

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: 45	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ronald E.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME	LAST Reynolds	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6140 Hwy. 6 South, Ste. 233 Missouri City, TX 77459-3802			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ronald E.	MI	
	NICKNAME	LAST Reynolds	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6140 Highway 6 South #233 Missouri City, TX 77459			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 721-2667			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 27		12 OFFICE SOUGHT (if known) State Representative District 27	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Reynolds, Ronald E. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00062098	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,647.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	130.00
	4. TOTAL POLITICAL EXPENDITURES	\$	38,603.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,111.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	42,500.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Ronald E. Reynolds

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Reynolds, Ronald E. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062098	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,647.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	17,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	38,603.65
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Farha <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Emily <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Halff Associates, Inc.
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Terri <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arechiga, Jason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) The Nrp Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions) AFT of Texas
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caddie, Dr. Verna <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Donald <hr/> Contributor address; City; State; Zip Code Texas City , TX 77592	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouser, Joel (Judge) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Fort Bend County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Rose P.C. PAC <hr/> 6 Contributor address; City; State; Zip Code Houston , TX 77046	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contractor, Amatulla <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Willie <hr/> Contributor address; City; State; Zip Code Rossharon, TX 77489	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Samuel <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> Contributor address; City; State; Zip Code Hoston, TX 77005	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Meghan <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78210	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Rise Civic Consulting
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Ava <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson-Hudson, Barbara <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, B. <hr/> Contributor address; City; State; Zip Code Missouri City , TX 77489	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Houston , TX 77013	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Errol <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAPS
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Errol <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LAPS
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaga, Sharat <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keefer, James <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kommineni, Sunil <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latsha, Jean <hr/> Contributor address; City; State; Zip Code Austin , TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire-Powell, Alison <hr/> Contributor address; City; State; Zip Code Denton, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nantucket Housing <hr/> Contributor address; City; State; Zip Code Houston , TX 77043	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okeke, Edna <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reincke, Tonie <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Medical Doctor		9 Employer (See Instructions) Reincke Vein Center
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricks, Regina <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager, Career Services		Employer (See Instructions) Houston Community College
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saar , Kathryn <hr/> Contributor address; City; State; Zip Code Park City, TX 84098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Affordable Housing Development		Employer (See Instructions) The Brownstone Group
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Shirley <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Alice <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoecker, Daniel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77084	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Contracted Exec Self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXPAC - Texas Medical Assoc PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768-2246	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomaszewski, Tom <hr/> Contributor address; City; State; Zip Code Frankfort, IL 60423	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) exeutive		Employer (See Instructions) The Annex Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> 6 Contributor address; City; State; Zip Code Greenville, SC 29615	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uttley, Meredith <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC of Vistra Corp. <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vyas, Chetan <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/45
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of TX PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 15/45	
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 08/03/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Missouri city, TX 77459		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) State Representative		13 Employer (See Instructions) State of Texas	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 08/15/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 16/45	
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 08/28/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Missouri city, TX 77459		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) State Representative		13 Employer (See Instructions) State of Texas	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 09/05/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$5,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/28 Rpt: 17/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/14/2024	5 Payee name 160-WTLV	
6 Amount (\$) \$11.48	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2024	Payee name 7-Eleven	
Amount (\$) \$33.51	Payee address; City; State; Zip Code 1111 Lake Olympia Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Act Blue	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/28 Rpt: 18/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/15/2024	5 Payee name Act Blue	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Act Blue	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 09/04/2024	Payee name Act Blue	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/28 Rpt: 19/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/21/2024	5 Payee name Act Blue	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Act Blue	
Amount (\$) \$92.22	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2024	Payee name Ambition Strategies	
Amount (\$) \$650.00	Payee address; City; State; Zip Code P. O. Box 56386 Houston, TX 77256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/28 Rpt: 20/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/19/2024	5 Payee name American Caribbean Chamber of Commerce	
6 Amount (\$) \$1,553.00	7 Payee address; City; State; Zip Code 11110 Bellaire Blvd Houston, TX 77072	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Ann Williams Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 09/05/2024	Payee name Aubrey R. Taylor Communication	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code Houston , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/28 Rpt: 21/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/18/2024	5 Payee name B's Wine Bar	
6 Amount (\$) \$646.34	7 Payee address; City; State; Zip Code 8770 Hwy 6 #300 Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage for campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Biden Victory Fund	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code Washington, DC	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 07/11/2024	Payee name CBCF	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1720 Massachusetts Ave Washington, DC 20002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/28 Rpt: 22/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/01/2024	5 Payee name Carmen Turner 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2024	Payee name Chevron	
Amount (\$) \$85.58	Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name Chevron	
Amount (\$) \$74.20	Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/28 Rpt: 23/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/31/2024	5 Payee name Chevron	
6 Amount (\$) \$78.00	7 Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/10/2024	Candidate/Officeholder name Chevron	
Amount (\$) \$75.25	Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2024	Candidate/Officeholder name Chevron	
Amount (\$) \$63.11	Payee address; City; State; Zip Code 503 Texas Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/28 Rpt: 24/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/17/2024	5 Payee name Constant Contact	
6 Amount (\$) \$241.99	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$241.99	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$261.17	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/28 Rpt: 25/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/23/2024	5 Payee name Cori Bush for Congress	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 75 North Oaks Plaza Saint Louis, MO 63121	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Curb Taxi	
Amount (\$) \$20.15	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Desert Cab	
Amount (\$) \$30.09	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/28 Rpt: 26/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/20/2024	5 Payee name Dr. CGK Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4090 Southwest Freeway Ste 300 Sugar Land, TX 77478	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 09/22/2024	Payee name Fani Willis for Fulton Co District Attorney	
Amount (\$) \$516.45	Payee address; City; State; Zip Code Atlanta , GA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 08/12/2024	Payee name Fort Bend County Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 13515 Southwest Fwy #204 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/28 Rpt: 27/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/25/2024	5 Payee name Forward Times	
6 Amount (\$) \$1,125.00	7 Payee address; City; State; Zip Code 4411 Alameda Rd Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Forward Times	
Amount (\$) \$375.00	Payee address; City; State; Zip Code 4411 Alameda Rd Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Gary Bledsoe for Austin City Council	
Amount (\$) \$421.37	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/28 Rpt: 28/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/30/2024	5 Payee name Google	
6 Amount (\$) \$75.76	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Google	
Amount (\$) \$75.76	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2024	Payee name HEB Gas	
Amount (\$) \$61.00	Payee address; City; State; Zip Code 4724 Hwy 6 Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/28 Rpt: 29/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/18/2024	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$1,350.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2024	Payee name Honey Farms	
Amount (\$) \$69.17	Payee address; City; State; Zip Code Missouri City , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Honey Farms	
Amount (\$) \$70.00	Payee address; City; State; Zip Code Missouri City , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/28 Rpt: 30/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/17/2024	5 Payee name House of Blues	
6 Amount (\$) \$134.79	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event ticket
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Houston Black American Democrats	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code Houston , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name Houston Chronicle	
Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/28 Rpt: 31/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/23/2024	5 Payee name Houston Chronicle	
6 Amount (\$) \$27.72	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Houston Chronicle	
Amount (\$) \$27.72	Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Inspiration Church	
Amount (\$) \$1,007.00	Payee address; City; State; Zip Code 16310 Chimney Rock R Houston , TX 77053	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/28 Rpt: 32/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/01/2024	5 Payee name Johnson, Antron	
6 Amount (\$) \$805.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Kamala Harris Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO BOX 96663 Washington, DC 20077	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/28 Rpt: 33/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/04/2024	5 Payee name Katy Democrats	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code Katy, 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 09/11/2024	Payee name Kristin Tassin Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 07/19/2024	Payee name Mandalay Bay Hotel	
Amount (\$) \$1,054.48	Payee address; City; State; Zip Code 3950 S Las Vegas Blvd Las Vegas, NV 89119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/28 Rpt: 34/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/04/2024	5 Payee name Minority Print	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 2646 S Loop W Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Minority Print	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2646 S Loop W Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Monica Riley Consultant	
Amount (\$) \$910.00	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/28 Rpt: 35/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/16/2024	5 Payee name Next Wave Strategies	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2339 Commerce St suite 213 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Next Wave Strategies		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Next Wave Strategies		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt: 36/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/05/2024	5 Payee name Oscar Telfair 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2024	Candidate/Officeholder name Paypal	
Amount (\$) \$35.00	Office sought Paypal	
	Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2024	Candidate/Officeholder name Paypal	
Amount (\$) \$25.00	Office sought Paypal	
	Office held	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/28 Rpt: 37/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/10/2024	5 Payee name Paypal	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/13/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$35.00	Payee name Paypal Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$35.00	Payee name Paypal Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/28 Rpt: 38/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/21/2024	5 Payee name Post Net	
6 Amount (\$) \$247.89	7 Payee address; City; State; Zip Code 6140 Highway 6 South Missouri City, TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name RB Washington	
Amount (\$) \$1,407.63	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising event expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2024	Payee name SEIF Cedar Creek	
Amount (\$) \$66.77	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/28 Rpt: 39/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/09/2024	5 Payee name Shell Oil	
6 Amount (\$) \$81.98	7 Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$75.00	Payee name Shell Oil Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/03/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$78.05	Payee name Shell Oil Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt: 40/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/23/2024	5 Payee name Sheriff Eric Fagan Campaign	
6 Amount (\$) \$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) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2024	Payee name Southwest Airlines	
Amount (\$) \$416.92	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2024	Payee name Southwest Airlines	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/28 Rpt: 41/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/14/2024	5 Payee name Southwest Airlines	
6 Amount (\$) \$497.52	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Southwest Airlines	
Amount (\$) \$823.36	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2024	Payee name Southwest Airlines	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/28 Rpt: 42/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/11/2024	5 Payee name Southwest Airlines	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name St. John MBC	
Amount (\$) \$250.00	Payee address; City; State; Zip Code Houston , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2024	Payee name T-Mobile	
Amount (\$) \$293.13	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/28 Rpt: 43/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/08/2024	5 Payee name T-Mobile	
6 Amount (\$) \$293.06	7 Payee address; City; State; Zip Code 6947 Gall Blvd Zephyrhills, FL 33542	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name T-Mobile	
Amount (\$) \$287.32	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Texas Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/28 Rpt: 44/45	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2024	5 Payee name The Caucus	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code PO Box 66664 Houston, TX 77266	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2024	Payee name The Fight for Democracy	
Amount (\$) \$250.00	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2024	Payee name Wiseman Company	
Amount (\$) \$450.00	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
Sch: 1/1 Rpt: 45/45

2 FILER NAME

Reynolds, Ronald E. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00062098

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Mandalay Bay Hotel

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

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Schedule F1

☐

Schedule F2

☐

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

Reynolds, Ronald (Rep.)

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Las Vegas

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

NAACP National Convention