CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	this form.	1 Filer ID (Ethics Comm 00062098			2 Total pages f	iled: 67
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI		OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable Ro	onald E.			ŀ	Date Received	
						ELECTRONIC	ALLY FILED
	NICKNAME LA	 AST		SUFFIX		07/17/2023	/ · · ·
		eynolds		30FFI/	`	0171172020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	JITE#; CIT\	Υ;	ZIP COI	DE	Date Hand-delivered	or Date Postmarked
MAILING	6140 Hwy. 6 South, Ste. 233				ŀ	Receipt #	Amount
ADDRESS						recorpe n	7
Change of Address	Missouri City, TX 77459-3802				ŀ	Date Processed	
						Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR FIR	RST		MI			
NAME	Ro	onald E.					
	NICKNAME LAS			SUFFIX			
	Re	eynolds					
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	AP	T / SUITE #;	CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	6140 Highway 6 South #233						
(Residence or Business)							
(,	Missouri City, TX 77459						
7 CAMPAIGN	AREA CODE PHONE N	.IIIMDED E	XTENSION				
TREASURER	(832) 721-2667	IUWDER E	X I ENSION				
PHONE	(032) 121-2001						
8 REPORT							
TYPE	January 15	30th day before	election	Runoff	П		ampaign treasurer
		Other lands to the control		E		appointment (off	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Ш	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month	Day	Year	
COVERED	Month Day Year 01/01/2023	TH	ROUGH		Day)/2023		
	01/01/2023			00/30	112023		
10 ELECTION	ELECTION DATE	$\overline{}$		ELECTION TYP	PF		
20 222011011	Month Day Year	XPri	imary	Runoff	_	Other	
	03/05/2024		onoral	Crossial		ш	
			eneral	Special			
44 055105				La office cou	101 IT /		
11 OFFICE	OFFICE HELD (if any) State Representative District 2	27 Harric		12 OFFICE SOU		if known) tive District 27	
	State Representative District	ZI Hailis		State Repre	Senia	live District 27	
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 67

13 C / OH NAME	Reynolds, Ronald E.	(The Honorable)		14 Filer ID 00062098	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditumay have been made without equired to report this information	the candidate's or office	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
ш ,	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	4,989.24
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	(PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	33,916.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	4,184.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		1	I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Il information required t	companying to be reporte	report is d by me
			The Honora	able Ronald E. Reyn	olds	
		•	Signature of	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	r administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	O V EI (OI I E E	3 of 67							
	18 FILER NAME19 Filer ID(Ethics Commission Filers)Reynolds, Ronald E. (The Honorable)00062098								
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,989.24					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	33,916.11					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/67		
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commissi 00062098	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Legislative Black Caucus 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,465.28	
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Legislative Black Caucus Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701	5 1 (0 1 : i			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: National Black Caucus of State Legislators Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$523.96
		Washington , DC 20003		_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/62 Rpt: 5/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/13/2023	100 Black Men of America, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.18	141 Auburn Avenue NE
		Atlanta, GA 30303
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	02/09/2023	360 Valet
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Travel out of district
		Traver out of district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	
	Date 01/17/2023	Payee name
		7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1111 Lake Olympia Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total manne Cabadula F1.	
	Total pages Schedule F1: Sch: 2/62 Rpt: 6/67	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	02/06/2023	7-Eleven
Ļ		
ľ	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.06	1111 Lake Olympia Parkway
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/10/2023	7-Eleven
┡		
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.20	1111 Lake Olympia Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/21/2023	7-Eleven
	Amount (\$)	
	\$25.00	1111 Lake Olympia Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
ĺ		Travel for meetings
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	1
Г		
l		
$oldsymbol{ol}}}}}}}}}}}}}}}}}$		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/62 Rpt: 7/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/25/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$44.48	1111 Lake Olympia Parkway
l		
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		Thaver for modulings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
l	Date	Payee name
l	04/28/2023	7-Eleven
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$43.00	1111 Lake Olympia Parkway
l		
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		The state of the s
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	05/07/2023	7-Eleven
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$39.72	1111 Lake Olympia Parkway
l		
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
1		Travel for meetings
ldash		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	superiorder to borient 6/01	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 4/62 Rpt: 8/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/12/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	1111 Lake Olympia Parkway
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		The state of the s
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	05/25/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.86	1111 Lake Olympia Parkway
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meeting
		The state of the s
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Dete	
	Date	Payee name
L	05/31/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.30	1111 Lake Olympia Parkway
l		
l		Missouri City, TX 77459
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/62 Rpt: 9/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/22/2023	APRI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	815 16th Street, N.W., 4th Floor
		Washington, DC 20006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	<u>'</u>
	Date	Payee name
	03/21/2023	APRI
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	815 16th Street, N.W., 4th Floor
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Davisa nama
	05/23/2023	Payee name APRI
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	815 16th Street, N.W., 4th Floor
		Washington, DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Emportance to borient 0/01	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 6/62 Rpt: 10/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/28/2023	Ambition Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P. O. Box 56386
		Houston, TX 77256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	03/03/2023	Payee name Austin Centre Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.96	
		Austin, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		Traver or medings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/05/2023	Payee name Avanida South Carago
		Avenida South Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver or meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/62 Rpt: 11/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/25/2023	Barnaby's Cafe
6	Amount (\$) \$24.11	7 Payee address; City; State; Zip Code Houston , TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for campaign meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	2200 S I H
		Austin , TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of the district
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2023	Best Western
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 2200 S I H
		Austin , TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	Tatal name C	<u> </u>
1	, ,	
L	Sch: 8/62 Rpt: 12/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/26/2023	Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$80.00	2200 S I H
	Ψ00.00	2200 3111
		Austin , TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel out of district
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	CAPCHURUIC TO DEFICIR C/OF	
	Date	Payee name
	01/26/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	2200 S I H
		Auctin TV 70704
		Austin , TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
		That of out of albahot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	S
L		
	Date	Payee name
L	02/10/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	2200 S I H
		Austin , TX 78704
\vdash	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cab - dist - E4	
1		
L	Sch: 9/62 Rpt: 13/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/17/2023	Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	2200 S I H
	φ100.00	
L		Austin , TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payee name
	02/25/2023	Payee name Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	2200 S I H
		Austin , TX 78704
\vdash	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense
		Travel out of district
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
_		
	Date	Payee name
L	03/11/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	2200 S I H
		Austin , TX 78704
	DUDDOCT	T.,
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
		Traver out or district
L	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/62 Rpt: 14/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/18/2023	Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	2200 S I H
		Austin , TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/25/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	2200 S I H
		Austin , TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel out of district
		Traver out or district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	2200 S I H
		Austin , TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense Travel out of district
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/62 Rpt: 15/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/01/2023	Best Western
6	Amount (\$) \$80.98	7 Payee address; City; State; Zip Code 2200 S I H
		Austin , TX 78704
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of district
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2023	Best Western
	Amount (\$) \$240.00	Payee address; City; State; Zip Code 2200 S I H
		Austin , TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/12/2023	Payee name Best Western
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 2200 S I H
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/ Donations Made By - Gitt/Awards/Mem

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 12/62 Rpt: 16/67	
4	Date	5 Payee name
	04/15/2023	Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	2200 S I H
		Austin , TX 78704
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/23/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	2200 S I H
		Austin , TX 78704
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_		
	Date	Payee name
	04/29/2023	Best Western
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	2200 S I H
		Austin , TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/62 Rpt: 17/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/01/2023	Best Western
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,632.00	2200 S I H
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel out of district
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2023	Black Heritage Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	3018 Emancipation Ave
	,	
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
-	Date	Davida nama
	01/22/2023	Payee name Blossom Hotel
	Amount (\$) \$17.32	Payee address; City; State; Zip Code 7118 Bertner Ave
	Φ17.32	7110 Bertilei Ave
		Houston, TX 77030
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 14/62 Rpt: 18/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
l	06/15/2023	Brentwood Baptist Church
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 13033 1/2, 13033 Landmark Houston, TX 77045
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	05/03/2023	Carmen Turner Campaign
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
		Richmond, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/16/2023	Payee name Casa Chapala
	Amount (\$) \$78.58	Payee address; City; State; Zip Code 9041 Research Blvd #100 Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/62 Rpt: 19/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
L	01/17/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	503 Texas Parkway
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
L	01/24/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.93	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traverior meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
_	Date	Dayae name
	01/26/2023	Payee name Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.95	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver of meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/62 Rpt: 20/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/04/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.10	503 Texas Parkway
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traverior meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/12/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.81	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
H	<u> </u>	
	Date	Payee name
	02/14/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.32	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/62 Rpt: 21/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/16/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.99	503 Texas Parkway
		Missouri City , TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver of meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/18/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.40	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		That on to this own igo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.47	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver of meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/62 Rpt: 22/67	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
	<u> </u>	
4	Date	5 Payee name
	03/03/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	503 Texas Parkway
		Microsofi City, TV 77450
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	03/05/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.83	503 Texas Parkway
	Ψ23.03	303 Texas Farkway
		Missouri City , TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	03/20/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	503 Texas Parkway
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Microsoft City, TV 77450
		Missouri City , TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Havei tot meetings
_	Operation ONE VIII II	Overfield to 100% and a little way and the second to 100% and 100%
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/62 Rpt: 23/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/25/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.42	503 Texas Parkway
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	04/15/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.18	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/23/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.40	503 Texas Parkway
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the same of th
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 20/62 Rpt: 24/67	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098	
4	Date 06/15/2023	5 Payee name Chevron	
6	Amount (\$) \$24.21	7 Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 06/26/2023	Payee name Chevron	
	Amount (\$) \$82.82	Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/09/2023	Payee name Chipotle	
	Amount (\$) \$1,014.92	Payee address; City; State; Zip Code 801 Congress Ave. Ste 100 Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meetings	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/62 Rpt: 25/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/28/2023	Chopt
6	Amount (\$) \$13.84	7 Payee address; City; State; Zip Code Washington, DC
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meetings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/18/2023	City Park
	Amount (\$) \$12.00	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel out of district
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	06/12/2023	Claude for CWA President
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 22/62 Rpt: 26/67	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
L	01/16/2023	Constant Contact	
6	Amount (\$) \$314.47	7 Payee address; City; State; Zip Code 1601 Trapelo Road	
		Waltham, MA 02451	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email Services	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
L	02/16/2023	Constant Contact	
	Amount (\$) \$314.47	Payee address; City; State; Zip Code 1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	03/16/2023	Constant Contact	
	Amount (\$) \$314.47	Payee address; City; State; Zip Code 1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/62 Rpt: 27/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/16/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$314.47	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email service
		Campaign on all colors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/16/2023	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$207.87	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign email service
		Campaign email service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/16/2023	Constant Contact
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$207.87	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign email service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/62 Rpt: 28/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/25/2023	Cross Roads Community Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	7900 W Fuqua St
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
		Payee name
	05/03/2023	Dexter McCoy Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1398
		Richmond, TX 77406
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/13/2023	El Vaguero Resturant
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.59	2140 FM 1092 Rd
		Missouri City, TX 77459
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meals for campaign meeting
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/62 Rpt: 29/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/28/2023	El Vaquero Resturant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.59	2140 FM 1092 Rd
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals for campaign meeting
		Weds for campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Payso nama
	04/04/2023	Payee name Essential Element
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.94	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel out of district
		Travel out of district
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	01/06/2023	ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1810 Pearland Pkwy
		Pearland, TX 77581
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traverior meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/62 Rpt: 30/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/14/2023	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1810 Pearland Pkwy
		Pearland, TX 77581
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		Thaver to the meaninge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/29/2023	ExxonMobil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$62.82	1810 Pearland Pkwy
	**	,
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver of meetings
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/31/2023	ExxonMobil
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$52.43	1810 Pearland Pkwy
	40 20	
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Travel for meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
\vdash		

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card i dyment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)
	Sch: 27/62 Rpt: 31/67	Reynolds, Ronald E. (The Honorable)		00062098	
4	Date	5 Payee name		·	
	02/09/2023	ExxonMobil			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$57.91	1810 Pearland Pkwy			
		Pearland, TX 77581			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	OF EXPENDITURE	Travel In District		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
			Travel for		
				ğ	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held	
	expenditure to benefit C/O				
F	Date	Payee name			
	06/11/2023	ExxonMobil			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.76	1810 Pearland Pkwy			
		Pearland, TX 77581			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Travel In District	ш	avel outside of Texas. Complete Schedule T.	
			Travel for	ustin, TX, officeholder living expense meetings	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held	
	expenditure to benefit C/O	1			
F	Date	Payee name			
	06/07/2023	Food Mart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00				
		Houston, TX			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
			Meals for		
				· · g -	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	t	Office held	
	expenditure to benefit C/O				
Г					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/62 Rpt: 32/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/15/2023	Forty Plus Models
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Houston, TX
Ļ	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/15/2023	Four Seasons
	Amount (\$) \$20.00	Payee address; City; State; Zip Code
		Austin, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2023	Google
	Amount (\$) \$21.15	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	olete th	is form.
1	Total pages Schedule F1: Sch: 29/62 Rpt: 33/67	2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4	Date 02/06/2023	5 Payee name Graces on Kirby		
6	Amount (\$) \$54.11	7 Payee address; City; State; Zip Code 3111 Kirby Dr Houston, TX 77098	•	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Ccription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense als for campaign meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held
	Date 02/28/2023	Payee name HHCS		
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2825 Oleander Dr Plano, TX 75074)	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held
	Date 01/05/2023	Payee name Hilton Hotel		
	Amount (\$) \$342.56	Payee address; City; State; Zip Code	•	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	X	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vel for meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/62 Rpt: 34/67	Reynolds, Ronald E. (The Honorable) 00062098
4 Date	5 Payee name
04/25/2023	HiramStyle Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	7322 Southwest Fwy
	Houston, TX 77074
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
06/29/2023	Hotel ZaZa
Amount (\$)	Payee address; City; State; Zip Code
\$50.38	5701 Main Street
	Houston, TX 77002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals for meeting
	Wiedls for friedling
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
01/13/2023	Houston Chronicle
Amount (\$)	Payee address; City; State; Zip Code
\$27.72	4747 Southwest Fwy
	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Subscription Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to belieff 6/6	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/62 Rpt: 35/67	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
	02/10/2023	Houston Chronicle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 663	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/10/2023	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
	• !		
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if tra	avel outside of Texas. Complete Schedule T.
		I —	ustin, TX, officeholder living expense
		Subscription	DIT Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data		
	Date 04/07/2023	Payee name Houston Chronicle	
	Amount (\$) \$27.72	Payee address; City; State; Zip Code	
	Φ21.12	4747 Southwest Fwy	
		Houston TV 77007	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	ustin, TX, officeholder living expense
		Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ч	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/62 Rpt: 36/67	Reynolds, Ronald E. (The Honorable) 00062098
4 Date	5 Payee name
05/05/2023	Houston Chronicle
6 Amount (\$) \$27.72	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2023	Houston Chronicle
Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy
	Houston, TX 77027
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2023	Houston Chronicle
Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy
	Houston, TX 77027
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/62 Rpt: 37/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/05/2023	Houston Parking Garage
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Code
		Houston, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Travel for meetings
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Houston Parking Garage
	Amount (\$) \$48.00	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2023	Houston Parking Garage
	Amount (\$) \$10.00	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 34/62 Rpt: 38/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/03/2023	Howard Drive
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	
		Haveten TV
_	DUDDOCE	Houston, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking for meetings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2023	Independence fuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.03	
L		Missouri City, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
	Date	Payee name
L	06/28/2023	Jasmine Crockett for Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 227235
L		Dallas, TX 75222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/62 Rpt: 39/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/09/2023	Jimmy Johns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.36	515 Congress Ave.
		Suite 1200
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals for meetings
		Weats for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/24/2023	Johnny Tamales
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$42.08	2720 FM 1092 Rd
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals for meeting
		Weds for meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/01/2023	Lanier Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	201 Lavaca St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Tavel for campaign meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 36/62 Rpt: 40/67	Reynolds,	Ronald E. (The Hon	orable)				00062098		
4	Date	5 Payee name								
	06/01/2023	Leaders Es	steem University							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$120.00	2001 Timb	erloch Pl							
		The Woodl	ands, TX 77380							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE		ns/Donations Made			=		de of Texas. Com officeholder living	plete Schedule T.	
		Candidate/	Officeholder/Politica	ai Committee		Donation	, 1,	, onicendider livini	g expense	
						Bonadon				
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	laht			Office h	eld	
ľ	expenditure to benefit C/OI		iochiolaci mame	000	agiit			Cilioo II	oiu	
_	Date	Payoo namo								
	01/29/2023	Payee name Legislative								
_				Otata: 71: 0	1 -					
	Amount (\$)	Payee addre		State; Zip Co	oue					
	\$54.13	807 Brazos	S St # 714							
		Austin, TX	78701							
	PURPOSE OF	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Consulting	Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Campaign co				
						oampaign co	,,,,	aiting expen		
	Complete ONLY if direct	L Candidate/Of	iceholder name	Office sou	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/OI				3					
-	Date	Payee name	<u> </u>							
	01/06/2023	Levine, Bu								
_	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$200.00	9600 Glent	-	State, Zip Ci	oue					
	Ψ200.00	3000 016111	icia Court							
		Houston, T	V 77006							
					[a,					
	PURPOSE OF		See Categories listed at the to		(a)	Description Check if travel	Olitei	de of Texas Com	nplete Schedule T.	
	EXPENDITURE	Salaries/w	ages/Contract Labo	r		<u></u>		officeholder living		
						Campaign wo			•	
						. -				
	Complete ONLY if direct		iceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/62 Rpt: 41/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/06/2023	Levine, Burt
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court
		Houston, TX 77096
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2023	Matt's El Rancho
	Amount (\$) \$96.52	Payee address; City; State; Zip Code 2613 S Lamar Blvd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2023	Mid Main Lofts
	Amount (\$) \$18.00	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/62 Rpt: 42/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/24/2023	Missouri City NAACP Branch
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	401 Texas Parkway
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2023	Muhammad, Deric
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	
		Houston, TX
	PURPOSE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Pavee name
	01/10/2023	New St. Phillips MBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6135 Highway 521
		Arcola, TX 77583
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if alice of	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/62 Rpt: 43/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/07/2023	OMO FM Wireless
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.29	
		Stafford , TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/12/2023	Olive Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.76	5005 Sweetwater Blvd
		Sugar Land, TX 77479
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals for meetings
		mode for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	01/08/2023	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2211 N First St
		San Jose, CA 95131
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T. 1	
1	Total pages Schedule F1: Sch: 40/62 Rpt: 44/67	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	02/19/2023	Paypal
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2023	Paypal
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2211 N First St
		San Jose, CA 95131
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2023	Paypal
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2211 N First St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/62 Rpt: 45/67	Reynolds, Ronald E. (The Honorable) 00062098
4 Date	5 Payee name
04/25/2023	Paypal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	2211 N First St
	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
05/16/2023	Paypal
Amount (\$)	Payee address; City; State; Zip Code
\$181.40	2211 N First St
	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/01/2023	Paypal
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	2211 N First St
	San Jose, CA 95131
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 42/62 Rpt: 46/67	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	06/10/2023	Paypal
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2211 N First St
	¥-55.55	
	DUDDOCE	San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avetic TV office below history average.
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2023	Post Net
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.34	6140 Highway 6 South
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign postage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2023	Post Net
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.95	6140 Highway 6 South
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign postage
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/62 Rpt: 47/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/12/2023	Rays Food Store
6	Amount (\$) \$67.80	7 Payee address; City; State; Zip Code Houston , TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meetings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2023	Rays Food Store
	Amount (\$) \$72.22	Payee address; City; State; Zip Code Houston, TX
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/12/2023	Rays Food Store
	Amount (\$) \$73.85	Payee address; City; State; Zip Code
		Houston, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals for meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 44/62 Rpt: 48/67	Reynolds, Ronald E. (The Honorable)		00062098	
4	Date	5 Payee name			
	03/03/2023	Roaring Fork			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$98.69	701 Congress Ave.			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense		side of Texas. Com	
	LAFLINDITORL			(, officeholder living	expense
		Meals for m	eeti	ngs	
_	Complete ONLY if direct	Candidata/Officahaldar rama		Office h	N.J.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eia
_					
	Date	Payee name			
	04/28/2023	Rodeo Travel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.63	4800 I-10			
		Columbus, TX 78934			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver out of District		side of Texas. Com K, officeholder living	
		Travel out o			rexpense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	03/07/2023	Run Sister Run Pac			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 66470			
	φου.ου	1.0. 200 00410			
		Houston, TX 77266			
	DUDD005				
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Contributions (Panetiene Mode Py	el nuts	side of Texas. Com	nlete Schedule T
	EXPENDITURE	Contributions/Donations Wade By		(, officeholder living	
		Contribution	1		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	ı			
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

andidate/Officeholder/Politica		Legal Services							
it Card Payment		The Instruction Guide	explains how to co	mplet	e this form.				
pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission Filers)	
45/62 Rpt: 49/67	Reynolds, F	Ronald E. (The Hon	orable)				00062098		
	5 Pavee name				<u> </u>				
7/2023	Shell Oil								
ınt (\$)	7 Payee addre	ss: City:	State: Zin Co	nde					_
` '	-		State, Zip Ge	uc					
Ψ14.00	10747 0000	iiweser wy							
	Curantand	L TV 77470							
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	I		p of this schedule)	(b)					
	Travel In Di	strict			_				
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olete ONLY if direct	L Candidate/Offi	ceholder name	Office sou	aht			Office he	eld	
	Н			•					
	Payee name								_
0/2023									
		cc: City:	State: 7in Co	ndo.					_
	1 1		State, Zip Co	ue					
Ψ11.02	13747 3000	invest rwy							
	Constant area	I TV 77.470							
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			p of this schedule)	(b) [toi	de of Toyon Com	volete Cebedule T	
	Travel Out	of District			-				
olete <u>ONLY</u> if direct		ceholder name	Office sou	ght			Office h	eld	
nditure to benefit C/O	Н								
	Pavee name								_
0/2023	Shell Oil								
unt (\$)	Payee addre	ss; City;	State: Zip Co	de					
\$72.69	13747 Sout	hwest Fwy	•						
		-							
	Sugar Land	I. TX 77478							
LIRPOSE				(h)	Description				_
OF			p of this schedule)	[,,,		outsi	de of Texas. Com	nplete Schedule T.	
PENDITURE	l mavorini Bi	51150		į	Check if Austin,	TX,	officeholder living	g expense	
				-	Travel for me	etir	ngs		
							011		
olete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
olete <u>ONLY</u> if direct nditure to benefit C/O		ceholder name	Office sou	ght 			Office no	eld	
		iceholder name	Office sou	ght			Office no	eld	
	andidate/Officeholder/Political it Card Payment pages Schedule F1: 45/62 Rpt: 49/67 7/2023 Junt (\$) \$74.98 URPOSE OF PENDITURE Delete ONLY if direct anditure to benefit C/O 0/2023 Junt (\$) \$77.02 URPOSE OF PENDITURE Delete ONLY if direct anditure to benefit C/O 0/2023 Junt (\$) \$77.02 URPOSE OF PENDITURE	pages Schedule F1: 49/67 Reynolds, F 7/2023 Shell Oil 7 Payee addre 13747 Sout Sugar Land URPOSE OF PENDITURE (a) Category (s Travel In Di Payee addre 13747 Sout Sugar Land Candidate/Offi Payee addre 13747 Sout Sugar Land Candidate/Offi Payee addre 13747 Sout Sugar Land Candidate/Offi Candidate/Offi Candidate/Offi Sugar Land Candidate/Offi Candidate/Offi Candidate/Offi Candidate/Offi Candidate/Offi Candidate/Offi Sugar Land Candidate/Offi	Addicate/Officeholder/Political Committee it card Payment it card Payment it card Payment The Instruction Guide pages Schedule F1: 45/62 Rpt: 49/67 Reynolds, Ronald E. (The Hone Af-1/2023 Shell Oil Payee name Shell Oil Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478 (a) Category (See Categories listed at the to Travel In District Payee address; City; 13747 Southwest Fwy Shell Oil Payee name Shell Oil Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478 (a) Category (See Categories listed at the to Travel In District Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478 (a) Category (See Categories listed at the to Travel Out of District Payee name Shell Oil Payee name Ol/2023 Shell Oil Payee name Shell Oil Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478 Vagar Land, TX 7747	As a company and date of the c	Andidate/Officeholder/Political Committee It Card Payment The Instruction Guide explains how to complet The Instruction Guide explains how to complet pages Schedule F1: 2 FILER NAME Reynolds, Ronald E. (The Honorable) 5 Payee name Shell Oil Int (\$) 7 Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478 URPOSE OF Travel In District Candidate/Officeholder name Office sought Office Sought	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Legal Services Salaries/Weiges/Contract Labor The Instruction Guide explains how to complete this form. 3	The instruction Guide explains how to complete this form. The instruction Guide explains how to co	Lang Services State Stat

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
	Sch: 46/62 Rpt: 50/67	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	01/29/2023	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.98	13747 Southwest Fwy	
		Sugar Land, TX 77478	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel for meetings	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/02/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.88	13747 Southwest Fwy	
		Sugar Land, TX 77478	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top all attribute of Taylor Complete Schedule T	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel for meetings	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/11/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.14	13747 Southwest Fwy	
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel for meetings	
		That is mostly	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H The state of the	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/62 Rpt: 51/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/17/2023	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.32	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
		g.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	02/18/2023	Payee name Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.18	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
	Operation ONLY if allowed	On didn't 10ff asked day game.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/17/2023	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.57	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Operation Of the Control of the Cont	Open distribute (Office health an arms)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/62 Rpt: 52/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/27/2023	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.07	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	04/03/2023	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.36	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/10/2023	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.01	13747 Southwest Fwy
	Φ02.01	13/4/ Southwest rwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
I		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/62 Rpt: 53/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/16/2023	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.11	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/21/2023	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/01/2023	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.59	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp Gitt/Awards/Memorials Expense Printing Expense Printing Expense SalariesM

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/62 Rpt: 54/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/14/2023	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.00	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Travel for incestings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Para and a second secon
		Payee name Shell Oil
	05/27/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.53	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Travel for meetings
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/09/2023	Shell Oil
	Amount (\$) \$52.19	Payee address; City; State; Zip Code 13747 Southwest Fwy
	Φ32.19	13747 Southwest rwy
		Consequent TV 77470
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel for meetings
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 51/62 Rpt: 55/67	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
L	06/15/2023	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.63	13747 Southwest Fwy	
		Sugar Land, TX 77478	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel for meetings	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	06/18/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$76.00	13747 Southwest Fwy	
		, , , , , , , , , , , , , , , , , , ,	
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense	
		Travel for meetings	
_	Commission ONU Wife allows	Condidate/Officeholder nove	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
L			_
	Date	Payee name	
	06/30/2023	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.68	13747 Southwest Fwy	ĺ
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Travel for meetings	ĺ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
	•		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 52/62 Rpt: 56/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/30/2023	Shirley Rose Guillum Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3011 Bonney Briar Drive
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Campaign contribution
		Campaign contribution
_	Complete ONLY if direct	Condidate/Officeholder name Office country
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$735.96	2702 Love Field Dr Dallas
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	_
	Date	Payee name
	01/15/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.86	1455 Market Street
		Suite 600
		San Francisco, TX 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/62 Rpt: 57/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/28/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.86	1455 Market Street
		Suite 600
		San Francisco, TX 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
F	Date	Payee name
	05/12/2023	Square
H	Amount (\$)	Payee address; City; State; Zip Code
	\$525.00	1455 Market Street
		Suite 600
		San Francisco, TX 94103
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		·
	Date	Payee name
	02/05/2023	Swamp Chicken
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.66	6611 FM 1464, Ste G.
		Richmond, TX 77407
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meals for campaign meetings
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 54/62 Rpt: 58/67	Reynolds, Ronald E. (The Honorable) 00062098					
4	Date	5 Payee name					
	01/24/2023	T-Mobile					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$213.31	6947 Gall Blvd					
		Zephyrhills, FL 33542					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Phone service					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/24/2023	T-Mobile					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$213.31	6947 Gall Blvd					
		Zephyrhills, FL 33542					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense Phone service					
		Filone Service					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data	Daniel and a second a second and a second an					
	Date 03/24/2023	Payee name T-Mobile					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$213.31	6947 Gall Blvd					
		Zephyrhills, FL 33542					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Cell phone service					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	o					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	als Expense	Salaries/V		se s/Contract Labor		OTHER (enter	strict a category not listed above	e)
	Credit Card F dyment			The Instruction	Guide explai	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 55/62 Rpt: 59/67		Reynolds, R	onald E. (The	e Honorable	e)				00062098		
4	Date	5	Payee name									
	04/24/2023	1	T-Mobile									
6	Amount (\$)	7	Payee addres	s; City;	Sta	ate; Zip Co	ode					
	\$213.85	ı	6947 Gall Bl			, ,						
	•											
			Zephyrhills,	EI 335/12								
Ļ	DUDDOGE	⊢					4->					
8	PURPOSE OF			e Categories listed		schedule)	(b)	Description	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental E	expense			므		officeholder livin		
								Cell phone se				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	Н										
\vdash	Date	Ι	Payee name									
	06/24/2023	ı	T-Mobile									
	Amount (\$)	├	Payee addres	s; City;	Sta	ate; Zip Co	nde					
	\$212.65	ı	6947 Gall Bl		O.C.	жо, 2 .р ос	Juo					
	Ψ212.05		OSTI GUII DI	vu								
			مالنطين مامير	EL 22E42								
		┢	Zephyrhills,									
	PURPOSE OF			e Categories listed		schedule)	(b)	Description	outoi	do of Toyon Cor	anlata Sahadula T	
	EXPENDITURE		Office Overr	nead/Rental E	xpense			=		officeholder livin	nplete Schedule T. g expense	
								Cell phone se				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ı <u> </u>			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date	l	Payee name									
	03/03/2023	1	•	son Campaig	ın							
	Amount (\$)	\vdash	Payee addres			ate; Zip Co	nde					
	\$500.00	ı	PO Box 906	-	Oit.	лю, 2 ір Ос	Juc					
	φοσο.σσ		1 O BOX 500	0-1								
			Houston TV	77200								
		-	Houston, TX									
	PURPOSE OF			e Categories listed		schedule)	(b)	Description	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE			s/Donations I Officeholder/P		nmittee				officeholder livin		
			ourididate/ c	mocriolacini	ontioal con	iminuce		Contribution				
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ıght			Office h	eld	
	expenditure to benefit C/O						-					
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/62 Rpt: 60/67	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/10/2023	Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 301411
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2023	Texas Energy and Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2023	The Promise Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	1102 75th St
		Houston, TX 77011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
		The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 57/62 Rpt: 61/67	Reynolds, Ronald E. (The Honorable) 00062098						
4	Date	5 Payee name						
	02/11/2023	The Rouxpour						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$72.57	2298 Texas Dr						
		Sugar Land, TX 77479						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	-	Check if Austin, TX, officeholder living expense						
		Meals for campaign meeting						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	experientale to beliefft C/Of							
	Date	Payee name						
L	02/19/2023	The Rouxpour						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$63.33	2298 Texas Dr						
		Sugar Land, TX 77479						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Meals for campaign meeting						
		ivicals for campaign meeting						
<u> </u>	Complete ONLY if direct	Condidate/Officeholder name Office cought						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
\vdash	Data	Davisa nama						
Date		Payee name The Warwick						
	03/05/2023	The Warwick						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$134.66	5888 Westheimer Rd						
		Houston, TX 77057						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Meals for campaign meeting						
Complete ONLY if direct Condidate/Officeholder name Office sought Office hald								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 58/62 Rpt: 62/67	Reynolds, Ronald E. (The Honorable) 00062098				
4	Date	5 Payee name				
	03/07/2023	Time Wise				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$67.40	6060 Hwy 6				
		Missouri City, TX 77459				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF Travel In District						
		Check if Austin, TX, officeholder living expense Travel for meetings				
		Traverior meetings				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
⊨	Data					
	Date	Payee name				
L	03/25/2023	Time Wise				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.55 6060 Hwy 6					
		Missouri City, TX 77459				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Travel for meetings				
		Traverior meetings				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
⊨	Data					
Date		Payee name				
	04/01/2023	Time Wise				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$34.07	6060 Hwy 6				
		Missouri City, TX 77459				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Travel out of district				
		Traver out of district				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
⊢						
l						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 59/62 Rpt: 63/67	Reynolds, Ronald E. (The Honorable) 00062098					
4	Date	5 Payee name					
	05/08/2023	Time Wise					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$49.33	6060 Hwy 6					
		Missouri City, TX 77459					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Travel for meetings					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	05/20/2023	Time Wise					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$38.47	47 6060 Hwy 6					
		Missouri City, TX 77459					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Travel for meetings					
		Traver for meetings					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH							
	Date	Payeo namo					
	03/29/2023	Payee name Together We Stand Christian Church					
		<u> </u>					
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 1432 Texas Parkwa					
	φ130.00	1432 TEXAS FAIRWA					
		Microsuri City, TV 77400					
		Missouri City , TX 77489					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign ad					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
L				de explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER N	IAME				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 60/62 Rpt: 64/67	Reynol	ds, Ronald E. (The Ho	onorable)				00062098		
4	Date	5 Payee r	ame							
	06/03/2023	Uber E								
Ļ	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ndo.					
ľ	\$36.00	1		State, Zip Ct	Jue					
l	\$30.00	1455 IV	larket Street							
l		San Fr	ancisco, CA 94103							
8	PURPOSE	(a) Categor	y (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		everage Expense	,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					—		officeholder living	g expense	
						Meals for me	etir	ngs		
9	Complete ONLY if direct		e/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	1								
F	Date	Payee r	iame							
	01/04/2023	Uber								
┝	Amount (\$)	Payee a	ddress; City;	State; Zip Co	nde					
	\$34.60	1	larket St #400	Otato, Zip Ot	Juo					
	Ψ54.00	1433 1	iaiket 3t #400							
		San Fr	ancisco, CA 94103							
	PURPOSE	(a) Categor	y (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel	In District			=			plete Schedule T.	
					Check if Austin, TX, officeholder living expense Travel for event					
						rraverior eve	#11L			
L			10.00		<u> </u>					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
L		·								
	Date	Payee r	ame							
	01/05/2023	Uber								
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$9.58	1455 N	larket St #400							
		San Er	ancisco, CA 94103							
L										
	PURPOSE OF		y (See Categories listed at the	e top of this schedule)	(b)	Description	outoi	do of Toyon Com	ploto Sobodulo T	
	EXPENDITURE	Travel	In District			<u></u>		officeholder living	plete Schedule T.	
						Travel for eve		, omeoneider ming	, скронос	
\vdash	Complete ONLY if direct	Candidat	e/Officeholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/OI		Jonicendiael Haine	Office Suc	igill			Onice III	Jiu	
dash	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 61/62 Rpt: 65/67	Reynolds, Ronald E. (The Honorable)	00062098				
4	Date	5 Payee name					
	01/05/2023	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$30.60	1455 Market St #400					
		San Francisco, CA 94103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
OF		Travel In District	, ,	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense			
				Travel for meetings			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	01/05/2023	Uber					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$35.49	1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.			
				Check if Austin, TX, officeholder living expense			
				Travel for meetings			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held			
	expenditure to benefit C/OI		grit	Office field			
	Data	Para and					
	Date 02/28/2023	Payee name Uber					
	Amount (\$)	Payee address; City; State; Zip Co	ae				
	\$12.55	1455 Market St #400					
		San Francisco, CA 94103					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
				Travel for meetings			
				J			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
	expenditure to benefit C/OI		J -				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/62 Rpt: 66/67	Reynolds, Ronald E. (The Honorable) 00062098
4	5 Payee name	
	03/01/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.94	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel for meetings
		Traver for inceangs
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/01/2023	Uber
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$13.98	1455 Market St #400
	Ψ10.50	1400 Mainet of #400
		San Francisco, CA 94103
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 67/67 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Hilton Hotel 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Reynolds, Ron (Rep.) Departure city or name of departure location 01/03/2023 Houston 9 Destination city or name of destination location 01/05/2023 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Travel to DC to attend US Congress inauguration Commercial Airplane