#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081718 30 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Lauren R. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Reeder CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Clark **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (703) 597-9912 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 234 Harris

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Reeder, Lauren R. (T	he Honorable)	<b>14</b> Filer ID 00081718	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	litical expenditures made by political c made without the candidate's or offic this information only if they receive no	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASU	JRER NAME		
		COMMITTEE CAMPAIGN TREASL	JRER ADDRESS		
16 CONTRIBUTION TOTALS		  ZED POLITICAL CONTRIBUTIONS  ES OF LOANS, OR CONTRIBUTION	(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		<b>-</b>	0.00
	(OTHER THAN	PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	9,524.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$	144,932.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS OF THE LAST DAY	\$	0.00
<b>17</b> AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required Election Code.		
			The Honorable Lauren R. Ree	der	
			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 c	ertify which, witness my hand and se	al of office.		
Ciava atuma af affi	cer administering oath	Printed name of officer adminis		r administeri	

# FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3**

18 FILER NA Reeder,	(Ethics Commission Filers)					
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 9,524.94			
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 F TO FILER	RETURNED	\$			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense 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

	Candidate/Officeholder/Politica		mittee Legal Services Expense Frinting Expense Salaries/Wages/G			OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction Guide explains how to complet	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	;	3	Filer ID	(Ethics Commission Filers)	)
	Sch: 1/26 Rpt: 4/30		Reeder, Lauren R. (The Honorable)			00081718		
4	Date	5	Payee name	•				
	01/22/2024	,	Amazon					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
_	\$66.56		410 Terry Ave. N					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Ι,	Soattle WA 09100					
_		┝	Seattle, WA 98109					
8	PURPOSE OF		, (consisting of the constraint)	Description  Charlet frauel as	utai	la of Tayon Com	ploto Cobodulo T	
	EXPENDITURE	'	Office Overhead/Rental Expense	Check if Austin,			plete Schedule T. Lexpense	
				ப Office Supplie			•	
9	Complete ONLY if direct	С	andidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н	•					
	Date		Payee name					
	02/09/2024	ı	Amazon					
	Amount (\$)	┡	Payee address; City; State; Zip Code					
	\$43.72	ı	110 Terry Ave. N					
	Ψ-10.172		To remy / We. W					
		Ι,	Sportio M/A 09100					
	DUDDOOF	┝	Seattle, WA 98109					
	PURPOSE OF		, (	Description  Check if travel or	uteir	le of Tevas Com	plete Schedule T.	
	EXPENDITURE	'	Office Overhead/Rental Expense	<u>—</u>		officeholder living		
				Office Supplie	S			
	Complete ONLY if direct		andidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	02/09/2024	,	Amazon					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$141.35	4	110 Terry Ave. N					
		;	Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	Description				
	OF		Office Overhead/Rental Expense		utsi	le of Texas. Com	plete Schedule T.	
	EXPENDITURE		]	Check if Austin,		officeholder living	expense	
				Office Supplie	S			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office sought			Office he	eld	
	experience to benefit C/OI							

### 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

Reimbursement
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	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: 2/26 Rpt: 5/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	05/24/2024	Aramark - Minutemaid Park
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.11	501 Crawford St.
		Houston, TX 77002
8	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
		staff refreshments at game
		Stan renestiments at game
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	05/24/2024	Aramark - Minutemaid Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.77	501 Crawford St.
		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
		staff refreshments at game
		Stan renestiments at game
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	05/24/2024	Aramark - Minutemaid Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.00	501 Crawford St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		staff refreshments at game
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

#### 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

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/26 Rpt: 6/30 Reeder, Lauren R. (The Honorable) 00081718 4 Date Payee name 05/24/2024 Aramark - Minutemaid Park 6 Amount (\$) Payee address; City; State; Zip Code \$105.35 501 Crawford St. Houston, TX 77002 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff refreshments at game Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/24/2024 Aramark - Minutemaid Park Amount (\$) Payee address; City; State; Zip Code \$28.90 501 Crawford St. Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff refreshments at game Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2024 **Barnabys** Payee address; Amount (\$) City: State; Zip Code \$23.96 801 Congress St. Houston, TX 77002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhea Polling Expense Printing Expense Salaries/Wages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_	Total mariae Cabadula F1.	·		1	2	Files ID	(Ethica Commission Filora)
1	Total pages Schedule F1: Sch: 4/26 Rpt: 7/30	Reeder, Lauren R. (The Honorable)			3	Filer ID 00081718	(Ethics Commission Filers)
4	Date	5 Payee name					
	06/20/2024	Barnabys					
6	Amount (\$) \$113.64	<ul><li>7 Payee address; City; State;</li><li>801 Congress St.</li><li>Houston, TX 77002</li></ul>	Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	dule) (b)	<b>=</b>		de of Texas. Comp officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	ld
	Date	Payee name					
	01/09/2024	Bayou City Strategies					
	Amount (\$)	Payee address; City; State;	Zip Code				
	\$500.00 PO Box 667204						
		Houston, TX 77266					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	dule) (b)	<b>=</b>	TX,	de of Texas. Comp officeholder living rices	
	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	ld
	Date 04/24/2024	Payee name Bayou City Strategies					
	Amount (\$) \$500.00	PO Box 667204	Zip Code				
		Houston, TX 77266					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	dule) (b)	ш	TX,	de of Texas. Comp officeholder living rices	
	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	ld

### 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 Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ategory not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	(Ethics Commission Filers)
	Sch: 5/26 Rpt: 8/30	Reeder, Lauren R. (The Honorable) 00081718	
4	Date	5 Payee name	
	06/21/2024	Bayou City Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	PO Box 667204	
		Houston, TX 77266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Consulting Expense	ete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living ex	xpense
		compliance services	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	d
	experiulture to beliefit C/Oi	Jn	
	Date	Payee name	
	03/21/2024	Block 142	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	710 Walker St.	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Comple	
	LAPENDITORE	Check if Austin, TX, officeholder living ex	
		Parking for bench bar confere	nce VIP reception
	Complete ONLY if direct	Constitute / Office helder marks Office accurate	J
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Office held	1
	Date	Payee name	
	01/16/2024	Chick-Fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.95	711 Louisiana St.	
		Houston, TX 77002	
	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. Comple	
		☐ Check if Austin, TX, officeholder living ex jury meals	xpense
		jury medis	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage  The Instruction Guide explains how to compl	s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 9/30	Reeder, Lauren R. (The Honorable)	00081718
4	Date	5 Payee name	
	01/16/2024	Chick-Fil-A	
6	Amount (\$) \$51.62	7 Payee address; City; State; Zip Code 711 Louisiana St.	
	ψ31.02	711 Edulatura St.	
		Houston, TX 77002	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/beverage Expense	Check if Austin, TX, officeholder living expense jury meals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/12/2024	Chick-Fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.62	711 Louisiana St.	
		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
			jury meals
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/22/2024	Chick-Fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.97	711 Louisiana St.	
		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
			jury meals
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	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

	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: 7/26 Rpt: 10/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	04/12/2024	Chick-Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.22	711 Louisiana St.
		Houston, TX 77002
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  jury meals
		july meas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	04/18/2024	Chick-Fil-A
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.06	711 Louisiana St.
		Houston, TX 77002
	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  jury meals
		july meas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marra
	Date 02/20/2024	Payee name Clean Juice
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.52	1413 S. Voss Rd.
		Houston, TX 77057
	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  jury meals
		july meals
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
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		,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/26 Rpt: 11/30	Reeder, Lauren R. (The Honorable)	00081718
4	Date	5 Payee name	
	02/16/2024	Common Bond	
6	Amount (\$) \$123.27	7 Payee address; City; State; Zip Code 800 Capitol St.	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	1 1 000/Develage Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense neals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/15/2024	Common Bond	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$105.94	800 Capitol St.	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
	EXPENDITURE	1 Ood/Develage Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		jury r	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	01/02/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.02	3675 Precision Dr.	
		Loveland, CO 80538	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
	EXPENDITURE	Office Overficad/Nertial Experise	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			l services
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 9/26 Rpt: 12/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	02/02/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.02	3675 Precision Dr.
		Loveland, CO 80538
8	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
		email services
		S. 1. 651 1. 1655
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davida nama
	03/04/2024	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	3675 Precision Dr.
		Loveland, CO 80538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  email services
		Cital Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	
	Date 04/02/2024	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	3675 Precision Dr.
		Loveland, CO 80538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  email services
		Circuit Scrytocs
	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 -Candidate/Officeholder/Political Co Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	
1	Total pages Schedule F1: Sch: 10/26 Rpt: 13/30	2 FILER NAME Reeder, Lauren R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081718
4	Date	5 Payee name
	05/02/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.02	3675 Precision Dr.
		Loveland, CO 80538
8	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
		email services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
H	Date	Payee name
	06/03/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.02	3675 Precision Dr.
		Loveland, CO 80538
	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
		email services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	02/12/2024	El Bolillo
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.42	2517 Airline Dr.
		Houston, TX 77009
	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
		jury meals
		Ja.,
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
_		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 11/26 Rpt: 14/30	Reeder, Lauren R. (The Honorable)	00081718
4	Date	5 Payee name	
	04/19/2024	El Tiempo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$114.07	2814 Navigation	
		5	
		Houston, TX 77003	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utida of Taura Campleta Cabadula T
	EXPENDITURE	1 ood/beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		staff lunch	or a second seco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_			
	Date	Payee name	
	01/02/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		google suite	
_	Operation ONLY if allowed	On didn't 10ff a hald a marke	Office health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	'		
	Date	Payee name	
	02/02/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T.
	LAFENDITORE		TX, officeholder living expense
		google suite	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/Of	1	
Ec:	rms provided by Tayas F	thics Commission www athics state ty us	Version V// 1 0 d378aha0

#### 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:	
	Sch: 12/26 Rpt: 15/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
L	03/04/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.02	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		google suite
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	04/02/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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  google suite
		google suite
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  google suite
		google suite
	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 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

Candidate/Officeholder/Political	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: 13/26 Rpt: 16/30	Reeder, Lauren R. (The Honorable) 00081718
4 Date	5 Payee name
05/02/2024	Google
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense google suite
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2024	Hearsay
Amount (\$) \$56.43	Payee address; City; State; Zip Code 218 Travis St.
	Houston, TX 77002
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  Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2024	Hilton Valet
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Lamar St.
	Houston, TX 77010
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense event parking
Complete ONLY 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 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 (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 complete this form.		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		
	Sch: 14/26 Rpt: 17/30	Reeder, Lauren R. (The Honorable) 00081718		
4	Date	5 Payee name		
	05/02/2024	Houston Astros		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$794.41	501 Crawford St.		
		Houston, TX 77002		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		staff baseball tickets		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Date	Payee name		
	05/23/2024	Houston Astros		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$201.85	501 Crawford St.		
	ΨΖΟΙ.ΟΟ	501 Clawioru St.		
		Houston, TX 77002		
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense		
	<del></del>	Check if Austin, TX, officeholder living expense staff baseball tickets		
		Stail baseball tionets		
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O			
-	Date	Power name		
	05/28/2024	Payee name Kingdom Builders		
	Amount (\$)	Payee address; City; State; Zip Code 6011 W. Orem Dr.		
	\$100.00	6011 W. Orem Dr.		
	Houston, TX 77085			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By		
	EXPENDITURE	Candidate/Officeholder/Political Committee		
		sponsorship		
	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 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: 15/26 Rpt: 18/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	05/21/2024	Luby's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	201 Caroline St.
		Houston, TX 77002
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 jury meals
		july meas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	05/21/2024	Luby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	201 Caroline St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		jury meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Oł	
_	_	
	Date	Payee name
	05/02/2024	National Association of Women Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.00	PO Box 3363
		Warrenton, VA 20188
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		membership dues
_	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 -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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 19/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	01/02/2024	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$3.00	249 Fifth Avenue
		Pittsburgh, PA 15222
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		bank fee
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office country
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	· 	
	Date	Payee name
L	02/01/2024	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	249 Fifth Avenue
L		Pittsburgh, PA 15222
	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
		bank fee
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
F	Date	Payee name
	05/23/2024	Potente
H	Amount (\$)	Payee address; City; State; Zip Code
	\$293.29	1515 Texas Ave.
l		
		Houston, TX 77002
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff meal
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. ponditure to beliefit 6/01	•
L		

### 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

	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: 17/26 Rpt: 20/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	02/09/2024	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	5310 S. Rice Ave.
		Houston, TX 77081
8	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
		Sam's Club membership fee for jury/office snacks
		and supplies
_	Complete ONLY if direct	
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/01/2024	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.94	5310 S. Rice Ave.
		Houston, TX 77081
	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
		office snacks
		onice stacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/17/2024	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.06	5310 S. Rice Ave.
		Houston, TX 77081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		office snacks
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

### 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 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 com	plet	te this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
	Sch: 18/26 Rpt: 21/30	Reeder, Lauren R. (The Honorable)		00081718	
4	Date	5 Payee name		•	
	05/21/2024	Sams Club			
6	Amount (\$)	7 Payee address; City; State; Zip Code	le		
	\$143.96	5310 S. Rice Ave.			
		Houston, TX 77081			
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.	
	EXPENDITORE		[	Check if Austin, TX, officeholder living expense	
			(	office snacks	
_	0 1: 0 1: 0			05.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
	Date	Payee name			
	01/11/2024	Shipley Donuts			
	Amount (\$)	Payee address; City; State; Zip Code	le		
	\$43.10	6115 Washington			
		Houston, TX 77007			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description	
	OF EXPENDITURE	Food/Beverage Expense	Į	Check if travel outside of Texas. Complete Schedule T.	
			L	Check if Austin, TX, officeholder living expense jury meals	
			,	jary meane	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI				
	Date	Payee name			
	01/25/2024	Shipley Donuts			
	Amount (\$)	Payee address; City; State; Zip Code	le		
	\$38.30	6115 Washington			
	Ψ00.00	offo washington			
		Houston, TX 77007			
	DUDDOCE		'l-\ '		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	ו (ט <u>,</u> ]	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/beverage Expense	į	Check if Austin, TX, officeholder living expense	
			j	jury meals	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI	<u> </u>			

### 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: 19/26 Rpt: 22/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	02/08/2024	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.20	6115 Washington
		Houston, TX 77007
8	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
		jury meals
		july mode
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	04/12/2024	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.67	6115 Washington
		Houston, TX 77007
	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
		jury meals
		july meale
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/18/2024	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.67	6115 Washington
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		jury meals
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•
_		

### 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 Committe

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 23/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	05/16/2024	State of Grace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.98	3258 Westheimer Rd
		Houston, TX 77098
8	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
		lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/15/2024	Taco Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.87	1902 Washington Ave.
	402.01	1002 Washington / Wo.
		Houston, TX 77007
	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
		jury meals
		July meate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/26/2024	Texas Bar Foundation
	Amount (\$) \$275.00	Payee address; City; State; Zip Code 515 Congress Ave.
	φ215.00	515 Congress Ave.
		Austin, TX 78701
	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
		membership dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit of or	

#### 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/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: 21/26 Rpt: 24/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
L	06/17/2024	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio
		Ste. 800
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense conference fees
		Contention locs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/02/2024	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5900 Balcones Dr.
		Ste. 100
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web services
		Web Scrytees
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	+
	Date	Payee name
	02/02/2024	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5900 Balcones Dr.
		Ste. 100
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web services
		web Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### 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: 22/26 Rpt: 25/30	Reeder, Lauren R. (The Honorable) 00081718
4	Date	5 Payee name
	03/04/2024	The Beacon Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	5900 Balcones Dr.
		Ste. 100
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web services
		web services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/02/2024	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5900 Balcones Dr.
		Ste. 100
		Austin, TX 78731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web services
		web services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/03/2024	The Beacon Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	5900 Balcones Dr.
		Ste. 100
		Austin, TX 78731
	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
		web services
	Commission ONU Wife allows	Constitute / Office helder name
	Complete <u>ONLY</u> 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/26 Rpt: 26/30	Reeder, Lauren R. (The Honorable)	00081718
4	Date	5 Payee name	•
	05/02/2024	The Beacon Agency	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	5900 Balcones Dr.	
		Ste. 100	
		Austin, TX 78731	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overfiedd/Nerital Expense	el outside of Texas. Complete Schedule T.
		Web service	in, TX, officeholder living expense
		New convice	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	02/20/2024	The Kolache Shoppe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.21	1031 Heights Blvd.	
	·		
		Houston, TX 77008	
_	PURPOSE		
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE		in, TX, officeholder living expense
		jury meals	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit Great		
	Date	Payee name	
	04/15/2024	Tiffs Treats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.51	2507 Bagby St.	
		Houston, TX 77006	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Beverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		jury meals	iii, 17, uiiceilulei livilig expense
		,,,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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	al Committee Legal Services Salaries  The Instruction Guide explains how to o	-	es/Contract Labor OTHER (enter a category not listed above)  plete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 24/26 Rpt: 27/30	Reeder, Lauren R. (The Honorable)		00081718						
4	Date	5 Payee name		<b>'</b>						
	04/25/2024	Tiffs Treats								
6	Amount (\$)	7 Payee address; City; State; Zip C	ode							
	\$43.11	2507 Bagby St.								
		Houston, TX 77006								
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.						
	LXI LINDITORL			Check if Austin, TX, officeholder living expense						
				jury meals						
_	0 1: 0 1: 0		<u> </u>	000						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	t Office held						
	•									
	Date	Payee name								
	04/23/2024	Tim Hortons								
	Amount (\$)	Payee address; City; State; Zip C	ode	<b>)</b>						
	\$11.99	8910 Westheimer Rd.								
		Houston, TX 77063								
	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						
				jury meals						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	t Office held						
	experience to benefit Gree									
	Date	Payee name								
	06/20/2024	United Airlines								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$86.00	233 S. Wacker Dr.								
		Chicago, IL 60606								
	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						
				upgrade fee						
	Complete ONLY if direct	Condidate/Officeholder name	ught.	t Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ugnt	t 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	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: 25/26 Rpt: 28/30	Reeder, Lauren R. (The Honorable) 00081718							
4 Date	5 Payee name							
06/20/2024	United Airlines							
<b>6</b> Amount (\$) \$86.00	7 Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606							
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 upgrade fee							
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
06/20/2024	United Airlines							
Amount (\$) \$411.33	Payee address; City; State; Zip Code 233 S. Wacker Dr.							
	Chicago, IL 60606							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  \[ \times \text{ Check if travel outside of Texas. Complete Schedule T.}  \[ \text{ Check if Austin, TX, officeholder living expense}}  \]  plane ticket Judges retreat in Los Angeles							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
02/20/2024	Vic & Anthony's							
Amount (\$) \$36.31	Payee address; City; State; Zip Code 1510 Texas Ave.							
	Houston, TX 77002							
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 lunch meeting							
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

Event Expense Fees

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	/ - al Co	mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Ex ervices <b>struction Guid</b>			pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	IE.						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 26/26 Rpt: 29/30				R. (The Hono	orable)					00081718		
4	Date	5	Payee name	е									
	04/10/2024		Walmart										
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Cod	de					
	\$57.96		111 Yale S	St.									
			Houston, T	TX 7700	07								
8	PURPOSE	(a)	Category (	See Catego	ories listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beve						_		de of Texas. Com		
									Check if Austin Office snacks		officeholder living	expense	
									Unice Shacks	•			
Ļ													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ticenola	er name	C	Office souç	gnt			Office he	Ia	

### 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: 30/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reeder, Lauren R. (The Honorable) 00081718 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 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 Reeder, Lauren (Judge) Departure city or name of departure location 08/04/2024 Houston 9 Destination city or name of destination location 08/04/2024 Los Angeles 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Harris County Judges retreat Commercial Airplane