# 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 Filers) 00062098	2 Total pages filed: 71
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Ronald E.		Date Received
			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	07/15/2024
	Reynolds		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CI	TY: 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
	Î .		Date Processed
			Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
NAME	Ronald E.		
	NICKNAME	SUFFIX	
	NICKNAME LAST Reynolds	SUFFIX	
	Reynolds		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CIT	Y; STATE; ZIP CODE
TREASURER ADDRESS	6140 Highway 6 South #233	,	
(Residence or Business)	Missouri City, TX 77459		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(832) 721-2667	_,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PHONE			
8 REPORT			_
TYPE	January 15 30th day befor	re election Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before	election Exceeded modified	Final Report (Attach C/OH-FR)
		reporting limit	
9 PERIOD COVERED	Month Day Year	Month Day	
COVERED	02/25/2024 T	HROUGH 06/30/20	024
10 ELECTION	ELECTION DATE	ELECTION TYPE	
10 LLLC HON	l <u>—</u>	Primary Runoff	Other
	11/05/2024	General Special	
		Oeneral Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGH	HT (if known)
	State Representative District 27		ntative District 27
	•		
	GO	TO PAGE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 71

13 C / OH NAME	Reynolds, Ronald E.	(The Honorable)		<b>14</b> Filer ID (00062098	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accept These expenditures may ha d officeholders are required t	ave been made without t	he candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIB ES OF LOANS, OR CONTR			\$	0.00
		EAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS	5)	\$	11,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDI	TURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	63,960.20
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAIN RIOD	ITAINED AS OF THE LA	AST DAY OF THE	\$	12,025.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	25,000.00
17 AFFIDAVIT		true and	or affirm, under penalty d correct and includes al itle 15, Election Code.			
			The Honora	ble Ronald E. Reyno	olds	
			Signature of	Candidate or Officehol	der	_
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid		, this the		_ day
		ertify which, witness my hand				
Signature of offi	cer administering	Printed name of office	r administering	Title of officer	r administerir	ng oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

OVER SHEET PG 3 3 of 71										
18 FILER NAME Reynolds, Ronald E. (The Honorable)  20 SCHEDULE SUBTOTALS  19 Filer ID (Ethics Commission Filers) 00062098										
SUBTOTAL AMOUNT										
<b>\$</b> 11,550.00										
\$										
\$										
\$ 5,000.00										
<b>\$</b> 63,960.20										
\$										
\$										
\$										
\$										
\$										
\$										
\$										

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/71	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		l	Filer ID (Ethics Commission 00062098	on Filers)
4	4 Date 03/04/2024 5 Full name of contributor 0ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78752				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_Bailey, LaJuan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,050.00
	Principal occu	Missouri City, TX 77459  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Construction DML Real Estate Inves				LLC	
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Bobrick, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Sugar Land, TX 77478				
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	5)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_Bobrick, William  Contributor address; City; State; Zip Code  Sugar Land, TX 77478			Amount of Contribution (\$)	\$10.00
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	5)		
	Date 03/25/2024	Full name of contributor out-of-state PAC (ID#:_Bobrick, William  Contributor address; City; State; Zip Code  Sugar Land, TX 77478			Amount of Contribution (\$)	\$25.00
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/71	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commission 00062098	Filers)
4			7	Amount of Contribution (\$)	\$10.00	
_	<u> </u>	Sugar Land, TX 77478				
8	Organizer	pation / Job title (See Instructions)	9 Employer (See Instructions AFT of Texas	)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/22/2024 Bobrick, William Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Dringing! goog	Sugar Land, TX 77478	Employer (Co.) Instructions			
	Principal occupation / Job title (See Instructions)  Organizer  Employer (See Instruction AFT of Texas					
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Bobrick, William Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Sugar Land, TX 77478				
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Bobrick, William Contributor address; City; State; Zip Code Sugar Land, TX 77478			Amount of Contribution (\$)	\$25.00
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#:_ Bobrick, William Contributor address; City; State; Zip Code Sugar Land, TX 77478			Amount of Contribution (\$)	\$10.00
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions AFT of Texas	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/71	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 03/07/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin , TX 78704				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78763  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Errol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Espanola, NM 87532  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Teacher	pation 7 oob title (occ instructions)	LAPS	,		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Errol Contributor address; City; State; Zip Code Espanola, NM 87532	)		Amount of Contribution (\$)	\$15.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions LAPS	)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Errol Contributor address; City; State; Zip Code Espanola, NM 87532			Amount of Contribution (\$)	\$15.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/71			
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Reynolds, Ro	onald E. (The Honorable)			L	00062098	
4	4 Date 03/11/2024 5 Full name of contributor out-of-state PAC (ID#:) 7  Maguire-Powell, Alison  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
		Denton, TX 76210					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u>.                                    </u>		
	Not Employe	ed		Not Employed			
Date Full name of contributor out-of-state PAC (ID#:) 04/08/2024 Maguire-Powell, Alison  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00			
		Denton, TX 76210					
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Not Employed Not Employed						
	Date 05/13/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Denton, TX 76210					
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	Not Employe	ed		Not Employed			
	Date 06/14/2024	Full name of contributor  Maguire-Powell, Alison  Contributor address; City; Si  Denton, TX 76210	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	5)		
	Date 03/11/2024	Full name of contributor NRG Energy PAC Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	ı	Total pages Schedule A1: Sch: 5/6 Rpt: 8/71	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		ı	Filer ID (Ethics Commission 00062098	on Filers)
4			7	Amount of Contribution (\$)	\$1,000.00	
_		Dallas, TX 75202				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Ogwude, Don Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Missouri City , TX 77459	Employer (See Instructions	;) 		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Creative Systems Inter				onal	
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Philips Uresti Meachum Partners Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing agg	Austin , TX 78711	Employer (See Instructions	<u>''</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	»)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Pipe Fitters Local Union 211 Contributor address; City; State; Zip Code Deer Park , TX 77536			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_ TXCPA PAC Contributor address; City; State; Zip Code Dallas, TX 75254			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1 Sch: 6/6 Rpt: 9/71		
2	FILER NAME Reynolds, R	conald E. (The Honorable)		3	Filer ID (Ethics Commis 00062098	sion Filers)	
4	Date 02/29/2024	Full name of contributor	)	7	Amount of Contribution (\$	\$500.00	
_	<u> </u>	Austin, TX 78711	0.5.1.00				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Friends of Trey Martinez Fischer Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$	\$1,000.00	
	Principal occu	San Antonio, TX 78201  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_Vallot, Colette  Contributor address; City; State; Zip Code  Dallas, TX 75219		•	Amount of Contribution (\$	\$250.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 			

LOANS				SCHEDULE E
The Instruction		ges Schedule E: 1 Rpt: 10/71		
2 FILER NAME Reynolds, Rona	ald E. (The Honorable)		3 Filer ID 000620	(Ethics Commission Filers)
Δ	NITEMIZED LOANS			\$
5 Date of loan 04/08/2024	7 Name of lender	AC (ID#:	)	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Missouri city, TX 77459			11 Maturity Date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions	s)	
State Rep		State of Texas		
14 Description of Col  X None	llateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
<b>20</b> Principal occupati	ion	21 Employer (See Instructions	5)	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		aries/Wa		e /Contract Labor		OTHER (enter a	strict i category not listed abo	ove)
	Credit Card Payment			The Instruction Gu	ıide explains how	to com	ple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/61 Rpt: 11/71		Reynolds, R	onald E. (The F	lonorable)					00062098		
4	Date	5	Payee name									
	06/06/2024		40 Acre Cor	nference								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le					
	\$1,000.00		,	,	,							
			Houston, TX	(								
8	PURPOSE	(2)				. 1	h)	Description				
ľ	OF	اس		e Categories listed at the Samuel of the Sam			(D)	_ `	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE			Officeholder/Poli		е		Check if Austin	, TX,	officeholder living	g expense	
								Event sponso	orsł	nip		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	experialture to beriefft C/Or	П										
	Date		Payee name									
	05/31/2024		7-Eleven									
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$71.24		1111 Lake (	Olympia Parkwa	У							
			Missouri Cit	y , TX 77459								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	.) (	(b)	Description				
	OF EXPENDITURE		Travel In Dis		·			<b>-</b>			plete Schedule T.	
	EXI ENDITORE							<b>—</b>		officeholder living	g expense	
								Travel for me	eur	igs		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	coholdor namo	Offic	e soug	ht			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	ceriolider flame	Onic	e soug	III			Office II	eiu	
_	D-4-	_										
	Date 06/18/2024		Payee name 7-Eleven									
					0							
	Amount (\$)		Payee addres		State; Zi	p Coa	ie					
	\$70.08		IIII Lake C	Olympia Parkwa	У							
			N. 41	T)/ 77.450								
				y , TX 77459								
	PURPOSE OF	(a)		e Categories listed at th	ne top of this schedule	e) (	(b)	Description	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Travel In Dis	Strict						officeholder living		
								Travel for me	etir	ngs		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/O	Н										
1												

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 2/61 Rpt: 12/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/26/2024	ADEDE LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$200.00	Thay be deduced, Sity, State, 21p Sout
	φ200.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Daving marks
		Payee name
	02/27/2024	APRI
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	815 16th Street, N.W., 4th Floor
		Washington, DC 20006
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry  Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
	03/21/2024	APRI
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	815 16th Street, N.W., 4th Floor
		Washington DC 20006
		Washington, DC 20006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	CAPETIONALE TO DEHEIN C/OF	

### 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: 3/61 Rpt: 13/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/21/2024	APRI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	815 16th Street, N.W., 4th Floor
		Washington, DC 20006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 Silvaron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Dete	
	Date	Payee name
	06/07/2024	Academy Awards
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	830 Majestic St
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Awards
		, wards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if allowed	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

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	ommittee Legal Service	28		ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above	e)
	and a symone	The Instru	ction Guide explains h	ow to con	nplete this form.		
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Sch: 4/61 Rpt: 14/71	Reynolds, Ronald E.	(The Honorable)			00062098	
4	Date	Payee name					
	05/18/2024	Act Blue					
6	Amount (\$)	Payee address; Cit	y; State;	Zip Cod	le		
	\$250.00	PO Box 441146					
		Somerville, MA 0214	4				
8	PURPOSE	) Category (See Categories	listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE	Contributions/Donation	ons Made By		<b>=</b>	outside of Texas. Complete Schedule T.	
	LAI ENDITONE	Candidate/Officehold	ler/Political Commit	ttee	ш	, TX, officeholder living expense	
					Contribution		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder n	ame Of	ffice soug	ht	Office held	
L	experiorale to belieff C/OI						
	Date	Payee name					
	05/23/2024	Act Blue					
	Amount (\$)	Payee address; Cit	y; State;	Zip Cod	le		
	\$500.00	PO Box 441146					
		Somerville, MA 0214	4				
	PURPOSE	) Category (See Categories	listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE	Contributions/Donation	ons Made By		<b>=</b>	outside of Texas. Complete Schedule T.	
		Candidate/Officehold	ler/Political Commit	ttee	ш	, TX, officeholder living expense	
					Contribution		
_	Occupation Children	Operation (Office)		tt:	l- a	O#:- 1 11	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder n	ame Of	ffice soug	nt	Office held	
	Date	Payee name					
	05/24/2024	Act Blue					
	Amount (\$)	Payee address; Cit	y; State;	Zip Cod	le		
	\$40.00	PO Box 441146					
		Somerville, MA 0214	4				
	PURPOSE	a) Category (See Categories	listed at the top of this sched	dule) (	(b) Description		
	OF EXPENDITURE	Contributions/Donation	ons Made By		<u> </u>	outside of Texas. Complete Schedule T.	
	LAI LINDITORL	Candidate/Officehold	ler/Political Commit	ttee	ш	, TX, officeholder living expense	
					Contribution		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder n	ame Of	ffice soug	ht	Office held	
	experiorare to benefit C/OI						

#### 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	Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpense Vages/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 5/61 Rpt: 15/71	Reynolds, R	onald E. (The Honorab	ole)		00062098	
4	Date	5 Payee name				•	
	05/31/2024	Act Blue					
6	Amount (\$)	7 Payee addres	ss; City; S	tate; Zip Co	ode		
	\$250.00	PO Box 441	146				
		Somerville, I	MA 02144				
8	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE	Contribution	s/Donations Made By		🖃	outside of Texas. Com	
		Candidate/C	Officeholder/Political Co	mmittee	Contribution	n, TX, officeholder living	g expense
					25		
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	<u>l</u> ıght	Office he	eld
	expenditure to benefit C/O						
	Date	Payee name					
	06/03/2024	Act Blue					
	Amount (\$)	Payee addres	ss; City; S	tate; Zip Co	ode		
	\$1,500.00	PO Box 441	146				
		Somerville, I	MA 02144				
	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE		s/Donations Made By	mmitta-	I <del></del>	outside of Texas. Com	
		Candidate/C	Officeholder/Political Co	ommittee	Contribution	n, TX, officeholder living	g expense
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght	Office he	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	06/16/2024	Act Blue					
	Amount (\$)	Payee addres	ss; City; S	tate; Zip Co	ode		
	\$500.00	PO Box 441	146				
		Somerville, I	MA 02144				
	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule)	(b) Description		
	OF EXPENDITURE		s/Donations Made By		ı <u>⊢</u>	outside of Texas. Com	
		Candidate/C	Officeholder/Political Co	mmittee	Contribution	n, TX, officeholder living	j expense
					23.11.1341011		
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	<u>l</u> ıght	Office he	eld
	expenditure to benefit C/O						

#### 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	/ - al Comm	nittee Le	t/Awards/Memorials gal Services	•		/ages/	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)
L		-		ne Instruction Gu	iiue expiains	110W (0 COI	mpie	ete triis iorm.	_		
1	Total pages Schedule F1:	1							3		(Ethics Commission Filers)
	Sch: 6/61 Rpt: 16/71	├	-	nald E. (The F	lonorable)					00062098	
4	Date	l	ayee name								
L	06/30/2024	L A	ct Blue								
6	Amount (\$)	<b>7</b> Pa	ayee address	City;	State;	; Zip Co	de				
	\$100.81	P	O Box 4411	46							
		s	Somerville, M	A 02144							
8	PURPOSE	(a) C	ategory (See	Categories listed at th	ne top of this sch	iedule)	(b)	Description			
	OF EXPENDITURE	F	ees					므			mplete Schedule T.
								_		officeholder livin	ng expense
								Merchant fee	3		
_	0 1. 5	<u> </u>	p j			2.00					
9	Complete ONLY if direct expenditure to benefit C/OI		indidate/Office	holder name	C	Office sou	ght			Office h	neld
	- parametric 20 2000000 0/01										
	Date	P	ayee name								
	05/18/2024	A	lex's Kitcher	l							
	Amount (\$)	Pi	ayee address	City;	State;	; Zip Co	de				
	\$136.64	20	601 Cartwrig	ht Rd,							
		М	lissouri City,	TX 77459							
	PURPOSE OF	1		Categories listed at th	ne top of this sch	edule)	(b)	Description			
	EXPENDITURE	F	ood/Beveraç	e Expense				<b>=</b>		de of Texas. Cor officeholder livin	mplete Schedule T.
								Food for cam			
								. 500 101 00111	اسم	.g., voidinto	
H	Complete ONLY if direct	L Cai	ndidate/Office	holder name	(	Office sou	aht			Office h	neld
	expenditure to benefit C/O					50 50u(	g. ''			000 11	
$\vdash$	Date		lovoo norra								
	Date 05/07/2024	l	'ayee name Jico Chon C	mnaign							
	05/07/2024		dice Chen Ca								
	Amount (\$)	P	ayee address	City;	State;	; Zip Co	de				
	\$250.00										
		T.	X								
	PURPOSE	(a) C	category (See	Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			Donations Ma				므			mplete Schedule T.
		c	Candidate/Of	iceholder/Poli	tical Comm	nittee			, TX,	officeholder livin	ng expense
								Contribution			
		<u> </u>				- "					
	Complete ONLY if direct expenditure to benefit C/OI		indidate/Office	holder name	C	Office sou	ght			Office h	neld
	Superiorde to belieff 6/01	•									

#### 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		
1	Total pages Schedule F1: Sch: 7/61 Rpt: 17/71	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098	
4			
	Date 03/01/2024	5 Payee name Ambition Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P. O. Box 56386	
		Houston, TX 77256	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Consulting expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/16/2024	American Car	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,025.00		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/10/2024	Angel Hicks for FBISD	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$514.80		
		TX	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Contribution	
	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 Commit

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comn	mittee	Gift/Awards/Memoria Legal Services	·		/ages	/Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)	
L	•			The Instruction	Guide explains	now to co	mple	ete this form.	_			_
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)	
	Sch: 8/61 Rpt: 18/71	-	-	onald E. (The	Honorable)					00062098		
4	Date	ı	Payee name									
L	05/24/2024	_ ^	Annette Rar	nirez Campai	gn							
6	Amount (\$) \$500.00		Payee addres		State	; Zip Co	de			_		
_	DUDDOCE	├				Ī	(h)	<u> </u>				_
8	PURPOSE OF			e Categories listed a		nedule)	(a)	Description	outei	de of Teves Co	mplete Schedule T.	
	EXPENDITURE			s/Donations N officeholder/Po		nittee		<b>=</b>		officeholder livir	•	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	(	Office sou	ght		_	Office h	neld	
	Date	F	Payee name									
	03/23/2024	4	Avenida Noi	th Garage								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$28.00											
		Т	ГХ			_						
	PURPOSE	(a) C	Category (Se	e Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	т	Travel In Dis	trict				<b>=</b>			mplete Schedule T.	
								Parking	, IX,	officeholder livir	ig experise	
								anning				
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	H 										
	Date	F	Payee name									
	05/27/2024	4	Avenida Noi	th Garage								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$22.00											
		_ т	гх				_					
	PURPOSE	(a) C	Category (Se	e Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Т	Travel In Dis	strict							mplete Schedule T.	
								ш	, TX,	officeholder livir	ng expense	
								Parking				
	Complete ONLY if direct		andidate/Offi	eholder name		Office sou	aht			Office h	neld	_
	expenditure to benefit C/O		anuluale/OIII	enoluel Hallle	(	Office Soul	yııı			Office I	ICIU	
												_

### 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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/61 Rpt: 19/71	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date 06/15/2024	5 Payee name Avenida South Garage
6	Amount (\$) \$28.00	7 Payee address; City; State; Zip Code  TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/30/2024	Payee name B's Wine Bar
	Amount (\$) \$144.95	Payee address; City; State; Zip Code 8770 Hwy 6 #300
		Missouri City, TX 77459
	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 Food for campaign volunteers
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/27/2024	Payee name B's Wine Bar
	Amount (\$) \$96.18	Payee address; City; State; Zip Code 8770 Hwy 6 #300
		Missouri City, TX 77459
	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  Food for campaign volunteers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 10/61 Rpt: 20/71	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
•	06/28/2024	B's Wine Bar	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.77	8770 Hwy 6 #300	
		Missouri City, TX 77459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Food for carry	oaign volunteers
_	- 1 ·		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/05/2024	Black Excellence Awards Gala	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$983.83		
		Houston, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Event sponso	rship
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/14/2024	Block 14	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00		
		Houston , TX	
	PURPOSE	1	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

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

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	•	te this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 11/61 Rpt: 21/71	Reynolds, Ronald E. (The Honorable)		00062098
4	Date	5 Payee name		
	06/19/2024	Bloomerang		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$515.00	9120 Otis Ave		
		Indianapolis, IN 46216		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Consulting
				Consulting
_	Operation ONLY if direct	Oscalidate (Office helder record	.l. a	Office heald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	03/03/2024	Burger King		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$12.74	2207 Texas Parkway		
		Missouri City, TX 77489		
	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
				Food for campaign volunteer
	0 1: 0.11.7.7.1.			000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	05/31/2024	Burger King		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$10.80	2207 Texas Parkway		
		Missouri City, TX 77489		
	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
				Food for campaign volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Original Color Color Color			

### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi Candidate/Officeholder/Political Committee Le

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 12/61 Rpt: 22/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/06/2024	Carriqui
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.94	239 E Grayson St,
		San Antonio , TX 78215
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for campaign meeting
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2024	Checkout gas station
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.39	
		Sugar Land, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel for meetings
		Traver for fileetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Data	
	Date 05/04/2024	Payee name Checkout gas station
		Checkout gas station
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.74	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

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

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 13/61 Rpt: 23/71	Reynolds, Ronald E. (The Honorable)		00062098
4	Date	5 Payee name		<u> </u>
	03/30/2024	Chevron		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$84.24	503 Texas Parkway		
		Missouri City, TX 77459		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel for meetings
Ļ	Opening CNII V if allowed	On the low of the land of the		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
┡				
	Date	Payee name		
	04/03/2024	Chevron		
l	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$79.51	503 Texas Parkway		
L		Missouri City, TX 77459		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Travel for meetings
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
	04/06/2024	Chevron		
┝	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$45.00	503 Texas Parkway		
l		ŕ		
l		Missouri City, TX 77459		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Travel In District	(~)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel for meetings
L			Ļ	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
<u> </u>				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/61 Rpt: 24/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/11/2024	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.16	503 Texas Parkway
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
		Thave for most lings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/22/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.48	503 Texas Parkway
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
		Thave for most lings
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/11/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.34	503 Texas Parkway
		·
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

### 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 compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID	(Ethics Commission Filers)
	Sch: 15/61 Rpt: 25/71	Reynolds, Ronald E. (The Honorable)		00062098	
4	Date	5 Payee name	•		
	06/15/2024	Chevron			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$28.56	503 Texas Parkway			
		Missouri City, TX 77459			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Travel In District	Check if travel ou	utside of Texas. Com	
	LXI LINDITORE		_	TX, officeholder living	gexpense
			Travel for mee	eurigs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	nid
9	expenditure to benefit C/OI			Office In	eiu
_	Data				
	Date	Payee name			
	06/27/2024	Chevron			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$85.00	503 Texas Parkway			
		Missouri City , TX 77459			
	PURPOSE OF	,	Description		
	EXPENDITURE	Travel In District	$\Box$	ıtside of Texas. Com TX, officeholder livinç	
			Travel for mee		, oxponed
				J	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
	Date	Payee name			
	04/08/2024	Circle K			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$61.11	2975 Texas Pkwy			
		,			
		Missouri City, TX 77459			
	PURPOSE	-	Description		
	OF	Travel In District		utside of Texas. Com	plete Schedule T.
	EXPENDITURE		ш	TX, officeholder living	g expense
			Travel for mee	etings	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

#### SCHEDULE F1

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

Fees Office
Food/Beverage Expense Pollin
Gift/Awards/Memorials Expense Printii
Legal Services Salari

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T	
1	Total pages Schedule F1: Sch: 16/61 Rpt: 26/71	2 FILER NAME Reynolds, Ronald E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	04/11/2024	Civic Heart Community Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3131 Emancipation Ave
		Suite 400
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Davies name
		Payee name
	03/16/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.99	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign email service
		Campaigh email service
_	Complete ONLY if direct	Candidata/Officahaldar paga
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.99	1601 Trapelo Road
	42.2.00	2002 Mapolo Mode
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	T. 1	
1	Total pages Schedule F1: Sch: 17/61 Rpt: 27/71	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	05/16/2024	Constant Contact
6	Amount (\$) \$241.99	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Campaign email service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.99	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2024	Daggett for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	11601 Shadow Creek Parkway
		Pearland, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
_		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		lers)
	Sch: 18/61 Rpt: 28/71	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	06/01/2024	DoorDash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.82	303 2nd Street	
		San Francisco, TX 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Food for campaign volunteers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	04/27/2024	Double Daves Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.61		
	,		
		Missouri City, TV	
		Missouri City , TX	
	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	
		Food for campaign volunteers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or		
	Date	Payee name	
	05/29/2024	Dr. Robert Santee Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	6363 Richmond Ave.	
		ste 200	
		Houston , TX 77057	
_	DUDDOSE	I	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Carididate/Officeriolder/Political Committee Donation	
	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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 19/61 Rpt: 29/71	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	06/20/2024	Dr. Robert Santee Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	6363 Richmond Ave.	
		ste 200	
		Houston, TX 77057	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	_
F	Date	Payee name	=
	03/19/2024	Dr. Verna Caddie	
Н	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,001.00		
		Houston , TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Event sponsorship	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
H	Date	Payee name	=
	05/03/2024	Dunkin'	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$16.87		
	+==-3.		
		тх	
	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 Food for campaign meeting	
		Food for campaign meeting	
	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/Politica Credit Card Payment	ommittee Legal Service	office C ge Expense Polling I Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense //Wages/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
Ļ			ction dulac explains now to c	ompiete una iorni.	l	(=u: 0 : : =u )
1	Total pages Schedule F1: Sch: 20/61 Rpt: 30/71	Reynolds, Ronald E.	(The Honorable)		3 Filer ID 00062098	(Ethics Commission Filers)
4	Date	Payee name				
	06/01/2024	EB Inc Events				
6	Amount (\$) \$268.61	Payee address; City 5226 Atascocita Rd.  Humble, TX 77346	y; State; Zip C	code		
8	PURPOSE OF EXPENDITURE	A) Category (See Categories Event Expense	listed at the top of this schedule)		outside of Texas. Comp n, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office so	ught	Office he	eld
	Date	Payee name				
	02/27/2024	Edison Arts Foundati				
	Amount (\$)	Payee address; City	y; State; Zip C	Code		
	\$1,000.00	1959 Texas Pkwy  Missouri City , TX 77	489			
	PURPOSE	<del>-</del>		(b) Description		
	OF EXPENDITURE	A) Category (See Categories Contributions/Donation Candidate/Officehold		Check if travel	outside of Texas. Comp n, TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office so	pught	Office he	eld
	Date	Payee name				
	04/27/2024	Edison Arts Foundati				
	Amount (\$) \$108.55	Payee address; City 1959 Texas Pkwy	y; State; Zip C	code		
		Missouri City , TX 774	489			
	PURPOSE OF EXPENDITURE	Category (See Categories     Contributions/Donatic     Candidate/Officehold			outside of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office so	pught	Office he	eld

#### 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	l Cor		Food/Beverage Expens Gift/Awards/Memorials   Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 21/61 Rpt: 31/71		Reynolds, F	Ronald E. (The H	lonorable)					00062098	
4	Date	5	Payee name								
L	04/09/2024		El Tiempo C	Cantina							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$52.92		12710 Sout	hwest Fwy							
			Stafford, TX	77474							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				느			plete Schedule T.
								Food for cam		officeholder living	
								1 ood for dam	ραι	gri voluntee	10
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		ffice sou	l aht			Office he	eld
_	expenditure to benefit C/O		zandidate/Om	centider name			gnt			Office in	Siu
	Date		Payee name								
	04/30/2024		El Vaquero	Resturant							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$47.91		2140 FM 10	92 Rd							
			Missouri Cit	y, TX 77459							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				ш			plete Schedule T.
								Food for cam		officeholder living	
								1 ood for dam	ραι	gri voluntee	10
-	Complete ONLY if direct		andidate/Offi	ceholder name	<u> </u>	ffice sou	l aht			Office he	eld
	expenditure to benefit C/O						J				
H	Date		Payee name								
	05/20/2024		El Vaquero	Resturant							
	Amount (\$)		Payee addres		State:	Zip Co	ode				
	\$38.45		2140 FM 10		Ciaic,	_,p 00					
	<del>+</del> 55.10										
			Missouri Cit	y, TX 77459					_		
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expense				ш		de of Texas. Com officeholder living	plete Schedule T.
								Food for cam			
										J :	
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	<u>l</u> ight			Office he	eld
	expenditure to benefit C/O						-				

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/61 Rpt: 32/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/16/2024	Elect Charlene Johnson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	
		Houston, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution
		Contribution
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	· 	
	Date	Payee name
	05/22/2024	Emmanuel Guerrero Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	
		Pasadena, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
_	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	03/03/2024	Eric Fagan Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 2204
		Sugar Land, TX 77487
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

#### 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	
1	Total pages Schedule F1:	
	Sch: 23/61 Rpt: 33/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/04/2024	Fort Bend County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	13515 Southwest Fwy #204
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<b>-</b>	Date	Payee name
	04/21/2024	Fort Bend County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	13515 Southwest Fwy #204
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officerioider/Political Committee  Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/16/2024	Forty Plus Models
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,450.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 24/61 Rpt: 34/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/08/2024	Glorias Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.85	700 Baybrook Mall
		Friendswood, TX 77546
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
		Food for campaign volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/10/2024	GoFund Me
	Amount (\$)	Payee address; City; State; Zip Code
	\$590.00	Luyeo addi ede, City, Citate, Lip Code
	4000.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondaon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
-	Date	Payee name
	03/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.06	1600 Amphitheatre Parkway
	Ψ13.00	1000 Amphiliteatie i arkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Advertising
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Fees

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

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

	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: 25/61 Rpt: 35/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/30/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.76	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign advertising
		Campaign advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	04/30/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign advertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	05/30/2024	Payee name  Google
L		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign advertising
		Campaign advertising
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/61 Rpt: 36/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/30/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.76	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign advertising
		Campaigh advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dougo nama
	06/22/2024	Payee name Greater Houston Community Foundation
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	515 Post Oak Blvd
		Suite 1000
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/12/2024	Greater St Matthew Baptist Church
		·
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 7701 Jutland Rd
	φ230.00	7701 Julianu Ku
		Houston TV 77000
		Houston, TX 77033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

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

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

	Credit Card 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: 27/61 Rpt: 37/71	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
	06/06/2024	Gulf Coast ALF	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	2506 Sutherland St.	
		Houston, TX 77023	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Event sponso	
			·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/28/2024	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	4619 Lyons Ave	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made by	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution	, 1X, unicertailer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/28/2024	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	4619 Lyons Ave	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made by	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Contribution	, 1A, officerolder living expense
-	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 Cou

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: 28/61 Rpt: 38/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/02/2024	Harry's Restaurant
6	Amount (\$) \$43.38	7 Payee address; City; State; Zip Code
		Houston, TX
8	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 Food for campaign volunteers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2024	Hill Harper for Michigan
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 21365
		Detroit, MI 48221
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	04/15/2024	Honey Farms
	Amount (\$) \$85.00	Payee address; City; State; Zip Code
		Houston , TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for campaign volunteers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 29/61 Rpt: 39/71	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	_
	04/23/2024	Hotel ZaZa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$12.00	5701 Main Street	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Parking	
		Faiking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
⊨	Date	Dougo nama	_
	03/08/2024	Payee name  Houston Chronicle	
┝			
	Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy	
	Ψ21.12	4747 Southwest Fwy	
		Houston TV 77027	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense	
		Subscription fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/05/2024	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.72	4747 Southwest Fwy	
		Houston, TX 77027	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Subscription fees	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
$\vdash$			

### 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: 30/61 Rpt: 40/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/03/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.72	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription fees
		Subscription rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>—</b>	Data	Davis same
	Date	Payee name
	05/31/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/28/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription fees
		Subscription rees
$\vdash$	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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 31/61 Rpt: 41/71	2 FILER NAME3 Filer ID(Ethics Commission Filers)Reynolds, Ronald E. (The Honorable)00062098
4	Date	5 Payee name
	03/19/2024	Houston Lawyers Association.
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 300009
		Houston, TX 77230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/09/2024	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 300009
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Houston, TX 77230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2024	Houston Random Acts of Kindness
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	11152 Westheimer Rd. #115
	Ψ1,000.00	TITOZ WCSUIGINGI ING. WIIS
		Houston , TX 77042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Event sponsorship
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### 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	A Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/61 Rpt: 42/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/30/2024	IAH Parking
6	Amount (\$) \$85.00	7 Payee address; City; State; Zip Code  TX
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  Parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/12/2024	IAH Parking
	Amount (\$) \$30.00	Payee address; City; State; Zip Code  TX
┝	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/16/2024	J. W. Marriott
	Amount (\$) \$162.97	Payee address; City; State; Zip Code
		тх
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel out of district
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 33/61 Rpt: 43/71	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date 06/24/2024	5 Payee name JaPaula Kemp for Justice of Peace Campaign
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code  TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/29/2024	Payee name Jason's Deli
	Amount (\$) \$825.11	Payee address; City; State; Zip Code 10225 Research Blvd Suite 1010 Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/01/2024	Payee name Johnson, Antron
	Amount (\$) \$500.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/61 Rpt: 44/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
L	03/20/2024	Johnson, Antron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨	Date	
	05/28/2024	Payee name KB Coorgo Campaign
L		KP George Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 19711
		Sugar Land, TX 77496
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/18/2024	Kay Shephard
L	Amount (\$)	Payee address; City; State; Zip Code
	\$257.55	rayee address, City, State, Zip Code
	Ψ237.33	
		Houston , TX
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	н
Г		
ı		

### SCHEDULE F1

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

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 35/61 Rpt: 45/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
-	03/26/2024	Laolu Davies-Yemitan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
	+200.00	
		Houston, TX
Ļ	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dayso name
	05/05/2024	Payee name  Leaders Esteem University
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	2001 Timberloch Pl
		The Woodlands, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Condidate/Officeholder neme
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Levine, Burt
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	9600 Glenfield Court
		Houston, TX 77096
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign work
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/61 Rpt: 46/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/01/2024	Levine, Burt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	9600 Glenfield Court
		Houston, TX 77096
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign work
		Campaign work
_	Complete ONU V if allow	Constitute / Office health a more constitute of the constitute of
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2024	Lupe Tortilla
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.69	9211 Hwy 6
		Missouri City , TX 77459
	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
		Food for campaign volunteers
		1 ood for dampaign volunteere
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies name
	Date	Payee name  M. Ashar Pontist for ERICO
	04/05/2024	M. Asher Baptist for FBISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution
_	Operation ONE V. C. P.	On this to 10 ff a shall be marked.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/61 Rpt: 47/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/14/2024	Mary Kay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZXI ZXIDITORZ	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date 04/22/2024	Payee name  Micheaux's
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.83	6850 Hwy 6 Ste. 200,
		March 2011 TV 77450
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food for campaign volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/27/2024	Micheaux's
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,353.12	6850 Hwy 6 Ste. 200,
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 38/61 Rpt: 48/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/11/2024	Mid Main Lofts
6	Amount (\$) \$8.00	7 Payee address; City; State; Zip Code
		TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2024	Mikki's Soulfood Cafe
	Amount (\$) \$81.51	Payee address; City; State; Zip Code
		Houston , TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food for campaign volunteers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	05/10/2024	Missouri City NAACP Branch
	Amount (\$) \$1,776.00	Payee address; City; State; Zip Code 401 Texas Parkway
		Missouri City, TX 77489
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/61 Rpt: 49/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/04/2024	NAACP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,700.00	4805 Mt. Hope Drive
		Baltimore, TX 21215
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	03/06/2024	National Black Caucus of State Legislators Conference
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	444 North Capitol Street, NW, Suite 622
		Washington, DC 20001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Continuation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Davida marea
	03/07/2024	Payee name  Next Wave Strategies
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213
	Ψ500.00	2339 Confinerce St Suite 213
		Houston, TV 77002
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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			Legal Services	Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 40/61 Rpt: 50/71		Reynolds, R	onald E. (The I	Honorable)					00062098		
4	Date	5	Payee name									
	03/30/2024		Next Wave 9	Strategies								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$500.00		2339 Comm	erce St suite 2	13	•						
			Houston, TX	77002								
Ļ	DUDDOOF	├					(1-)					
8	PURPOSE OF			e Categories listed at t		edule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ittee				officeholder livin	•	
			oanalaato/ c		itiodi Goiiiii			Event sponso	orsh	nip		
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					0					
_	Date	Π	Payee name									
	04/25/2024	I	Next Wave S	Stratenies								
	Amount (\$)		Payee addres		State:	Zip Co	do					
	\$500.00	l	•	erce St suite 2	·	Zip Co	ue					
	φ300.00		2339 CUIIIII	erce St Suite 2.	13							
			Harratan TV	77000								
		_	Houston, TX									
	PURPOSE OF			e Categories listed at t		edule)	(b)	Description		df-T O	andata Cabadada T	
	EXPENDITURE			s/Donations Ma Officeholder/Pol	,	ittoo		<b>=</b>		officeholder livin	nplete Schedule T. g expense	
			Canuldate/C	incendidei/Foi	ilicai Comin	iiiiee		Event sponso			9	
										•		
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/17/2024	ı	Next Wave S	Strategies								
	Amount (\$)	_	Payee addres		State:	Zip Co	do					
	\$500.00	l	•	erce St suite 2		Zip Co	uc					
	φ500.00		2339 Commi	erce St suite 2.	13							
			Harratan TV	77000								
			Houston, TX									
	PURPOSE OF			e Categories listed at t		edule)	(b)	Description	outoi.	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ittee				officeholder livin		
			Carididate/C	miceriolaei/i oi	ilicai Comm	iiiiee		Event sponso			9	
										•		
	Complete ONLY if direct	C	andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 41/61 Rpt: 51/71	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	06/05/2024	Next Wave Strategies
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2339 Commerce St suite 213
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/24/2024	PWETV
	Amount (\$)	Payee address; City; State; Zip Code
	\$331.11	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign advertising
		Campaign daverusing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Panera
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.26	
		Sugar Land, TX
	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 Food for campaign volunteer
		1 ood for campaign volunteer
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/61 Rpt: 52/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/30/2024	Pastor Max Miller
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7817 Calhoun Road  Houston , TX 77033
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2211 N First St
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense  Fees
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2211 N First St
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval category (See Categories Schedule 7)
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Float Services Salaries/Magas/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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/61 Rpt: 53/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/22/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2211 N First St
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	03/08/2024	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2211 N First St
		San Jose, CA 95131
	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Popeyes
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.49	4850 Highway 6
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food for campaign volunteers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

#### SCHEDULE F1

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

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/61 Rpt: 54/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/07/2024	Post Net
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.00	6140 Highway 6 South
		Missouri City, TX 77459
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  Campaign postage
		Campaign postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/07/2024	Post Net
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.19	6140 Highway 6 South
	Ψ00.13	0140 Highway 0 South
		Missouri City, TX 77459
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign postage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Gree	
	Date	Payee name
	04/27/2024	RPC Global Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$668.00	4800 W 34th St # C10
		Houston, TX 77092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Printing
	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 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	
_	Tatal assess Cabadala E4.	O FILED MANE
1	Total pages Schedule F1: Sch: 45/61 Rpt: 55/71	2 FILER NAME Reynolds, Ronald E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	03/22/2024	Sandra Massie Hines
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code  Houston, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Sheila Jackson Lee Campaign
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/09/2024	Shell Oil
	Amount (\$) \$61.90	Payee address; City; State; Zip Code  13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 46/61 Rpt: 56/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/19/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.31	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in district
		Traver in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	5 .	
	Date	Payee name
	03/23/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.40	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel for events
		Traverior events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	04/12/2024	Payee name Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.06	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/61 Rpt: 57/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/18/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.98	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
		Thave for most lings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/25/2024	Shell Oil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$80.70	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
		That of the most rigo
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/28/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.39	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/61 Rpt: 58/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/13/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.26	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<b>—</b>	Date	Payee name
	05/15/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.58	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel for meetings
		Traverior meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	05/25/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.27	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel for meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/61 Rpt: 59/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/04/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.38	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel for meetings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/10/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.98	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/15/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.86	13747 Southwest Fwy
		,
		Sugar Land, TX 77478
	DUDDOCE	The state of the s
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel for meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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:	<u> </u>
	Sch: 50/61 Rpt: 60/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/04/2024	South Post Oak Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	15077 S Post Oak Rd
		Houston, TX 77053
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2024	South Post Oak Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	15077 S Post Oak Rd
		Houston, TX 77053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/20/2024	South Post Oak Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$533.00	15077 S Post Oak Rd
		Houston, TX 77053
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/61 Rpt: 61/71 Reynolds, Ronald E. (The Honorable) 00062098 4 Date Payee name 03/29/2024 Southwest Airlines 6 Amount (\$) Payee address; State; Zip Code \$25.00 2702 Love Field Dr Dallas Dallas, TX 75235 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel out of district Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code \$234.98 2702 Love Field Dr Dallas Dallas, TX 75235 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel out of district Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2024 Starbucks Amount (\$) Payee address: City; State; Zip Code \$11.61 Sugar Land, TX **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 Food for campaign volunteer 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/Political Con

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 52/61 Rpt: 62/71	Reynolds, Ronald E. (The Honorable) 00062098
4 Date	5 Payee name
06/21/2024	Suburban Sugar Land Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	Post Office Box 2384
	Sugar Land, TX 77487
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Continuation
O Committee Chillians	Constitute (Office helder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
04/01/2024	Summer Lee for Congress
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 15320
	Washington, DC 20003
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/09/2024	T-Mobile
Amount (\$)	Payee address; City; State; Zip Code
\$293.13	6947 Gall Blvd
	Zephyrhills, FL 33542
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Phone service
Complete ONLY if direct	Candidata/Officeholder name Office acusts
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

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

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

04/09/2024 T-Mobile  6 Amount (\$) 7 Payee address; City; State; Zip Code \$293.16 6947 Gall Blvd  Zephyrhills, FL 33542		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.
4 Date 04/09/2024 5 Payee name T-Mobile 6 Amount (\$) 5 Payee address: City: State: Zip Code 6947 Gall Bivd Zephyrhills, FL 33542  8 PURPOSE OF EXPENDITURE (a) Category: Gene Categories listed at the top of this activability Office Overhead/Rental Expense  9 Complete QMLY if direct 04/09/2024 Payee name 04/09/2024 Payee name T-Mobile  Complete QMLY if direct 25 Payee address: City: State: Zip Code 8 Purpose Office Overhead/Rental Expense  Office sought Office held  Date 04/09/2024 Payee name T-Mobile  Complete QMLY if direct 25 Payee name 05 Payee name 06 Category: See Categories lessed at the top of this schedule) Office Overhead/Rental Expense  Office Nutritions consisted for torus: Complete Schedule T. Complete QMLY if direct expenditure to benefit C/OH  Date 06 Category: See Categories lessed at the top of this schedule) Office Overhead/Rental Expense  Office Sought Office Sought Office held  Date 06/10/2024 Payee name 06/10/2024 Payee address: City: State: Zip Code expenditure to benefit C/OH  Payee name 06/10/2024 Payee address: City: State: Zip Code expenditure to benefit C/OH  Payee address: City: State: Zip Code expenditure to benefit C/OH  Office Overhead/Rental Expense  Pinone service  Office held  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category: Gene Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Complete QMLY if direct Expense  (b) Description  Office held  Date Office Overhead/Rental Expense  (b) Description  Office Held  Complete QMLY if direct Candidate/Officeholder name Office Sought Office Overhead/Rental Expense	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Complete ONLY if direct expenditure to benefit C/OH		Sch: 53/61 Rpt: 63/71	Reynolds, Ronald E. (The Honorable) 00062098
Amount (S)   7   Payee address; City; State; Zip Code	4	Date	5 Payee name
\$293.16 6947 Gall Blvd  Zephyrhills, FL 33542  8 PURPOSE OF EXPENDITURE  (a) Callegory (see Caegories Stated at the top of this schedule) Office Overhead/Rental Expense  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 04/09/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code  6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office Sought  Office Overhead/Rental Expense  Office Sought  Office Possible of the schedule of Texas. Complete Schedule T. Check if sused custed of Texas. Com		04/09/2024	T-Mobile
Zephyrhills, FL 33542   (a) Category   (see Categories listed at the top of this schedule)   (b)   Description   Check if travel outsets of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Phone service	6	Amount (\$)	7 Payee address; City; State; Zip Code
Purpose Of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Austen, TX, officeholder living expense   Phone service		\$293.16	6947 Gall Blvd
Purpose Of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Austen, TX, officeholder living expense   Phone service			
Office Overhead/Rental Expense			Zephyrhills, FL 33542
PURPOSE OF EXPENDITURE    Candidate/Officeholder name   Office sought   Office held	8		
9 Complete ONLY if direct expenditure to benefit C/OH  Date O4/09/2024 Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office held  Date O4/09/2024 T-Mobile  Candidate/Officeholder name Office sought Office held  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office held  Payee name O6/10/2024 T-Mobile  Amount (\$) Payee name Office sought Office held  Payee name O6/10/2024 T-Mobile  Amount (\$) Payee name T-Mobile  Cephyrhills, FL 33542  PURPOSE OF OF CARPORTIES (A) Category (See Categories listed at the top of this schedule) Office held  Centek if navel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service  Complete ONLY if direct Categories listed at the top of this schedule) Office held  Condidate/Officeholder living expense Phone service  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overhead/Northal Expense
9 Complete QNLY if direct expenditure to benefit C/OH  Date			
Date 04/09/2024  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  Candidate/Office holder name Office sought Office beld  Date 06/10/2024  Payee name T-Mobile  Candidate/Office holder name Office sought Office held  Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code Office held  Complete ONLY if direct expenditure to benefit C/OH  Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held  Complete ONLY if direct categories listed at the top of this schedule) Office held  Complete ONLY if direct Coverhead/Rental Expense			Thene convice
Date 04/09/2024  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  Candidate/Office holder name Office sought Office beld  Date 06/10/2024  Payee name T-Mobile  Candidate/Office holder name Office sought Office held  Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code Office held  Complete ONLY if direct expenditure to benefit C/OH  Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held  Complete ONLY if direct categories listed at the top of this schedule) Office held  Complete ONLY if direct Coverhead/Rental Expense	┡	Complete ONLV if direct	Candidate/Officeholder name Office sought Office hold
Date O/10/2024 T-Mobile  Amount (s) Payee address; City; State; Zip Code  Complete ONLY if direct expenditure to benefit C/OH  Date O/10/2024 T-Mobile  Amount (s) Payee address; City; State; Zip Code  Candidate/Officeholder name  Office Sought  Office Sought  Office Held  Payee name T-Mobile  Amount (s) Payee address; City; State; Zip Code  S284.36 G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF Code Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Code G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF Code Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office Sought  Office Sought  Office held			
Date O/10/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code  Complete ONLY if direct cexpenditure to benefit C/OH  Date O/10/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code  Candidate/Officeholder name  Office sought  Office sought  Office held  Date O/10/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code  S284.36 G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF Complete O/10/2024 (a) Category (see Categories listed at the top of this schedule)  Office held  Date O/10/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code  S284.36 G947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF Complete O/10/2024 (a) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Complete O/10/2024 (a) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Complete O/10/2024 (a) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Complete O/10/2024 (b) Description  Office Overhead/Rental Expense  Complete O/10/2024 (b) Description  Office Nee/ if ravel outside of Texas. Complete Schedule T.  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Phone service	⊨	D :	
Amount (\$)			
\$293.72 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 06/10/2024  Amount (\$) Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  (c) Description  (b) Description  (c) Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office Sought  Office held		04/09/2024	T-Mobile
Zephyrhills, FL 33542		` '	
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 Phone service  Complete ONLY if direct expenditure to benefit C/OH  Date O6/10/2024  Amount (\$) Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code \$284.36  Purpose OF Complete Only if Jace Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete Only if Jace Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete Only if Jace Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete Only if Jace Categories Instead at the top of this schedule) Office Overhead/Rental Expense  Complete Only if Jace Categories Instead at the top of this schedule) Office Overhead/Rental Expense  Complete Only if Jace Categories Instead at the top of this schedule of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service  Complete Only if Jace Candidate/Officeholder name Office Sought Office held		\$293.72	6947 Gall Blvd
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description			
Office Overhead/Rental Expense    Check if travel outside of Texas. Complete Schedule T.			Zephyrhills, FL 33542
Complete ONLY if direct expenditure to benefit C/OH  Date Office name Office sought Office held  Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Office held  Office held  Office held  Office held  Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 06/10/2024 T-Mobile  Amount (\$) Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office North Austin, TX, officeholder living expense Phone service  (b) Description Check if vaustin, TX, officeholder Iving expense Phone service  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			onice overnead/itental Expense
Complete ONLY if direct expenditure to benefit C/OH  Date			
Date 06/10/2024 Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code  \$284.36 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Office Sought  Office held			Filone Service
Date 06/10/2024 Payee name T-Mobile  Amount (\$) Payee address; City; State; Zip Code  \$284.36 6947 Gall Blvd  Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Office Sought  Office held	┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
Amount (\$)  Payee address; City; State; Zip Code  \$284.36  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 Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			•
T-Mobile  Amount (\$) Payee address; City; State; Zip Code  \$284.36 6947 Gall Blvd  Zephyrhills, FL 33542  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 Phone service  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	⊨	D :	
Amount (\$)  Payee address; City; State; Zip Code  6947 Gall Blvd  Zephyrhills, FL 33542  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 Phone service  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held			
\$284.36   6947 Gall Blvd    Zephyrhills, FL 33542			
Zephyrhills, FL 33542  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Complete Schedule T. Candidate/Officeholder name  Office sought  Office held		` '	
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 Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$284.36	6947 Gall Blvd
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 Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			Zephyrhills, FL 33542
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overhead/Rental Expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		LXI LINDITORL	
			Pnone service
	$\vdash$	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	<u> </u>		
	L		

#### SCHEDULE F1

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

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

	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: 54/61 Rpt: 64/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/11/2024	Texas Black Expo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,393.00	12401 S. Post Oak Rd.
		Houston, TX 77045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	04/24/2024	Texas Future Project
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Donation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/05/2024	Texas House LGBTQ Caucus
L	Amount (\$)	Payee address; City; State; Zip Code
	\$421.37	1100 Congress Ave
	Ψ-21.57	1100 Congress / We
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
L	Complete ONII V if allow	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

### 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	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: 55/61 Rpt: 65/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/27/2024	The Daniels Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	11811 East Fwy #130
		Houston, TX 77029
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  Event expense
		Lvent expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name The Dub May Foundation
	06/03/2024	The Dub Way Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 951
		Missouri City , TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name The Polymour
	06/14/2024	The Rouxpour
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.08	2298 Texas Dr
		Sugar Land, TX 77479
	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  Food for campaign meeting
		Food for campaign meeting
_	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

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/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 56/61 Rpt: 66/71 Reynolds, Ronald E. (The Honorable) 00062098 4 Date Payee name 03/03/2024 This is Houston 6 Amount (\$) Payee address; City; State; Zip Code \$38.10 PO BOX 2821 Houston, TX 77252 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/09/2024 **Tickets Houston** Amount (\$) Payee address; State; Zip Code City; \$628.15 1510 Polk Street 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Event tickets Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/12/2024 **Tickets Houston** Amount (\$) Payee address: City; State; Zip Code \$597.09 1510 Polk Street 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Event tickets 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 Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 57/61 Rpt: 67/71	Reynolds, Ronald E. (The Honorable) 00062098						
4	Date	5 Payee name						
	03/12/2024	Tickets Houston						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,106.86	1510 Polk Street						
		Houston , TX 77002						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Event tickets						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
٠	expenditure to benefit C/O							
_	Date	Davies warms						
	02/25/2024	Payee name Time Wise						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$77.31	6060 Hwy 6						
		Missouri City, TX 77459						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Travel for meetings						
		Traversor mesange						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Data							
	Date 03/01/2024	Payee name Time Wise						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$71.65	6060 Hwy 6						
		Missouri City, TX 77459						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Travel for meetings						
		Traver for friedlings						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,,,,,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss	ion Filers)
	Sch: 58/61 Rpt: 68/71		
4	Date	5 Payee name	
	05/02/2024	USO Softcino LLC	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code  TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
L	06/11/2024	UVC inc.	
	Amount (\$) \$76.01	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel out of district	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH	
Г	Date	Payee name	
	03/15/2024	Uber Eats	
	Amount (\$) \$48.97	Payee address; City; State; Zip Code 1455 Market Street	
L		San Francisco, CA 94103	
	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 Food for campaign volunteers	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

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

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

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: 59/61 Rpt: 69/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/15/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.09	1455 Market St #400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel out of district
		Traver out or district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Development
		Payee name
	03/15/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.36	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Travel out of district
		Travel out of district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
-	Data	David and the second se
	Date 03/16/2024	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.65	1455 Market St #400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel out of district
		Travel out of district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/61 Rpt: 70/71	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/03/2024	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$303.88	77 West Wacker Drive,
		Chicago, IL 60601
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Т	Date	Payee name
	06/07/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$732.28	77 West Wacker Drive,
		Chicago, IL 60601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel out of district
		Traver out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/30/2024	Virginia Rosas Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.55	
		Stafford, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution
_	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 Credit Card Payment			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.			Travel in District Travel Out of Dis	quipment & Related Expense		
<u> </u>	Tatal and a Cabadala Edu	_	•	allis HOW t	o compi	te this form.	_	Eiler ID	(Ethica Commission Filoso)
1	Total pages Schedule F1:	2		ala)			3	Filer ID	(Ethics Commission Filers)
L	Sch: 61/61 Rpt: 71/71		Reynolds, Ronald E. (The Honoral	ле) ———				00062098	
4	Date	5	Payee name						
	04/29/2024		Wen Guerra Campaign						
6	Amount (\$) \$250.00	7	Payee address; City; Stafford , TX	State; Zip	Code				
8	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By			므		de of Texas. Com	
	LXI LINDITORL		Candidate/Officeholder/Political Co	ommittee		_	, TX,	officeholder living	expense
						Contribution			
9	Complete ONLY if direct		Candidate/Officeholder name	Office	sought			Office he	eld
	expenditure to benefit C/O	4							