CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00062098		2 Total pages f	iled: 24
3	CANDIDATE /	MS / MRS / MR	FIRST	00002000	MI		
ľ	OFFICEHOLDER	The Honorable	Ronald E.		1411	OFFICE	USE ONLY
	NAME		Runalu E.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNAME	LAST		SUFFIX	02/26/2024	
					30111X		
			Reynolds				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER	6140 Hwy. 6 South, Ste.	233				
	MAILING ADDRESS					Receipt #	Amount
	Change of Address	Missouri City, TX 77459	-3802			Date Processed	
						Date Imaged	
						-	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
ľ	TREASURER		Ronald E.				
	NAME		Runalu E.				
		NICKNAME	LAST		SUFFIX		
			Reynolds				
6	CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE)	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER	6140 Highway 6 South #		2.1	.,	0.	
	ADDRESS	10140 Highway 0 South #	200				
	(Residence or Business)						
		Missouri City, TX 77459					
7	CAMPAIGN TREASURER	AREA CODE PHO	ONE NUMBER	EXTENSION			
	PHONE	(832) 721-2667					
	-						
8	REPORT						
	TYPE	January 15	30th day before	e election	Runoff		ampaign treasurer
						appointment (off	
		July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/26/2024	TI	HROUGH	02/24/2024	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	XF	Primary	Runoff	Other	
		03/05/2024					
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative Dis	strict 27		State Representa	ative District 27	
⊢							
1							
1							
1			GO ⁻	TO PAGE 2			
	rms provided by To	xas Ethics Commission	1474741 01	thics.state.tx.u	c	Vor	sion V3.5.1.9000c471
r-0	ins provided by Te		vvvvv.e	แก่เธอ.อเลเซิ.เม.น	3	vers	501 v 5.5.1.900004/1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 24

13 C / OH NAME	DH NAME Reynolds, Ronald E. (The Honorable) 14 Filer ID 00062098									
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	X GENERAL	Association of Texas Professional Educators	5							
		COMMITTEE ADDRESS								
		305 E. Huntland Drive								
		Ste. 300								
		Austin, TX 78752								
		COMMITTEE CAMPAIGN TREASURER NAME								
		Exter, Monty								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
		305 E. Huntland Drive								
		Ste. 300								
		Austin, TX 78753								
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 70,800.75						
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 12,486.23						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 63,968.19						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 20,000.00						
17 AFFIDAVIT	-			-						
		l swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Honora	able Ronald E. Reyn	olds						
		Signature of	Candidate or Officeho	lder						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subscribed before me, by the said day										
of	uuy									
Signature of offic	er administering	Printed name of officer administering	Title of office	r administering oath						
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47f						

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 24 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 70,795.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 5.75 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 12,486.23 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	onald E. (The Honorable)		00062098
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/30/2024	Bobrick, William		\$25.00
	6 Contributor address; City; State; Zip Code		1
	Current and TV 77470		
Principal occu	Sugar Land, TX 77478 pation / Job title (See Instructions)	9 Employer (See Instructions	e)
Organizer		AFT of Texas	>)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
01/30/2024	Bobrick, William	/	\$10.00
01,00,202			
	Sugar Land, TX 77478		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Organizer		AFT of Texas	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/02/2024	House Democratic Campaign Committee Incum	bent Protection Fund	\$6,250.00
	Contributor address; City; State; Zip Code]
	Austin, TX 78703		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
1 1110.000.0000			<i>"</i>
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/19/2024	Lloyd Gosselink Rochelle & Townsend, P.C.		\$500.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701	1	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/19/2024	Maguire-Powell, Alison		\$10.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Principal occu	pation / Job title (See Instructions)	s)	
Not Employe	ed	Not Employed	
		1	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/24		
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)	
Reynolds, R	Ronald E. (The Honorable)		00062098		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
02/23/2024				\$1,500.00	
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77249-8746				
Principal occu		9 Employer (See Instructions)	<u></u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/07/2024	TREPAC/Texas Association of Realtors PAC			\$2,500.00	
	Contributor address; City; State; Zip Code				
	Austin, TX 78768-2246				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>		
			·/		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/19/2024	Texas American Federation of Teachers			\$500.00	
	Contributor address; City; State; Zip Code				
	Austin, TX 78704				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)		
-			, ,		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/19/2024	Texas Dental Association PAC			\$500.00	
	Contributor address; City; State; Zip Code				
	Austin, TX 78704				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/19/2024	Texas Farm Bureau			\$1,000.00	
	Contributor address; City; State; Zip Code				
	Waco, TX 76702				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
ΓΠΙΟραί Ουυ			·)		
		·			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/24		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Reynolds, R	onald E. (The Honorable)			00062098	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/19/2024	Texas Sands PAC				\$5,000.00
		 6 Contributor address; City; State; Zip Code Austin, TX 78701 				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	·					
╞	Date	Full name of contributor Out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
)		Amount of Contribution (\$)	
	02/19/2024	Texas Sands PAC			·	\$50,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/07/2024	Texas State Teachers Assoc. PAC				\$3,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Fincipal occu			<i>•</i>)		
⊢			L			
1						
1						
1						
1						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	form. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/24						
2	FILER NAME			3	3 Filer ID (Ethics Commission Filers)				
	Reynolds, F	conald E. (The Honorable)		00062098					
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5	Date 02/13/2024	 6 Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau 7 Contributor address; City; State; Zip Code Waco, TX 76702)	8	Amount of ontribution (\$) In-kind contribution description \$5.75				
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JL					
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)						
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			rhead/Rental Expense pense pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 1/16 Rpt: 8/24		Reynolds, Ronald E. (The Honorable)		00062098					
4 Date			Payee name							
	02/02/2024		Ambition Strategies							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,150.00		P. O. Box 56386							
			Houston, TX 77256							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description					
-	OF		Consulting Expense	euule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх,	officeholder living expense			
				nsı	ulting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/23/2024		B's Wine Bar							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$89.71		8770 Hwy 6 #300							
		<u> </u>	Missouri City, TX 77459							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense age expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	02/23/2024		B's Wine Bar							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$675.82		8770 Hwy 6 #300							
			Missouri City, TX 77459							
	PURPOSE OF		Category (See Categories listed at the top of this sche Event Expense	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense			, тх,	officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	12				3	Filer ID (Ethics Commission Filers)			
1	Sch: 2/16 Rpt: 9/24		Reynolds, Ronald E. (The Honorable)			3	00062098			
4	Date 02/20/2024	5	Payee name Bar Kada							
6	Amount (\$) \$41.78		Payee address; City; State; 9009 Sienna Crossing Dr, Missouri City, TX 77459	Zip Coo	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Food/Beverage Expense	:dule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense gn volunteers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	office soug	ght		Office held			
	Date	Γ	Payee name							
	02/10/2024		Black Male Summit							
	Amount (\$) \$500.00		Payee address; City; State;	Zip Coo	de					
			тх							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Contributions/Donations Made By Candidate/Officeholder/Political Commit				de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held			
	Date	Γ	Payee name							
	01/27/2024		Buc-ee's							
	Amount (\$) \$45.11		Payee address;City;State;27700 Katy Freeway	Zip Coo	de					
			Katy, TX 77494							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scheer Travel In District	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense NGS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)		
1	Sch: 3/16 Rpt: 10/24	2	Reynolds, Ronald E. (The Honorable)				00062098		
4	Date	5	Payee name						
	02/06/2024		Burger King						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$13.82		2207 Texas Parkway						
			Missouri City, TX 77489						
8	PURPOSE	(a)	-	I	(b) Description				
°	OF	(a)	Category (See Categories listed at the top of this schu Food/Beverage Expense	edule)	(b) Description	vel outs	side of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Develage Expense				X, officeholder living expense		
					Food for ca	ampa	aign volunteers		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held		
	Date		Payee name						
	01/29/2024		Caesar Photography						
_	Amount (\$)			Zip Co	de				
	\$275.00		rayee address, Gity, State,	zip co	uc				
	DUDDOSE		тх		(-)				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	edule)		stin, TX	side of Texas. Complete Schedule T. X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held		
	Date		Payee name						
	02/06/2024		Carmen Turner Campaign						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$500.00								
			ТХ						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee		stin, TX	side of Texas. Complete Schedule T. X, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 4/16 Rpt: 11/24		Reynolds, Ronald E. (The Honorable)				00062098			
4	Date 02/22/2024	5	Payee name Cheesecake Factory							
6	Amount (\$) \$62.85		 Payee address; City; State; Zip Code 600 Memorial City Way Houston, TX 77024 							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scher Food/Beverage Expense	dule)	Check if Austir	, TX	ide of Texas. Complete Schedule T. , officeholder living expense ign volunteers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	ght		Office held			
	Date		Payee name							
	02/16/2024		Constant Contact							
	Amount (\$) \$241.99		Payee address; City; State; 1601 Trapelo Road	Zip Co	de					
			Waltham, MA 02451							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Advertising Expense	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I Service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ght		Office held			
	Date		Payee name							
	02/17/2024		Curb Taxi							
	Amount (\$) \$67.32		Payee address; City; State;	Zip Co	de					
			ТХ							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Travel Out of District	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense trict			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name Of	ffice sou	ght		Office held			

				EXPENDITURE	E CATEGOF	RIES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gir nmittee Le	od/Beverage Expense t/Awards/Memorials E gal Services	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	e Contract Labor		Travel in District Travel Out of Di	Equipme t istrict	Expense ent & Related Expense ny not listed above)	
				ne Instruction Gu	ide explains i	now to cor	npie	te this form.					4
1	Total pages Schedule F1:									Filer ID	(Eth	ics Commission Filers)	
	Sch: 5/16 Rpt: 12/24			nald E. (The H	onorable)					00062098			
4	Date		Payee name										
	02/08/2024		DoorDash										
6	Amount (\$) \$109.93		Payee address; 303 2nd Stree	t	State;	; Zip Co	de						
			San Francisco), TX 94107									
8	PURPOSE OF EXPENDITURE		Category _{(See (} Food/Beveraç	Categories listed at th	e top of this sch	edule)			, TX,	de of Texas. Con officeholder livin gn voluntee	g expen		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Office	holder name	C	Office sou	ght			Office h	eld		
	Date		Payee name										٦
	01/26/2024		El Vaquero R	esturant									
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de						1
	\$66.49		2140 FM 1092 Missouri City,										
	PURPOSE OF EXPENDITURE		Category _{(See (} Food/Beveraç	Categories listed at th	e top of this sch	edule)			, TX,	de of Texas. Con officeholder livin gn voluntee	g expen		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	holder name	C	Office sou	ght			Office h	eld		
	Date		Payee name										1
	02/20/2024	1	Elizabeth Pan	nill Fletcher fo	r Congress	5							
	Amount (\$)	F	Payee address;	City;	State;	; Zip Co	de						┨
	\$500.00		3262 Westhei	mer,									
			PMB 636,										
			Houston , TX	77098									
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sch	iedule)	(b)	Description					┨
	OF EXPENDITURE		Contributions/	Donations Ma iceholder/Polit	de By	,		Check if travel of		de of Texas. Con officeholder livin	•		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Dffice sou	ght			Office h	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	lains f	Office Over Polling Exp Printing Exp Salaries/Wa	head/ ense pense ages/	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · ·					3	Filer ID (Ethics Commission Filers)			
	Sch: 6/16 Rpt: 13/24	2	Reynolds, Ronald E. (The Honoral	ble)				3	00062098			
4	Date	5	Payee name									
	02/13/2024		Forward Times									
6	Amount (\$)	7	Payee address; City; S	State;	Zip Coo	le						
	\$750.00		4411 Almeda Rd									
			Houston, TX 77004									
8	PURPOSE	(2)				(h)	Description					
°	OF	(a)	Category (See Categories listed at the top of the Advertising Expense	his sche	edule)	(D) 	Description Check if travel	outsio	de of Texas. Complete Schedule T.			
	EXPENDITURE					i			officeholder living expense			
							 Campaign en	nail	advertising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office soug	jht			Office held			
	Date		Payee name									
	02/16/2024		Gina's on Congress									
	Amount (\$)	-	Payee address; City; S	State:	Zip Coo	le						
	\$157.73		314 Congress Ave	stato,	2.0 000							
	\$107.70											
			Austin, TX 78701									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Food/Beverage Expense	his sche	edule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	0	Office soug	jht			Office held			
	Date		Payee name									
	01/31/2024		Google									
	Amount (\$)		-	State.	Zip Coo	1e						
	\$75.06		1600 Amphitheatre Parkway	Juic,	210 000							
	φ/3.00											
			Mountain View, CA 94043									
	PURPOSE	(a)	Category (See Categories listed at the top of th	his sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense						de of Texas. Complete Schedule T.			
									officeholder living expense			
							Campaign en	nail	service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Off Po Pri Sa	fice Overh Iling Expe nting Expe Iaries/Wa	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 7/16 Rpt: 14/24		Reynolds, Ronald E. (The Honorab	00062098						
4	Date	5	Payee name							
	02/09/2024		Houston Chronicle							
6	Amount (\$)	7	Payee address; City; Si	tate; Zi	ip Cod	9				
	\$27.72		4747 Southwest Fwy							
			Houston, TX 77027							
8	PURPOSE	(a)			. () Description				
Ĩ	OF	(,	Category (See Categories listed at the top of thi Fees	is schedule	e) (outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	η, TX,	, officeholder living expense		
						Subscription	fee	S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e sougl	ıt		Office held		
	Date		Payee name							
	02/17/2024		Houston Style Magazine							
	Amount (\$)	┝		tate; Zi	in Code	<u></u>				
	\$300.00		rayee autress, City, S		ip Cou	5				
	\$300.00									
			Houston, TX							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule	e) (I) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Campaign er	mai	lad		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	e sougl	it		Office held		
	Date		Payee name							
	02/12/2024		Johnson, Antron							
	Amount (\$)		Payee address; City; S	tate; Zi	ip Cod	9				
	\$500.00									
			тх							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	is schedule	<u> </u>) Description				
	OF	Ľ	Salaries/Wages/Contract Labor	is schedule	.,	•	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	η, TX,	, officeholder living expense		
						Campaign w	ork			
	Complete ONLY if direct		Candidate/Officeholder name	Offic	e sougl	nt		Office held		
	expenditure to benefit C/OI	Н								

			EXPENDITURE CATEGORIE	ES FOR I	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees OU Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pr	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	12	· · ·	W to com		2	Filer ID (Ethics Commission Filers)				
T	Sch: 8/16 Rpt: 15/24		Reynolds, Ronald E. (The Honorable)								
4	Date	5	yee name								
	01/31/2024		Lanier Parking								
6	Amount (\$) \$35.00		Payee address; City; State; Z 201 Lavaca St Austin, TX 78701	Zip Code	9						
8	PURPOSE	(a)		1.5. 0) Description						
	OF		Category (See Categories listed at the top of this schedul Travel Out of District	ile) V-	Check if travel		de of Texas. Complete Schedule T. officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice sough	nt		Office held				
	Date	Γ	Payee name								
	02/19/2024		Marriott Maquis								
	Amount (\$) \$337.31		Payee address; City; State; Z	Zip Code	2						
		_	New York, NY								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Travel Out of District	_{ile)} (k		, тх,	de of Texas. Complete Schedule T. officeholder living expense trict				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice sough	nt		Office held				
	Date	Γ	Payee name								
	02/20/2024		Marriott								
	Amount (\$) \$249.18		Payee address; City; State; Z	Zip Code	è						
			New York , NY								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Travel Out of District	ıle) (t		, тх,	de of Texas. Complete Schedule T. officeholder living expense trict				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice sough	nt		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense rigeS/Wages/Contract Labor co complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	•	· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)					
-	Sch: 9/16 Rpt: 16/24	Reynolds, Ronald E. (The Honorable)		00062098					
4	Date 02/15/2024	ayee name Ii Tierra Cafe							
6	Amount (\$) \$45.57	vayee address; City; State; Zij 18 Produce Row San Antonio, TX 78207	Code						
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. 'X, officeholder living expense NG					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Indidate/Officeholder name Office	sought	Office held					
	Date	Payee name							
	02/05/2024	lissouri City Church of Christ							
	Amount (\$) \$250.00	ayee address; City; State; Zij 019 Bright Meadows Dr ⁄lissouri City , TX 77489	Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		tside of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	02/13/2024	Ionica Riley Campaign							
	Amount (\$) \$250.00	vayee address; City; State; Zi	Code						
		X							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel out	tside of Texas. Complete Schedule T. 'X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 10/16 Rpt: 17/24		Reynolds, Ronald E. (The Honorable)				00062098		
4	Date 02/19/2024		Payee name Monica Riley Consultant						
6	Amount (\$) \$1,580.45		Payee address; City; State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense consulting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ight			Office held		
	Date		Payee name						
	01/30/2024		Paypal						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$35.00		2211 N First St San Jose, CA 95131						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held		
	Date		Payee name						
	02/01/2024		Paypal						
	Amount (\$) \$36.00	1	Payee address; City; State; Zip Co 2211 N First St	ode					
			San Jose, CA 95131						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght			Office held		

			EXPENDITURE CATEGORIES F	OR B	OX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Dverhea Expens I Expen s/Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	5	•			2	Filer ID (Ethics Commission Filers)				
1	Sch: 11/16 Rpt: 18/24	2	Reynolds, Ronald E. (The Honorable)			3	00062098				
4	Date	5	Payee name								
	02/12/2024		Paypal								
6	Amount (\$) \$35.00	7	Payee address; City; State; Zip 2211 N First St San Jose, CA 95131	Code							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description						
	OF EXPENDITURE		Fees			ΤX,	de of Texas. Complete Schedule T. officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office s	ought			Office held				
	Date		Payee name								
	02/24/2024		Pro Park								
	Amount (\$)		Payee address; City; State; Zip	Code							
	\$40.25		ТХ								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Travel Out of District	(b)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	ought			Office held				
	Date		Payee name								
	02/15/2024		SEIF Cedar Creek								
	Amount (\$) \$44.44		Payee address; City; State; Zip	Code							
			Missouri City , TX								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Check if Austin,	ΤX,	de of Texas. Complete Schedule T. officeholder living expense gn volunteers				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	ought			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Sabadula E1:	1	· .			1	Eiler ID (Ethics Commission Eilers)		
1	Total pages Schedule F1: Sch: 12/16 Rpt: 19/24		FILER NAME Reynolds, Ronald E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062098		
4	Date 01/29/2024		Payee name Shell Oil						
6	Amount (\$) \$72.31		Payee address; City; State; 13747 Southwest Fwy Sugar Land, TX 77478	Zip Coo	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Travel In District	∋dule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense NGS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	office sou	ht		Office held		
	Date	Γ	Payee name						
	02/03/2024		Shell Oil						
	Amount (\$)	┢	Payee address; City; State;	Zip Co	le				
	\$76.94		13747 Southwest Fwy Sugar Land, TX 77478	-					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Travel In District	dule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense NGS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	Office soug	ht		Office held		
	Date	Γ	Payee name						
	02/09/2024		Shell Oil						
	Amount (\$) \$75.00		Payee address;City;State;13747 Southwest Fwy	Zip Coo	le				
			Sugar Land, TX 77478						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Travel In District	∂dule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense NGS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	office soug	ht		Office held		

			EXPEND	ITURE CATEGOF	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	12 F		Filer ID	(Ethics Commission Filers)						
Ĺ	Sch: 13/16 Rpt: 20/24		eynolds, Ronald E. (T	he Honorable)			I	00062098			
4	Date 02/18/2024		Payee name Shell Oil								
6	Amount (\$) \$80.52	1	ayee address; City; 3747 Southwest Fwy ugar Land, TX 77478		; Zip Cod	e					
8	PURPOSE OF EXPENDITURE		 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 <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	пе С	Office soug	nt		Office held	t		
	Date	Р	ayee name								
	02/22/2024	1	hell Oil								
	Amount (\$)	P	ayee address; City;	State;	; Zip Cod	e					
	\$70.28		3747 Southwest Fwy ugar Land, TX 77478								
	PURPOSE OF EXPENDITURE		ategory (See Categories list ravel In District	ed at the top of this sch	iedule) (n, TX,	de of Texas. Comple officeholder living e 1 GS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	ne C	Office soug	nt		Office held	ł		
	Date	Р	ayee name								
	02/02/2024	s	outhwest Airlines								
	Amount (\$) \$64.01	1	ayee address; City; 702 Love Field Dr Dal		; Zip Cod	e					
			allas, TX 75235								
	PURPOSE OF EXPENDITURE		ategory (See Categories list ravel Out of District	əd at the top of this sch	edule) (n, TX,	de of Texas. Comple officeholder living e triCt			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	пе С	Office soug	nt		Office held	±		

			EX	PENDITURE C	ATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B Gift/Aw tee Legal S	Expense everage Expense ards/Memorials Expe Services		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	ated Expense	
Ļ		1		nstruction Guide	explains	now to com	plète this ionn.	1_			
1	Total pages Schedule F1: Sch: 14/16 Rpt: 21/24	1	ER NAME ynolds, Ronald	d E. (The Hond	orable)			-	Filer ID 00062098	(Ethics Com	mission Filers)
4	Date	5 Pa	Payee name								
	02/15/2024		Mobile								
6	Amount (\$) \$292.57	69	yee address; 47 Gall Blvd phyrhills, FL 33	City; 3542	State;	Zip Cod	9				
8	PURPOSE					0) Description				
0	OF EXPENDITURE		tegory _{(See Catec} fice Overhead/			edule) (ι, TX,	de of Texas. Com officeholder living		т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officehold	ler name	0	Office soug	nt		Office he	eld	
	Date	Pa	yee name								
	02/12/2024	Та	ylor, Fred								
	Amount (\$)	Pa	yee address;	City;	State;	Zip Cod	2				
	\$1,433.75		,				-				
		тх									
	PURPOSE OF EXPENDITURE		ttegory _{(See Categ} alaries/Wages/(edule) (I		ı, TX,	de of Texas. Com officeholder living		т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officehold	ler name	0	Office soug	nt		Office he	eld	
	Date	Pa	yee name								
	02/12/2024	Th	e Dub Way Fo	undation							
	Amount (\$) \$500.00	· ·	yee address; O. Box 951	City;	State;	Zip Cod	9				
			ssouri City , T≻								
	PURPOSE OF EXPENDITURE	Co	tegory _{(See Cateç} ontributions/Do andidate/Office	nations Made	Ву	,			de of Texas. Com officeholder living		г.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officehold	ler name	0	Office soug	nt		Office he	eld	

			EXPENDITURE CATEGOR	RIES FOF	8 BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	nplete this form.		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 22/24		Reynolds, Ronald E. (The Honorable)				00062098
4	Date	5	Payee name				
	02/12/2024		Time Wise				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$55.71		6060 Hwy 6				
			-				
			Missouri City, TX 77459				
8	PURPOSE	(0)	-		(b) December 1		
ð	OF	(a)	Category (See Categories listed at the top of this sch Travel In District	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Traver in District				, officeholder living expense
					Travel for me		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	01/30/2024		Urban One Inc.				
	Amount (\$)			Zip Co	de		
				Zip Cu	ue		
	\$500.00		1010 Wayne Avenue				
			14th Floor				
			Silver Spring, MD 20910				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.
					Campaign Ac		, officeholder living expense
					Campaign Ad	12	
							Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held
	Date		Payee name				
	02/07/2024		Valero				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$76.61						
			тх				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF	`	Travel Out of District	cuulc)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense
					Travel out of	dis	trict
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held
	expenditure to benefit C/OI	-					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fi Fi - G Committee Le	EXPENDITURE CATEGO vent Expense ses ood/Beverage Expense ift/Awards/Memorials Expense sgal Services	Loan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract	xpense Labor	Transportation E Travel in District Travel Out of Dis	
	orodik odra i dymoni	Т	he Instruction Guide explains	how to complete this f	orm.		
1	Total pages Schedule F1: Sch: 16/16 Rpt: 23/24		nald E. (The Honorable)		3	Filer ID 00062098	(Ethics Commission Filers)
4	Date 02/08/2024	5 Payee name Willie Davis (Campaign				
6	Amount (\$) \$100.00	7 Payee address TX	; City; State	; Zip Code			
8	PURPOSE OF EXPENDITURE	Contributions	Categories listed at the top of this sc /Donations Made By ficeholder/Political Comn	Che	ck if travel outs ck if Austin, TX	ide of Texas. Com , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sought		Office he	eld

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction (Guide explains	how to complete	this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 24/24
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Reynolds, Rona	ld E. (The	Honorable)		00062098	
4 Name of Contribut	or / Corpor	ation or Labor Orga	e		
Southwest Airlin	es				
5 Contribution / Expe	enditure rep	ported on:			
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D X Schedule F1
Schedule F2	E E	Schedule F4	Schedule G	Schedule H	Schedule COH-UC
6 Dates of Travel		of person(s) travelin			
U Dates of Haver		olds, Ronald (Rep			
02/10/2024		ture city or name of	departure location		
02/16/2024	Houst				
			f destination location		
02/18/2024	New Y				
10 Means of transpor			el (including name of c	onference, seminar, o	r other event)
Commercial Airp	olane	NAACP Natio	nal Board meeting		