# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to	complete this form.	1 Filer ID (Ethics Commission 00088344	n Filers)	<ol> <li>Total pages fil</li> <li>1</li> </ol>	ed: 3
3 CANDIDATE /	MS / MRS / MR	FIRST	1	MI	OFFICE I	JSE ONLY
OFFICEHOLDER	Mr.	Jackie D.				
NAME					Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/27/2024	
	Jack	Reynolds				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	ΓΥ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	1121 EMERALD LE		,			
MAILING ADDRESS					Receipt #	Amount
Change of Address	AZLE, TX 76020				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Jackie D.				
	NICKNAME	LAST		SUFFIX		
	Jack	Reynolds				
		,				
6 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE);	ΔΡΤ / 9	SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	1121 Emerald Leaf		74 175		017	
ADDRESS		Dive				
(Residence or Business)						
	Azle, TX 76020					
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	(817) 627-1548	THOME NOMBER	EXTENSION			
PHONE	(017) 027-1340					
8 REPORT						
TYPE	January 15	30th day befor	e election 🔲 Ru	noff	15th day after car	npaign treasurer
					appointment (offic	ceholder only)
	July 15	X 8th day before		ceeded modified	Final Report (Atta	ach C/OH-FR)
			100			
9 PERIOD	Month Day	Year		Month Day	Year	
COVERED	01/26/2024	T	HROUGH	02/24/2024	Ļ	
10 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year X F	Primary	Runoff	Other	
	03/05/2024		General	Special		
			L			
11 OFFICE	OFFICE HELD (if any)		1	2 OFFICE SOUGHT	(if known)	
			<sup>±</sup>	State Representa		
		GO '	TO PAGE 2			
Forms provided by Te	xas Ethics Commissi	on www.e	thics.state.tx.us		Versi	on V3.5.1.9000c47

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 13

13 C / OH NAME	Reynolds, Jackie D. (	Mr.)	14 Filer ID 00088344	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditur These expenditures may have been made without th I officeholders are required to report this information	ne candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	<b>\$</b> 5,497.60
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 25,349.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 1,397.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
			ckie D. Reynolds	
		Signature of C	Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of office	r administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 13
18 FILER NAME Reynolds, Jackie D. (Mr.)	<b>19</b> Filer ID 00088344	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 5,497.60	
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 CONTRIBUTION:	S	<b>\$</b> 25,349.32
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. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 188.32

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	eynolds, Jackie D. (Mr.)  ate  3 Full name of contributor  Black, Cathy  6 Contributor address; City; State; Zip Code  Fort Worth, TX 76108  fincipal occupation / Job title (See Instructions)  titred  Full name of contributor  Cantributor address; City; State; Zip Code  Denver, CO 80202  fincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Denver, CO 80202  fincipal occupation / Job title (See Instructions)  Employer (See		1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Reynolds, Ja	ackie D. (Mr.)			00088344	
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7	Amount of Contribution (\$)	
	02/13/2024	Black, Cathy				\$52.40
	1	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Fort Worth, TX 76108				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	02/20/2024					\$5,208.65
				1		
	ļ					
	ļ					
		Denver, CO 80202				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chairman		Aspect			
	Date	Full name of contributor out-of-state PAC (IE	 D#:)	Γ	Amount of Contribution (\$)	
	02/22/2024					\$52.40
	ł			1		
	ļ					
	ļ					
		Waxahachie, TX 75167				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	02/04/2024	Hanz, Rodney				\$26.35
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		-				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			AT&T Business			
Γ	Date		D#:)	T	Amount of Contribution (\$)	
	02/05/2024	Hees, Catherine				\$26.35
	ļ	Contributor address; City; State; Zip Code		]		
	ļ					
	ļ					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Reynolds, Jackie D. (Mr.) 00088344 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 02/18/2024 Hees, Catherine \$26.35 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/26/2024 \$52.40 Milton, Chris Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) UP Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/22/2024 O'Bannon, Glenn \$26.35 Contributor address; City; State; Zip Code Glendale, AZ 85302 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/27/2024 \$26.35 Thistlethwaite, Barry Contributor address; City; State; Zip Code Dallas, TX 75238 Principal occupation / Job title (See Instructions) Employer (See Instructions) GXO Inc.

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXP	ENDITURE C	CATEGOR	RIES FOF	BC	)X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ımittee	Gift/Awar Legal Ser	erage Expense ds/Memorials Exp vices		Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens 'ages	e /Contract Labor		Travel in District Travel Out of Dis	quipmei strict	Expense nt & Related Expense y not listed above)	9
					truction Guide	explains h	now to col	nple	te this form.					
1	Total pages Schedule F1:	I									Filer ID	(Ethio	cs Commission File	ers)
	Sch: 1/7 Rpt: 6/13		Reynolds, J	ackie [	D. (Mr.)						00088344			
4	Date	5	Payee name											
	01/31/2024	·	ACTS Photo	ograph	У									
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	de						
	\$460.06													
		.	ТХ											
8	PURPOSE	(a)	Category (Se	Cotogo		n of this coho	adula)	(b)	Description					
-	OF		Photos	ee Catego	ries listed at the to	p of this sche	eaule)	(~)		outsic	de of Texas. Com	plete Sc	chedule T.	
	EXPENDITURE								Check if Austin	, тх,	officeholder living	) expens	se	
									headshots					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholde	r name	0	office sou	ght			Office he	eld		
	Date		Payee name											
	01/27/2024		Been Verifie	ed										
	Amount (\$)		Payee addres	SS;	City;	State;	Zip Co	de						
	\$28.61		,											
			тх											
	PURPOSE OF			ee Catego	ries listed at the to	op of this sche	edule)	(b)	Description					
	EXPENDITURE		Research								de of Texas. Com officeholder living			
									Research	, .,,		y on point		
	Complete ONLY if direct	L C	andidate/Offi	ceholde	r name	0	)ffice sou	aht			Office he	eld		
	expenditure to benefit C/Oł					-		9						
	Data	1												
	Date 02/19/2024		Payee name Chilli's											
					<u></u>	<u> </u>								
	Amount (\$)		Payee addres	SS;	City;	State;	Zip Co	de						
	\$60.00													
			ТХ											
	PURPOSE	(a)	Category (Sr	ee Catego	ries listed at the to	p of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age Ex	pense						de of Texas. Com			
										, TX,	officeholder living	) expens	se	
									food					
								ula i			077	- 1 -1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	cenolde	r name	0	office sou	ght			Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXF	PENDITURE	CATEGOR	RIES FOR	BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awaı Legal Se	/erage Expense rds/Memorials E rvices	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	Equipm strict	g Expense lent & Related Expens ory not listed above)	se
_		-			struction Gui	de explains r	now to col	npie	ete this form.	-		(=.)		
1	Total pages Schedule F1: Sch: 2/7 Rpt: 7/13	2	Reynolds, J		D. (Mr.)						Filer ID 00088344	(Eth	nics Commission F	liers)
4	Date	5	Payee name											
	02/10/2024		EIG Consta	nt Con	itact									
6	Amount (\$) \$10.66	7	Payee addres	SS;	City;	State;	Zip Co	de						
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising								de of Texas. Com officeholder living			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholde	er name	C	Office sou	ght			Office he	eld		
	Date		Payee name											
	02/13/2024		Edgerton Se	ervices	5									
	Amount (\$) \$12,576.00		Payee addres	SS;	City;	State;	Zip Co	de						
			Keller, TX											
	PURPOSE OF EXPENDITURE	(a)	Category (Se Consulting			top of this sche	edule)	(b)			de of Texas. Com officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholde	er name	C	office sou	ght			Office he	eld		
	Date		Payee name											
	02/14/2024		Edgerton Se	ervices	5									
	Amount (\$) \$400.00		Payee addre	SS;	City;	State;	Zip Co	de						
			ТХ											
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Consulting			top of this sche	edule)	(b)			de of Texas. Com officeholder living			
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholde	er name	C	)ffice sou	ght			Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EX	PENDITURE CA	TEGORI	IES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nmittee Legal Se	everage Expense ards/Memorials Expens	se	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labo	nse or	Travel in District Travel Out of Dis	quipment & Related Ex	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/7 Rpt: 8/13		Reynolds, Jackie	D. (Mr.)					00088344		
4	Date	5	Payee name								
	02/23/2024		Edgerton Service	S							
6	Amount (\$) \$10,052.00		Payee address; TX	City;	State;	Zip Cod	e				
8	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this sched	dule)	b) Descriptio	n			
	OF EXPENDITURE		Consulting Expen					Austin, TX,	de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Of	fice soug	ht		Office he	eld	
	Date		Payee name								
	01/27/2024		McDonalds								
	Amount (\$) \$5.00		Payee address;	City;	State;	Zip Cod	e				
	DUDDOOF		Lake Worth, TX								
	PURPOSE OF EXPENDITURE		Category <sub>(See Categ</sub> Food/Beverage E		of this sched	dule) (		travel outsi	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Off	fice soug	ht		Office he	ld	
	Date		Payee name								
	02/06/2024		Paddle.net (remo	ve.bg)							
	Amount (\$) \$49.00		Payee address;	City;	State;	Zip Cod	e				
	PURPOSE OF EXPENDITURE		Category (See Categ photo editing	ories listed at the top o	of this sched	dule) (		travel outsi Austin, TX,	de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Of	fice soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	-	als Expense	Office Ove Polling Exp Printing Ex Salaries/W			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: 4/7 Rpt: 9/13		Reynolds, Jackie D. (Mr.)					00088344	
4	Date	5	Payee name						
	02/16/2024		Spring Creek						
6	Amount (\$) \$46.66		Payee address; City; TX	State;	; Zip Co	de			
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T. <, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	01/29/2024		Staples						
	Amount (\$) \$70.35		Payee address; City;	State;	; Zip Co	de			
			ТХ						
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Printing Expense	t the top of this sche	edule)			side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	02/03/2024		Staples						
	Amount (\$) \$119.06		Payee address; City;	State;	Zip Co	de			
			ТХ						
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Printing Expense	t the top of this sche	edule)			side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held	
									_

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)														
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing 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)				
1	Total pages Schedule F1:	2		=		-		-		3	Filer ID	(Ethics	Commission File	ers)
_	Sch: 5/7 Rpt: 10/13		Reynolds, J		). (Mr.)						00088344		,	
4	Date	5	Payee name											
	02/07/2024		Staples											
6	Amount (\$) \$48.70		Payee addres	SS;	City;	State;	Zip Coo	de						
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the top	o of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Printing Exp								de of Texas. Com officeholder living		dule T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholde	r name	0	office soug	ght			Office he	eld		
	Date		Payee name											
	02/08/2024		Staples											
	Amount (\$) \$70.35		Payee addre	SS;	City;	State;	Zip Coo	de						
			ТХ											
	PURPOSE OF EXPENDITURE		Category <sub>(Si</sub> Printing Exp		ries listed at the top	o of this sche	edule)	(b)			de of Texas. Com officeholder living		dule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholde	r name	0	office soug	ght			Office he	eld		
	Date		Payee name											
	02/19/2024		Staples											
	Amount (\$) \$167.77		Payee addre	SS;	City;	State;	Zip Coo	de						
			ТХ											
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the top	o of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Printing Exp	oense							de of Texas. Com officeholder living		dule T.	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	iceholde	r name	0	office soug	ght			Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

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:	EILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
4	Sch: 6/7 Rpt: 11/13	Reynolds, Jackie D. (Mr.)	00088344								
4	Date	Payee name									
	02/20/2024	Staples									
6	Amount (\$) \$48.70	7 Payee address; City; State; Zip Code									
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Printing Expense Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2024	Staples									
	Amount (\$) \$48.70	Payee address; City; State; Zip Code									
		ТХ									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2024	Staples									
	Amount (\$) \$62.75	Payee address; City; State; Zip Code									
		ТХ									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

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         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gitf/Awards/Memorials Expense         Printing Expense					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: 7/7 Rpt: 12/13	-	lds, Jackie D. (Mr.)	D. (Mr.)				00088344				
4	Date 02/13/2024	5 Payee Whata										
6	Amount (\$)			State <sup>,</sup> Zin	Code							
•	\$8.00	тх										
8	PURPOSE	(a) Catego	ry (See Categories listed at the to	p of this schedule)	(b)	Description						
	OF EXPENDITURE		Beverage Expense					e of Texas. Comp officeholder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te/Officeholder name	Office s	ought			Office he	ld			
	Date	Payee	name									
	02/08/2024	YT Ad	Service									
	Amount (\$) \$1,000.00	Payee	address; City;	State; Zip	Code							
		Frisco	ТХ									
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to ising Expense	p of this schedule)	(b)			e of Texas. Comp officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te/Officeholder name	Office s	ought			Office he	ld			
	Date	Payee	name									
	02/05/2024	Zoom.										
	Amount (\$) \$16.95	Payee	address; City;	State; Zip	Code							
		CA										
	PURPOSE	(a) Catego	ry (See Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	video t	eleconference software				i, TX, d	e of Texas. Comp officeholder living PCC				
	Complete ONLY if direct expenditure to benefit C/OF		te/Officeholder name	Office s	ought			Office he	ld			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 13/13			
2	FILER NAME			D (Ethics Commission F	ilers)
	Reynolds, Ja	ackie D. (Mr.)	8000	8344	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
	01/29/2024	MyHeritage Trial		\$	\$139.32
		6 Address of person from whom amount is received; City; State; Zip Code			
		UT			
			olitical cor	tribution returned to filer	
		refund for annual membership			
	Date	Name of person from whom amount is received		Amount (\$)	
	02/10/2024	Paddle.net (remove.bg			\$49.00
		Address of person from whom amount is received; City; State; Zip Code			
		NY			
		_	olitical cor	tribution returned to filer	
		photo editing			