, San Fransico CA 94170						
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) event expense		(b) Description (If travel outside of Texas, complete Schedule T) attend event at Aztec - Goodtaste				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 9/4/12		Payee name USPS						
Amount (\$) 49.90		Payee address; City; State; Zip Code 1 Post Office Dr., San Antonio, Tx 78284						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) postage				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 9/11/12		Payee name San Antonio Express News						
Amount (\$) 21.80		Payee address; City; State; Zip Code 301 Avenue E, San Antonio, Tx 78205						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) newspaper subscription				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 9/14/12		Payee name AT&T Data						
Amount (\$) 15.09		Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta, GA 30004						
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) data service				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/14/12		5 Payee name Credit Secure			
6 Amount (\$) 15.93		7 Payee address; City; State; Zip Code 535 Anton Blvd #100, Costa Mesa, CA 92626			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) accounting/banking		(b) Description (If travel outside of Texas, complete Schedule T) credit card security	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 75202			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) cellular service	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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 EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) communication expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/21/12		Payee name AT&T			
Amount (\$) 439.52		Payee address; City; State; Zip Code 7322 Jones Maltsberger, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) equipment expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 SUSAN D. REED		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/9/12		5 Payee name Public Storage			
6 Amount (\$) 60.00		7 Payee address; City; State; Zip Code 555 W. Sunset Rd, San Antonio, Tx 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp		(b) Description (If travel outside of Texas, complete Schedule T) storage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/12		Payee name San Antonio Express News			
Amount (\$) 21.80		Payee address; City; State; Zip Code 301 Avenue E, San Antonio, Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) newspaper subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/12		Payee name AT&T Data			
Amount (\$) 15.09		Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta GA 30004			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/renal exp.		Description (If travel outside of Texas, complete Schedule T) data service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/12		Payee name Credit Secure			
Amount (\$) 14.99		Payee address; City; State; Zip Code 535 Anton Blvd, Costa Mesa, CA 92626			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) accounting/banking		Description (If travel outside of Texas, complete Schedule T) credit card security	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/12		5 Payee name AT&T Easycharge Cons SW			
6 Amount (\$) 132.45		7 Payee address; City; State; Zip Code 208 S Akard St, Dallas, Tx 75202			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) cellular service	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10/18/12		Payee name USPS			
Amount (\$) 136.00		Payee address; City; State; Zip Code 1 Post Office Dr, San Antonio, Tx 78284			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) post box rental	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10/26/12		Payee name Pizza Hut			
Amount (\$) 55.77		Payee address; City; State; Zip Code 730 S. Santa Rosa, San Antonio, Tx 78204			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) meeting in office	
Complete ONLY if direct expenditure to benefit C/OH					
Date 11/10/12		Payee name J Alexanders			
Amount (\$) 69.74		Payee address; City; State; Zip Code 255 E Basse Rd, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) meeting to discuss office issues	
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/3/12	5 Payee name Public Storage
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6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 555 W. Sunset, San Antonio, Tx 78216
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead/rental exp	(b) Description (If travel outside of Texas, complete Schedule T) storage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/12	Payee name Bolners Grocery
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Amount (\$) 149.26	Payee address; City; State; Zip Code 2900 S Flores, San Antonio, Tx 78204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage expense	Description (If travel outside of Texas, complete Schedule T) take out for office meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/12	Payee name San Antonio Express News
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Amount (\$) 21.80	Payee address; City; State; Zip Code 301 Avenue E, San Antonio, Tx 78205
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental esp	Description (If travel outside of Texas, complete Schedule T) newspaper subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/12	Payee name UT MD Anderson Childrens Art Project
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Amount (\$) 679.81	Payee address; City; State; Zip Code 1100 Holcombe Blvd, Houston, Tx 77030
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) gifts/awards/memorials	Description (If travel outside of Texas, complete Schedule T) staff xmas presents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Fees	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 Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/13/12	5 Payee name AT&T Data
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6 Amount (\$) 15.09	7 Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta, GA 30004
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead/rental exp	(b) Description (If travel outside of Texas, complete Schedule T) data service
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/12	Payee name Credit Secure
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Amount (\$) 15.93	Payee address; City; State; Zip Code 535 Anton Blvd, Costa Mesa, CA 92626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) accounting/banking	Description (If travel outside of Texas, complete Schedule T) credit card security
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/12	Payee name At&T Easycharge Cons SW
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Amount (\$) 218.92	Payee address; City; State; Zip Code 208 S Akard St, Dallas, Tx 75202
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office overhead/rental exp.	Description (If travel outside of Texas, complete Schedule T) cellular service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/19/12	Payee name San Antonio Food Bank
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Amount (\$) 900.00	Payee address; City; State; Zip Code 5200 W Old US Highway 90, San Antonio, Tx 78227
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) gifts/awards/memorials	Description (If travel outside of Texas, complete Schedule T) contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/20/12		5 Payee name Texas Exes			
6 Amount (\$) 750		7 Payee address; City; State; Zip Code 2110 San Jacinto Blvd, Austin, Tx 78712			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) gifts/awards/memorials		(b) Description (If travel outside of Texas, complete Schedule T) contribution/membership	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/24/12		Payee name OfficeMax			
Amount (\$) 51.01		Payee address; City; State; Zip Code 255 E. Basse Rd, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/26/12		Payee name New Life Christian Ministr			
Amount (\$) 300		Payee address; City; State; Zip Code 6610 US Highway 90, San Antonio, Tx 78227			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) gifts/awards/memorials		Description (If travel outside of Texas, complete Schedule T) contribution/Jarel's Toy Chest	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/29/12		Payee name Michaels			
Amount (\$) 20.12		Payee address; City; State; Zip Code 255 E. Basse Rd			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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POLITICAL EXPENDITURES

SCHEDULE F

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 F:		2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/08/12		5 Payee name Omni Austin Southpark			
6 Amount (\$) 470.48		7 Payee address; City; State; Zip Code 4140 Governors Row, Austin Tx 78744			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) travel outside district		(b) Description (If travel outside of Texas, complete Schedule T) hotel expense - TDCAA Board/conference	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/11/12		Payee name Costco			
Amount (\$) 230.74		Payee address; City; State; Zip Code 1201 N Loop 1604 E, San Antonio, Tx 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) Christmas staff lunch	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/13/12		Payee name Apple Web Store			
Amount (\$) 2539.86		Payee address; City; State; Zip Code 12545 Riata Vista Cir, Austin, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) computer replacement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/13/12		Payee name AT&T Data			
Amount (\$) 15.09		Payee address; City; State; Zip Code 12525 Cingular Way, Alpharetta GA 30004			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) data service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/14/12		5 Payee name 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.		(b) Description (If travel outside of Texas, complete Schedule T) credit card security	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/17/12		Payee name HEB			
Amount (\$) 157.06		Payee address; City; State; Zip Code 999 E. Basse Rd, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food/beverage expense		Description (If travel outside of Texas, complete Schedule T) office Christmas party	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/19/12		Payee name AT&T EasyCharge Conss SW			
Amount (\$) 209.57		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 overhead/rental exp.		Description (If travel outside of Texas, complete Schedule T) cellular service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/20/12		Payee name HEB			
Amount (\$) 22.23		Payee address; City; State; Zip Code 999 E Basse RD, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) food beverage expense		Description (If travel outside of Texas, complete Schedule T) office refreshments	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/20/12		5 Payee name Norton Software			
6 Amount (\$) 43.24		7 Payee address; City; State; Zip Code 20330 Stevens Creek Blvd, Cupertino CA 95014			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.		(b) Description (If travel outside of Texas, complete Schedule T) computer security	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/20/12		Payee name USPS			
Amount (\$) 39.95		Payee address; City; State; Zip Code 1735 N Lynn St, Arlington VA 22209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/22/12		Payee name OfficeMax			
Amount (\$) 97.80		Payee address; City; State; Zip Code 255 E Basse, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead/rental exp		Description (If travel outside of Texas, complete Schedule T) supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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
Fees	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)	
4 Date 8/14/12		5 Payee name Childsafe			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 7130 US Hwy 90 W, San Antonio, Tx 78227			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contribution/donation		(b) Description (If travel outside of Texas, complete Schedule T) support "Cultivation Event"	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/12		Payee name Republican Party of Bexar County			
Amount (\$) 100.00		Payee address; City; State; Zip Code 900 NE Loop 410, Suite D-105, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) contribution to local party	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/1/12		Payee name Club Giraud			
Amount (\$) 230.27		Payee address; City; State; Zip Code 707 N. St Mary's St., San Antonio, Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) co-sponsor reception	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/14/12		Payee name Girls, Inc.			
Amount (\$) 150.00		Payee address; City; State; Zip Code 1209 South Saint Mary's Street, San Antonio, Tx 78210			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) donation/attend luncheon event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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
Fees	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 Susan Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/2/12		5 Payee name The Univ. of Texas MD Anderson Cancer Center			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code PO Box 4470, Houston, Texas 77210			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations		(b) Description (If travel outside of Texas, complete Schedule T) attend Oct. 22, 2012 event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/12		Payee name Alamo City Republican Womens CLlub			
Amount (\$) 200.00		Payee address; City; State; Zip Code 2014 Adobe Trail, San Antonio, Tx 78232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) ad in roster	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/6/12		Payee name VFW Post/Youth Committee			
Amount (\$) 150.00		Payee address; City; State; Zip Code 10 Tenth St., San Antonio, Tx 78215			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) support fundraising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/13/12		Payee name Republican Party of Bexar County			
Amount (\$) 250.00		Payee address; City; State; Zip Code 900 NE Loop 410, Suite D-105, San Antonio, Tx 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) sponsor fund raising event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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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
Fees	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 Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/14/12		5 Payee name Girl Scouts of Southwest Texas			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 811 N. Coker Loop, San Antonio, Tx 78216			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) contribution/donation		(b) Description (If travel outside of Texas, complete Schedule T) attend Trefoil event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/3/12		Payee name Harland Clarke Printing			
Amount (\$) 52.20		Payee address; City; State; Zip Code 10931 Laureate Drive, San Antonio, Tx 78249			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) accounting/banking		Description (If travel outside of Texas, complete Schedule T) check printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/18/12		Payee name Friends of Nelson Wolff			
Amount (\$) 500.00		Payee address; City; State; Zip Code PO Box 461753, San Antonio, Tx 78246			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution/donation		Description (If travel outside of Texas, complete Schedule T) contribution/attend event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/12		Payee name Bexar County Republican Womens Club			
Amount (\$) 30.00		Payee address; City; State; Zip Code 7803 Braun Circle, San Antonio, Tx 78250			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) fees		Description (If travel outside of Texas, complete Schedule T) annual dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
Fees	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 Susan Reed		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/12		5 Payee name San Antonio Bar Association			
6 Amount (\$) 125		7 Payee address; City; State; Zip Code 5th Floor, Bexar County Courthouse, San Antonio, Tx 78205			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) fees		(b) Description (If travel outside of Texas, complete Schedule T) dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/18/21		Payee name S.A.L.E			
Amount (\$) 250.00		Payee address; City; State; Zip Code P.O. Box 200230, San Antonio, Tx 78220			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) attend Cowgirls Luncheon/donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/30/12		Payee name Ernest Hajek			
Amount (\$) 250.00		Payee address; City; State; Zip Code 101 W. Nueva St, Fouth Floor, San Antonio, Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) event expense		Description (If travel outside of Texas, complete Schedule T) support for office Xmas party	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/20/12		Payee name Bexar County Family Justice Center Foundation			
Amount (\$) 1,500.00		Payee address; City; State; Zip Code 903 W. Martin #48-2, San Antonio, Tx 78207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) contribution/donation		Description (If travel outside of Texas, complete Schedule T) donation/sponsor gala	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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
Fees	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 Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/24/12	5 Payee name Itunes	
6 Amount (\$) 111.33	7 Payee address; City; State; Zip Code 12545 Riata Vista Circle, Austin, Tx 78727	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office overhead/rental exp.	(b) Description (If travel outside of Texas, complete Schedule T) presentation/trial programs/apps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Fees	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 G: 1	2 FILER NAME Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 I

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
Fees	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 I: 1	2 FILER NAME Susan D. Reed	3 ACCOUNT # (Ethics Commission Filers)
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 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.)
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 SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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
Fees	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 H: 1	2 FILER NAME Susan D. Reed		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name N/A		
6 Amount (\$)	7 Business address; City; State; Zip Code		
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Susan D. Reed

3 ACCOUNT # (Ethics Commission Filers)

4 Date

Jul-Dec.
2012

5 Name of person from whom amount is received

The Bank of San Antonio

6 Address of person from whom amount is received; City; State; Zip Code

8000 IH 10 West 78230

8 Amount
(\$)

\$149.04

7 Purpose for which amount is received

interest

Date

12/11/12

Name of person from whom amount is received

San Antonio Express News

Address of person from whom amount is received; City; State; Zip Code

301 Avenue E, San Antonio, Tx 78205

Amount
(\$)

\$17-52

Purpose for which amount is received

Changed subscription delilvery method, received credit

Date

8/31/12

Name of person from whom amount is received

Auditor Bexar County,, Texas

Address of person from whom amount is received; City; State; Zip Code

101 W. Nueva, San Antonio, Tx 78205

Amount
(\$)

\$1,222.29

Purpose for which amount is received reimburse officeholder expense for

attendance at National District Attorney's Assoc, Summer Conf.

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount
(\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
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:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel 7/22 - 7/29/12	7 Name of person(s) traveling Susan D. Reed	
8 Departure city or name of departure location San Antonio, Texas		
9 Destination city or name of destination location Mystic Conneticut		
10 Means of transportation air	11 Purpose of travel (including name of conference, seminar, or other event) National District Attorney's Association Summer Conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission File #)

2 Total pages filed:

33

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

SUSAN

D.

NICKNAME

LAST

SUFFIX

REED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

PO Box 120098, San Antonio, Tx 78212

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

822-3416

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Barbara

NICKNAME

LAST

SUFFIX

Banker

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

230 Geddington, San Antonio, Tx 78249

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

492-4022

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500
limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

7 / 1 / 2012

12 / 31 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE/FIELD (if any)

Bexar County Criminal
District Attorney

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

OFFICE USE ONLY

Date Received

BEXAR COUNTY

2013 JAN 14 AM 9:31

FILED IN MY OFFICE
JACQUELYN F. CALLAHAN
ELECTIONS ADMINISTRATOR

Date Hand-delivered or Pos. Mail

Receipt #

Date Processed

Date Imaged

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#		2 Total pages filed: 4		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2012	12	31	2012

6 EXPLANATION OF CORRECTION
See attached page 1

7 AFFIDAVIT

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

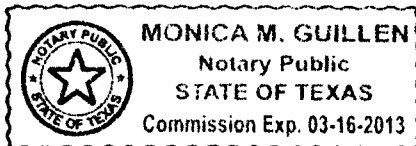
Check ONLY if applicable:



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.



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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Reed, this the 14th day of January.

20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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 Susan D. Reed

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION
TOTALS

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

\$ no fundraising

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ no fundraising

EXPENDITURE
TOTALS

3. 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

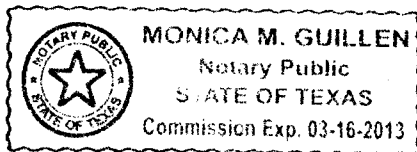
\$ 120,353.55

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Reed, this the 14th day of January, 20 13, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Monica Guillen

Printed name of officer administering oath

Notary

Title of officer administering oath